

## Psychotherapeutic intervention for parents and infants: a case report

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### ABSTRACT

**OBJECTIVES:** To demonstrate the efficacy of a psychotherapeutic group intervention (reflective operational group), in which parents and infants are seen concomitantly. **METHODS:** In a case report of a female infant who presented aggressiveness, aspects of the psychotherapeutic intervention are discussed. **RESULTS:** There was resolution of symptoms, and healthy aspects of the mother-infant interaction were reestablished. **DISCUSSION:** In the reported case, the reflective operational group was fundamental to symptom improvement presented by a mother-infant dyad, helping the mother and the baby change dysfunctional aspects of their interaction. **CONCLUSIONS:** In spite of the good results for this family, further studies are needed to assess the efficacy of the reflective operational group.

**Keywords:** Psychotherapeutic intervention, group therapy, parent-infant relationship

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## Introduction

Psychotherapeutic intervention methods have been developed for infants, with the aim of preventing mental problems. They were based on results of studies that identified that psychosocial, biological and affective factors influenced children development, on the knowledge that the foundations of the psyche are built over the first 3 years of life, and the experiences lived by infants and their parents.<sup>1-5</sup> This type of care is performed with the presence of the infant and its parents in the therapeutic situation.<sup>6-8</sup>

In the Parent-Infant Bonding Program at the Hospital de Clínicas de Porto Alegre (HCPA), the technique of reflective operational group is used, allowing exchange of experiences between group members, promoting identifications that facilitates communication of problems and further resolution of conflicts.<sup>9</sup>

Meetings are weekly, lasting 1.5 hour each. In the setting, parents and professionals sit in circle, and the children stay in the center, with a box of toys that are adequate to their age. Based on situations brought by participants, there is a process of group reflection that allows changes in parents' attitudes regarding conducts that may involve risk to child development.

The group is indicated for families that have problems in their relationship with the child (0-3 years) that may result in risks to child development.

This clinical case aims at reporting changes occurred in the parent-infant relationship and in development after a group treatment. We preserved patients' anonymity by changing identification data.

## Case Presentation

J. is an only daughter, born out of her father's extra-marital relationship. She was referred to the group therapy at the Parent-Infant Bonding Program at HCPA when she was 1 year and 3 months-old due to her mother's complaint of not being able to deal with her anger crises and due to complaints by her daycare center, reporting that she was biting her colleagues.

J.'s mother is 36 years old and has concluded high school. She was born out of her mother's relationship with a classmate, who did not acknowledge fatherhood. J.'s father is 55 years old, has a video store, is married and has three other children. He has never been to the group treatment. They met each other when J.'s mother worked as her father's secretary. They started a relationship, which resulted in pregnancy and J.'s birth. Pregnancy was considered risky, having a regular medical follow-up. J. was born through natural delivery. She was referred to childcare in her first month of life, due to difficulties her mother had in dealing with her strong cry and agitation during breastfeeding. She used to sleep in her mother's bed, and that situation remained until she was 2 years old.

At 3 months of age, there was a frustrated attempt of feeding her with artificial milk. At 1 year, she refused salty food and demanded breastfeeding, including late at night. Weaning only occurred definitely when she was around 3 years old. She entered the daycare center at 1 year and soon presented the behavior of biting her colleagues.

Mother and daughter joined the group therapy at the Parent-Infant Bonding Program in its fifth day and have always been assiduous and punctual.

J. is a small, delicate and gracious girl. She is always well dressed and wearing accessories. In the beginning, she remained in her mother's lap the whole session. Sometimes she demanded to be

breastfed and, when it was denied, she got agitated, kicked other children and toys, cried and her mother could not control her. She often bit other children, her mother and even professionals.

Her mother complained of not being able to set limits or say no to her daughter, who only ate what she wanted to, only did what she felt like to, cried to get things, chose what to wear, was stubborn and bit people, and could not be contradicted. Shower time was "a torture," since J. took her toys to the shower and remained there, playing, while her mother could not convince her to leave. She reported feeling that she was satisfying her daughter's desires and the toddler was reacting aggressively.

Her father did not live with them, but visited them daily. Every time he left, he said he was going to work, and this, according to J.'s mother, did not make her realize that her father had another family.

After some group sessions, J. was no longer in her mother's lap and could play with the other children. She learned to share toys or exchange them, instead of grabbing them from someone's hand, but her orality remained intense. She used to bite every child, especially when she was no longer the center of attentions.

When R., 4 months old, joined the group, J. became intensely agitated and aggressive. She tried to bite him many times and did everything to call her mother's attention, throwing herself in the floor, throwing toys away, biting and grabbing toys from the other children. She had to be stopped many times.

Through reflection about situations brought up by group participants and interventions performed by professionals, which served as a positive model, her mother got stronger and firmer. She learned to look her daughter in her eyes, say no, be firm without being aggressive and not being carried away by her daughter's crying. Her daycare center teacher was surprised with her positive change.

J. could play with other children and share her toys. Her mother reports that, during that period, she could deal better with difficulties. She was able to express feelings in relation to the lie created to explain the girl's father's absence, a subject that she did not recognize as being wrong, manifesting her desire to reestablish the truth.

After 1 year and 8 months, the meetings were coming to an end. During that period, reproducing common reactions by patients in psychotherapy when approaching discharge, her mother missed several group meetings, in contrast with her previous regularity. J., in turn, for a short time manifested symptoms that were present at the beginning of the treatment, biting another 6-month-old girl.

## **Discussion**

In the present clinical case, her progress draws attention. When that parent-infant dyad joined the group, the mother was identified with her daughter's primitive feelings and was unable to set limits and offer continence. As a result, she ended up by accepting her most regressive demands, characterized by an uncontrollable voracity and then reacting aggressively.

It is believed that the mother's narcissistic aspects, projected in her daughter, made her perception difficult in relation to errors and failures in raising J. She denied reality, trying to maintain a fantasy world so that her daughter would not experience any frustration. In the search for that "perfection" she became unable to decode her real needs.

It can be said that prolonged breastfeeding was serving an eroticized satisfaction by the mother, without nutritive connotation, as a substitute object of her feelings of emptiness.

About the father, the mother was once again preserving her fantasy of "perfection." By choosing an older man (possible representation of her father), who already had a family and was married, she

repeats her mother's history, who had a daughter with a man that did not recognize her pregnancy and was not present in her life.

The mother started realizing her difficulties and managed to restore the truth about J.'s father. She also managed to free her daughter from her projections, which were occurring at a very important developmental stage. She started the weaning process and, at that moment, J., who was almost 3 years old, exacerbated her primitive aspects, biting people and introducing her hand and objects in her mouth. Her mother knew how to control her through attention, talks, caresses and games. They established a good bond and a reliable relationship, and the girl was gradually playing with the other children and was no longer biting. The mother was referred to psychotherapy and is still in individual treatment.

The technique used in this case, reflective operational group, allows communication of doubts and problems, exchange of experience, reflection about issues and further conflict resolution, which facilitates changes in internal attitudes of group members. Focus is on infant development and bond with parents.

Good results obtained in this dyad and in other families that participated in the experience showed us the relevance of this therapeutic intervention and encouraged us to keep studying and researching, since we believe this technique can benefit more families. Although it is an initial experience, which encourages us due to good clinical results obtained with this group, we acknowledge need of more extensive and in-depth studies.

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Received November 16, 2005.

Accepted November 22, 2007.

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