

Healing Words for Separated Babies
Two professionals counsel adoptive parents and others

by Marcy Axness, Ph.D.

Dr. Myriam Szejer talks to babies. As a child psychiatrist and psychoanalyst, she works on a maternity ward in a Paris hospital, using words in the psychoanalytic tradition to help newborns in distress. As explained on the jacket of her captivating new book *Talking to Babies*, “In the very first days of a baby’s life, the newborn, still struggling between birth and its entry into our world, already needs words. By ‘needing words,’ Szejer means that infants need to be talked to about the specific situations into which they are born. They need to hear about their mothers, fathers, siblings, and caretakers, but they also need to hear about problematic aspects of their histories, such as the death of a twin sibling or the death of a baby before them.”

Newborns being relinquished for adoption always receive a visit from Dr. Szejer.

“In such cases, there is an absolute discontinuity between their perceptions in the outside world and their remembered prenatal perceptions: their mother’s voice, her native language and everything it contains, her smell, the sound of her body, her warmth, possibly the father’s voice, other close ones, if they have spoken close to the mother’s belly during the pregnancy, the family atmosphere. All the perceptions that enable a baby to get its bearings in the first moments of its life have disappeared. Someone has to be there to name these perceptions, give them meaning, bridge the gap between the intrauterine past, the present, and the child’s future. The only things that might possibly constitute a link for the newborn are the words that concern him, addressed to him and giving meaning to what he will have to live through. At no moment should these words be concealed from him. They should be said to him as soon as possible after the separation.

“I do not forget to explain who is taking care of them and in what capacity: ‘So-and-so is taking care of you, she is there to console you when you are sad, to feed you... That’s what she’s there for, that’s her job. Someday you are going to have to separate from her, but there will always be other people like her to take care of you until an adoptive family has been found for you.’

“There is a veritable urgency for speech. It seems to be primordial to tell every newborn where they come from in the clearest terms. It isn’t a question of judging, but of transmitting a knowledge, words that will constitute an unconscious knowledge for the child. This expression will have indispensable value for the development of his mental life. He will then be able to take his place in that very particular history that precedes and permeates him.”

In one case in which the young birth mother did not want to see the baby, nor have the baby know he was conceived through rape, the baby’s birth grandmother held the baby for their meeting with Dr. Szejer:

“The two of us were able to tell the child about his father, the fact that he did not know about the birth, the absence of love accompanying his conception, and his mother’s hope that, conversely, he would find love in another family.”



Dr. Wendy McCord is a prenatal and perinatal psychologist and family therapist. I asked her some practical questions as if I were an adoptive parent wanting to understand the impact of postpartum separation upon a newborn infant, and how words might help. Despite her specific reference to adoption, most of Dr. McCord’s comments and suggestions are directly relevant to babies who have been premature, stayed in the NICU, or for other reasons been separated from their mothers at or shortly after birth.

M.A.: What should adoptive parents know when they bring home their baby?

W.M.: All adopted babies, I think you can pretty much say, are in shock, which is the most severe level of trauma. They need to be held a lot, they need to be given true empathy, and what they do needs to be interpreted in terms of their loss.

Parents who are in denial of this add another trauma to what the baby’s already suffered.

M.A.: It sounds so hopeless, so irreversible. Is there something they can do?

W.M.: Absolutely. If they can come to their child with this understanding, then they can begin to empathize with the baby’s experience. So if an infant comes to them with colic, or with tremendous startle responses, or fear, or is unable to attach or unable to be held or comforted,

M.A.: And what about a baby who is in NICU, because of prematurity or other complication?

W.M.: There are many different levels of shock, but certainly any kind of medical procedure, or isolation, or anything very scary and fearful, like the baby not being with the mother and not being able to nurse, would cause some level of trauma.

It’s not about guilt, not that they did anything wrong—these things are sometimes necessary—but it can be healed much more easily by allowing the child to express his feelings, which they can interpret based on what the baby went through.

“You must have really missed me, I really missed you, you had some scary and painful things happen to you, I’m really sorry. I understand that you’re sad, or angry.”

M.A.: How can I expect a newborn baby to respond to the words I say? He doesn't understand language.

W.M.: Babies are much more conscious than they're given credit for. Medical science is beginning to understand more and more about what babies are capable of. They're actually realizing that babies understand math, that they understand concepts, that they identify people, that they are much, much smarter than we have understood. But babies are also psychologically brilliant, and probably more in touch with their feelings and more in touch with what's going on than we ever realized.

M.A.: I'm afraid that by saying those things to her, that I'll be putting awful ideas into her head.

W.M.: I think one of the most ludicrous ideas is that you're hiding anything from a baby. Years ago people wouldn't tell children that they were adopted, and so they would grow up—and many such adoptees will tell you this—knowing that something was terribly wrong. And when they were told the truth, although it may have been interpreted as a painful or terrible secret, it made sense, and it made their life make sense, and it gave them an understanding of this burden they were carrying, like not feeling right about themselves.

So the idea that telling the truth to an infant is going to put an idea in their mind is absurd—they were there, they know. They know on a very primal, instinctual level. All you're doing is telling them that the hurt they feel is real, which is what makes us *sane*. It's what truly loving is—affirming that person's honest experience. So it's exactly the opposite of putting awful ideas into her head.

M.A.: How do I know if it's helping?

W.M.: You'll know immediately. The baby will know, and you will know. They just... *hear* you, I don't know how to say it—they hear you and they feel understood. It's miraculous to see it. They just *relax*. It's totally healing.

Babies who've been separated from their mothers do have to mourn. And they do have to be sick. And they need somebody just to understand *why*, and to allow it. And then they can heal.

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[Myriam Szejer's book *Talking to Babies: Psychoanalysis on a Maternity Ward* is available at Amazon.com. Wendy McCord treats children and adults for various kinds of prenatal and perinatal and early childhood trauma and loss. She points out that the healing process is much, easier, quicker, and far less tedious in babies and young children than the healing of those same early traumas in adults. She may be reached at wmerthbaby@aol.com.]