

The Relationship of Sudden Infant Death and Parental Unconscious Conflicts

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Publication info: Pre- and Peri-natal Psychology Journal 2. 1 (Fall 1987): 50-56.

[ProQuest document link](#)

Abstract: None available.

Full Text: THE PROBLEM Molz and Hartman⁵ recently compared different categories of Sudden Infant Deaths (SID) at post-mortem ranging from (a) death adequately explained in terms of organic pathology to (b) partly explained by organic pathology to (c) "true sudden infant death" (no organic findings). They concluded that all had in common certain specifics related to the life-situation: Premature birth, illegitimacy and a socially depressed milieu, need for caretaking, youth of mothers, high birth ordinal or short birth intervals, increase of deaths during the month of October, boys at risk more than girls, smoking or drug addiction of the mother. These findings contain a paradox. On the one hand a diversity of pathological findings, on the other the communality of a psychosocial dimension. It is of interest that Valdes-Dapena¹⁰ in her review of the SID world literature from 1954 to 1966 pointed to two sets of factors occurring repeatedly: Respiratory pathology and two statistically significant behavioral indices. In regard to the latter, twice as many mothers of controls (no SID deaths) visited a physician during their first and second month of pregnancy as did mothers of affected infants and the increase incidence of smoking on their part. Other recent studies by Lipsitt⁴ and Riegel⁵ also emphasize the role of psychosocial factors in the etiology of SID. In another recent contribution to this problem, Schmidt⁸ further narrows down the social and psychological stresses to which mothers of SID children are subjected. Comparing 94 SID victims (Institute for Juridical Medicine of the University of Munich) and their mothers to 68 mothers of healthy children (equated for age, geographic location and socioeconomic class) she found that 81% of the former showed a significant degree of difference in the following: Traumatic childhood of the SID mother (alcoholism, maltreatment, divorce), rejection by the father of the SID child, fathers with little interest in their child, financial stress and lack of help, difficult living conditions, absence of a supportive extended family, separation from the child's father or divorce, psychosomatic illness on the part of mother and child. On the other hand 18% of the SID sample did not show the above indicators of stress and in terms of social appearance were not differentiable from the control group. It is to the further differentiation of this "inconspicuous" SID group, that the following findings may contribute. THE STUDY The families in the present group of SID mothers and fathers (culled sequentially from the records of the Children's Hospital of Luzern) meet the criteria of Schmidt's inconspicuous group. Their economic position is secure, they are members of middle or upper-middle class strata, the marriages are stable, the husbands take their responsibility for family and for the welfare of wife and child seriously. All of the mothers are involved in maintaining the image of a sufficient and responsible wife and mother. Except for one (and then episodically) there are no apparent somatic or psychic disturbances overtly visible. This group consists of 14 parents. They were interviewed about their child's death between 1981 and 1985. The interviews aimed at clinical depth so that unconscious psychic dynamics, not ordinarily accessible, could be assessed. Specifically the aim was assessment of unconscious feelings of resentment and aggression in interpersonal relations as revealed through mother-father interaction, contradictions in statements, omissions in accounts, phantasies and dreams. In the present paper only three findings are being addressed: (1) dreams and preoccupation with death; (2) the nature of mother-father relation; (3) resentments toward the SID child. RESULTS* 1. Dreams and Preoccupations with Death. Thirteen of the 14 mothers reported preoccupation with the theme of death during or shortly after pregnancy with the SID child. Six of the 13 also reported intense death dreams. Examples. Mrs. B.: Talking of her pregnancy: "As he was growing in me I felt, that he was too strong for me ... It felt like someone was strangling me." With two older children she had dreamt prior to their births about"... very good smelling flowers ... With him I dreamt of a white flower that

did not smell." For this mother the meaning of this dream resided in death. On the morning of the day on which her son died, she dreamt three times about a little girl who had died subsequent to an accident. Mrs. D.: "This daughter was my doll. . . you could not get hold of her . . . like she was not quite real. . . When I held her I would often say to myself, 'child I will never again give you away.' I don't really know why I would say that?" It became clear in the course of the interview that this sentence corresponded to an unconscious giving away of her child. Mrs. E.: Throughout her pregnancy there occurred an intensification of fears that something terrible would happen. This culminated toward the end in a fear of her own dying. Mrs. F.: Feared constantly that her daughter could die. A dream three-and-a-half weeks prior to her child's death, repeated one-and-a-half weeks after the initial dream: "The child is dying in its bed-just as we then really found her ... I cried so much in my dream, that my husband woke me twice." Mrs. N.: Thought continuously that something terrible was about to happen, that her child would suddenly die. Mr. N. was even more intensely preoccupied with the theme of death. During the night prior to the day on which his son died he dreamt: "I came to a child that died in the arms of its mother." Mrs. O.: Even prior to the birth of her son she was often preoccupied with the story of a mother who did not want to have her child. One day, this woman, fell down a flight of stairs. Subsequently her child was born with a defect. During the seventh or eighth month of her pregnancy Mrs. O. dreamt: "I was in a hallway with different doors. It was a black hallway. I wanted to get out. I ran, I jumped but I could not get out. Figures appeared at the doors, but I don't know what they were . . . Black has to do with life after death ... in (X's) book there is a black tunnel. . . many went through such a black tunnel in their dreams . . . my dream was a premonition." 2. The Nature of Mother-Father Interaction All of the fathers in this group demonstrated an exceptional degree of mothering with wife and child. They were clearly highly solicitous and prone to caretaking (in one case the father did demand that the mother also share equally in the work at hand). In the life histories of the mothers, as they emerged in the interviews, this mothering on the part of these husbands seems to have been an important ingredient in the mothers' choices of these men for marriage. The picture of the family emerging with each interview was that of a unified front. There were never any open dissensions, or assertions of dissatisfactions or irritabilities on the part of wife or husband. Yet it became clear with each successive interview that the dependent role of the mother in these families was a source for her resentments. Since, however, these resentments contradicted the mothers' conscious ideals of their roles as wives and mothers they were not integratable into their psychic structures and therefore pushed out of awareness. The nature of this process appears akin to that of a dissociation of unacceptable feelings because of the helplessness they occasion, and where helplessness itself is dealt with by denial. (The concept of dissociation is here used in Harry Stack Sullivan's sense of a way of dealing with feelings that threaten one's conscious view of oneself. William V. Silverberg⁹ places the origins of such a security-seeking device in the preoedipal stages of development.) In two of the families this way of dealing with unacceptable resentments also applies to the husbands. Mr. N. in particular illustrated the nature of this process whereby unacknowledged resentments become dissociated. He showed himself most dependent on his wife for acknowledgment of his adequacy. She was his exclusive source for this affirmation. Possessing her was clearly a crowning achievement for him. At the same time, while rewarding, it was also a source of irritation to him for the sacrifices this imposed on him. His child's birth, however, threatened the exclusivity of his relationship to his wife. Aside from the death dream already described on Page 53, he reported the following sequence of events: As an acquaintance, in whose house the SID incident had just occurred, tried desperately to revive Mr. N's son, the latter attempted to have him desist in this endeavor. "I would rather not have a child, than have a brain-damaged one" was Mr. N's thought. In the subsequent hour he pushed the whole event out of his mind because he became so concerned with having to tell his wife about it. That is, the actuality of his son's death receded as he kept worrying and being afraid of having to tell her about it. "I feared she would reject me, push me out, away from her." This manner of pushing resentments out of awareness characterized the whole sample of parents, in particular the mothers. It was felt, that the dependency imposed by the institution of marriage itself, as well as the individual's own acceptance of

the institutionalized promise that thereby safety and protection are to be obtained, played a major role in the development of the resulting dissociation here. 3. Resentments Toward the SID Child Prior to its Demise. Every one of the mothers revealed in some form a mode of rejecting their child's aliveness, independence or uniqueness. This was never done in an outright manner, as for example through physical punishment. There was no evidence of the latter in the whole sample. All the parents saw themselves as kind and concerned and did wish for the best for their children. The resentments surfaced through the nature of their expectations of their children. Only two of the father's revealed this kind of resentment, but all of the mothers gave evidence of it. An instance of such rejection showed in Mrs. A's comments when speaking of her then five month old SID daughter: "She was like a running machine; she was everywhere ... I forbade her to shake the curtains ... I told my girlfriend 'if I don't have anything to say now, what will it be later on?' (meaning that she'll be run and dominated by her daughter). . . . She needed my help and support (this was said with aversion). . . she wanted to touch everything that moved and then shouted with joy (said with disbelief)." It would seem that the nature of the resentments here involved dependency needs. Dependence in bestowing "security" not only becomes a source of resentments but also that which obscures the origins and aims of this process. (The course of this has been brilliantly delineated by Sampson⁷ in his study of the power relations between men and women; see also Gruen.³)

CONCLUSION Underneath the "inconspicuousness" of the family picture of some SID mothers and fathers, unconscious resentments seem to play an important part in the family interaction. These must be considered as part of the stressloads SID parents are subjected to. However, it should be possible to reverse such stresses through reaching out for the person so affected. That this is actually possible emerges from a consideration of the results of the Sheffield Study.² Here over a seven year period, teams of health counselors visited mothers of children at risk for SID* (every second week up to the 20th week of the baby, less frequently thereafter) in order to speak with them about their situation and advise them on their children's needs. As a consequence of this the expectancy rate of SID was reduced by 33%. Since our clinical psychotherapeutic effectiveness rests in large measure on the effects of an understanding and receptive attitude in reducing unconsciousness and thus the intensity of formerly denied feelings we know that a person's sense of acceptance is the vehicle for such change. We therefore can conclude that directed and concerned interest with the mother's situation (and/or the father's) must play a role in these results. Being an object of concern and interest to another person reduces the mother's narcissistic resentment towards her child as well as her conflicts about dependency on her husband. In this then the therapeutic reaching out for the parent-resides hope to help reduce the increasing incidence of sudden infant death. Footnote * The full interview protocols are to be found in the larger study.

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it is based "Prior Themes of Rejection Among Parents Of Sudden Infant Death Victims: Retrospective Accounts and a Theoretical Proposal concerning Focusing, REM Sleep and the Failure to Arouse in such Children" will be published in German by Kosel-Verlag, Miinchen, in the Spring of 1988. The author is indebted to Prof. Dr. O. Tonz of the Pediatric Clinic, Childrens' Hospital of Luzern, for his generosity and warm help during the course of this study and for supplying the group of SID parents. Address reprint requests to the author, Arno Gruen, Ph.D., Piazzetta delle Corporazion: 1, CH-6600 Locarno, Switzerland.

Publication title: Pre- and Peri-natal Psychology Journal

Volume: 2

Issue: 1

Pages: 50-56

Number of pages: 7

Publication year: 1987

Publication date: Fall 1987

Year: 1987

Publisher: Association for Pre&Perinatal Psychology and Health

Place of publication: New York

Country of publication: United States

Journal subject: Medical Sciences--Obstetrics And Gynecology, Psychology, Birth Control

ISSN: 08833095

Source type: Scholarly Journals

Language of publication: English

Document type: General Information

ProQuest document ID: 198684969

Document URL: <http://search.proquest.com/docview/198684969?accountid=36557>

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Last updated: 2010-06-06

Database: ProQuest Public Health

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