

### "Transitions: from childhood to adolescence"

In my presentation, I will use the word "mother" and the word "mother function," to refer to the person who is responsible for the care and protection of the baby and child, regardless of sex or blood relationship. It can also be a father, a grandmother, an educator, etc. who performs these functions.

Speaking about development and growth of the human being, necessarily means to speak of the environment in which a person grows and develops.

When the baby is born, we will be interested in the relational experience that mother and baby co-create, in a continuous interaction. This relational experience will promote the development and growth of the baby, not the isolated experience of one and the other.

According to John Bowlby, creator of the Theory of Attachment with Mary Ainsworth, for maturation and development to take place, the baby needs feeding and physical care, and it's also very important the establishment of an affective bond. The *most important* emotional bond at a very early childhood phase is **ATTACHMENT**.

Attachment allows the dyad to maintain closeness and it enables the mother and the baby to maintain contact for co-creating the relational experience. The mother needs to take care of her baby and the baby needs to feel cared for, protected and safe, especially during the early infancy stage, a period of maximum vulnerability and helplessness. When the baby, and later the child, has a subjective experience of threat, such as hunger, fright, falls, pain, he or she will seek proximity and contact with the mother (figure of attachment) in order to reduce the level of experienced stress and also to reduce the sense of discomfort.

The baby is born with different resources for attracting the mother towards him or her, such as: crying, search the mother with gaze, gestures, smile. Later, when psychomotor skills are available, the baby will crawl, will ask to be caught, etc. These tools will vary according to the maturation of the infant's organism.

Depending on how the primary caregiver responds to these needs of proximity and contact, depending on how mother and child regulate through thousands and thousands of interactions between them, the co-created relational experience may be tinged with security and trust. This will enable the establishment of a secure type of attachment. But, on the contrary, if the co-created relational experience is tinged with insecurity and vulnerability, we will find an insecure type of attachment.

Therefore, we can say that the quality of attachment is determined by the care received in our early childhood, by our main caregiver.

*But how should this care system be in order to facilitate a secure attachment type?*

Studies show that the variable with the greatest impact on the construction of a secure attachment type is MATERNAL SENSITIVITY.

Maternal sensitivity is defined by the ability to:

- Perceive the baby's signals,
- Interpret these messages properly
- And have a consistent and appropriate response to them.

Other skills, such as the permanence in time of the figure of attachment, the mother's physical availability, her emotional receptivity and the balance between dependence and autonomy will also play an important role in establishing a secure attachment type.

These skills are also influenced by the parent's life experiences and their own attachment type, as well as by the innate characteristics of the baby, for example, if he is born with Haemophilia.

We know from different authors that the baby's exploration system appears when babies are six or eight months old. This is linked to the acquisition of new motor skills such as crawling. The child feels curiosity and interest in the environment and he is also interested in the objects that are in it. As a good mammal, he wants to explore and manipulate everything.

In the task of exploration, the child will experience less fear if the mother offers a secure ground. If this occurs, on the one hand, the child will trust that if a danger appears, his mother will be there to offer him protection and comfort. On the other hand, if the mother is sensitive to the growing autonomy of her child and his or hers needs, she will offer the sufficient and adequate SUPPORT to sustain this progressive differentiation.

We can say that GROWING implies a progressive process that goes from the more or less undifferentiated "we" during the first months of life, to a differentiated I-Thou.

*But, what happens if a chronic illness, such as hemophilia, is present in the relational experience that the mother and child co-create?*

It is more likely that the differentiation/individuation process may be compromised. Maternal sensitivity may be affected in some of its components, as well as the ability to offer support.

Perhaps the mother is more aware of her own emotional states, such as fear, guilt, sadness, which prevents her from seeing her baby's signals, delaying the response of care and even not offering it.

Perhaps, the interpretation that the mother makes of her son's signals are wrong, for example: the baby wants to move from one place of the room to another and the mother takes him in her arms because she fears that he may damage himself instead of promoting that the child can find his own skills.

So, instead of support, there will be abandonment and/or overprotection. In the first case, **Abandonment**, means that "the child is left prematurely alone", that is, he is rushed into his autonomy. It is likely that, when the child becomes an adult and needs support, then he can hardly trust that another person will be able to support him. He will find it uncomfortable to ask for help and receive it.

In the second case, **Overprotection**, means that "the parents will do for the child without counting on him". The caregiver usually intervenes hastily. Over time, adults may have difficulty knowing what they want, who they are, what they like, etc. and they will configure a self-concept tinged with incapacity and distrust towards themselves and towards their own resources.

With overprotection, there is not enough space and time for the child to develop new skills, the opportunity to spontaneously stand on their own resources is removed. For example, imagine that the child spills a glass of water. What do you think he would do? Would he take a cloth? Would he ask for help? Would he take a broom? This is difficult to know if there is not a minimum waiting period that allows the child to initiate a natural and spontaneous response –in this case, reparation.

We have to realize that both abandonment and overprotection have the same effect: "The needs of the child are not taken into consideration." There is no emotional synchronicity.

The important thing in the process of individuation is that the mother and father function will provide the necessary support, according to the maturity level of the child, so that he can find his own resources.

***But, what do we mean when we talk about Support?***

"To give support is to offer the other, that what allows him to take the next step, it facilitates him to continue with his task".

For example, when the baby begins to take his first steps, something that happens in many cases is that he needs to grab himself onto something secure so he can incorporate himself and then walk. He does not need us to take him, nor keep him on his feet, he only needs help to incorporate himself.

As parents, in order to support the child, it is important to be interested in what he is doing and also to be aware at what point he can not continue by himself. This is the moment in which his energy falls and he feels frustrated due to the difficulty to face the task. This is a good time to intervene with our help, offering the necessary support so he can continue with the task.

Support is important because it facilitates growth and it helps children develop their own skills, confidence, an inner belief in their ability to solve problems and face challenges. It also enables their creativity.

Support does not have to do with the absence of boundaries. Boundaries are necessary for children, they do not necessarily know all the potential dangers of the environment they live in.

Something that can happen when we raise a child with hemophilia, is that parents see dangers where there are none. They project their own fears into the environment and everything seems to be potentially dangerous, so they become overprotective and restrictive. Other times, they overcompensate their children's illness and their own feelings of guilt through the absence of limits.

As professionals we must support parents so they are aware of their own feelings and emotions, so they can choose what to do with them, so they don't confuse their own feelings with what their children are feeling, and, also, so they don't project in others what belongs to them.

We must support them in the ability to "realize" their own limitations and needs, so that they can get the necessary support and care from people of their same "psychological size" and not through unconscious behaviors that overload and limit the development of their children.

Only then, parents can accompany, regulate and tune in with the needs of their children, because they will be aware of how to accompany their own needs. This will also make it possible that they become a model of self-care for their children.

It is also important to provide families with shared experiences so they can practice together skills that strengthen their children's self-esteem as they grow up: (Violet Oacklander, "The Hidden Treasure: The Inner Life of Children and Adolescents")

- Stimulate and intensify their senses: sight, hearing, smell, taste and touch.
- Include body work, such as, breathing and the use of their voice.
- Provide experiences that they can master and experience mastery
- Encourage that they have a chance to choose when it's possible.
- Practice statements about themselves: for example, lists of things that I get angry at or I don't like".
- Encourage that they are in contact with their aggressive energy, of course we don't mean violence.

These are some skills that will strengthen self-esteem

Parents should be aware of how they interact with their children, what experiences they provide them with, what kind of gaze they give to their children. All this work that we have described, kept during the first years of life, will allow the transition from childhood to adolescence based on a secure ground that will allow children to grow and experiment as they become teenagers. It is not the same to grow on foundations that offer security and psychological and emotional solidity, than to grow on a foundation where mistrust, insecurity and restlessness is predominant.

Finally, one last reflection: *what was the way in which your parents saw the world that they transmitted to you?* Was it security, confidence? or, on the contrary, was it distrust, insecurity, incapacity...? *And, to what extent does it have an influence on you today and on the way you relate to other people who are meaningful to you?*

Thank you very much for your attention.

World Hemophilia Congress. 23-05-2018, Glasgow.  
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