

# Doctor-Patient Bonding. Its Interaction with the Parent-Infant Bonding

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## **Abstract**

This paper presents the point of view of a Pediatrician and Neonatologist of the need to promote understanding, better communication and empathy between doctors and patients (especially between doctors and mothers/mothers-to-be). After describing this philosophy and the results which are possible to reach, an example is given which took place in a Community hospital which had 6000 deliveries a year and the changes which occurred. A support program for parents and expectant parents is also outlined. The goal of this program was to create a positive initiation in the mother-infant bonding and a model for doctor-patient bonding.

## **Zusammenfassung**

Diese Arbeit ist aus der Sicht eines Kinderarztes und Neonatologen geschrieben, der das Verstehen, die Kommunikation und die Einfühlung zwischen Ärzten und Patienten verbessern möchte, besonders zwischen Ärzten und Müttern und werdenden Müttern. Zunächst wird die Philosophie dieser Sichtweise beschrieben und dann werden Ergebnisse darüber mitgeteilt, was an Veränderungen zu erreichen ist, und zwar am Beispiel eines städtischen Krankenhauses mit 6000 Entbindungen im Jahr. Es wurde ein Unterstützungsprogramm für Eltern und werdende Eltern entworfen. Das Ziel dieses Programms war, die Mutter-Kind-Beziehung anzuregen und zu verbessern und ebenso die Arzt-Patient-Beziehung.

## Introduction

I have often asked myself starting from what moment do we as neonatologists and pediatricians concern ourselves in an integral way with the well-being of the child and his family? I believe that any moment is a good time to start. I also believe that the election of this moment begins to have true meaning when it comes deeply from within; when we are convinced that what we are doing is important to the child and his family, not because someone tells us so, but because we are certain it is so. We should develop a philosophy of listening to our patients; not just ordering but sharing; not just directing and imposing, but crying if we have to without any shame and respecting. One might think that we are being romantic or too sentimentally focused. But I frequently ask myself, "Why does this marvellous science, medicine, have to be so solemn and serious instead of being more feeling and emotional?" Certainly feelings and emotions guide human behaviour, but we have tried to ignore them or to minimize them because we were taught not to get "emotionally involved". "The physician has to be able to be cold-blooded, lacking feelings and sensitivity in order for his decisions to be correct". This was one of the many messages we have heard. Technology might have its limitations, but not our feelings, not our desire to help or to listen. We should start to realize that even little things sometimes qualified as trivial in academic medicine (like sitting down to listen to a patient) are as vital to the health of that patient as issuing a proper prescription.

Sometimes I dream that just like in the story of "Aladdin and the Magic Lamp" I would be granted three wishes. For my first wish I would ask for more time. We physicians need a longer day without always being rushed. We need time to sit down and listen to our patients, whom we consider our friends. It is important to know what they think of our medical decisions, what they want and what they would like us to do for them. I would also ask for time to consider, to rectify and here I am not talking about time in quantity but quality time.

My second wish would be to ask for the endowment of wisdom in those who are in charge of the education of physicians, so that not only would their brains be fed with therapeutic, anatomical and physiopathological facts, but their hearts would also be nurtured by teaching them the importance of small actions. The effects of a caring, empathic and sensitive doctor will far outlast the treatment and more than likely shorten the duration of the illness. We all need affection, and even more so when going through a period of crisis. When this affection and concern comes from his physician, and the patient recognizes it, then he is on the road to health again. A word, a smile, and a handshake could produce the ultimate remedy. Even though our patients, "our friends", need us in times of sickness, they also need us when they are in good health. They need to be given guidelines to help them understand their bodies and to create and maintain a family of healthy children.

Being healthy is something good, but there exists the mistaken concept that good things will not suffer attack. So, our patients need to be aware and educated to realize the need to take care of themselves while they are well. They need to be taught preventive medicine. It should be part of preventive medicine to encourage people to let down the barriers that seem to be inherent in the ev-

eryday doctor-patient relationship. Wouldn't it be wonderful if people thought when they passed a hospital "here is the place where I will be welcomed, listened to and taken care of"? Instead most people, including doctors themselves, dread the thought of hospitalization and recoil from even visiting one.

My third and final wish would be to ask the medical authorities to devote themselves to the patients' feelings and emotions with the same firmness and dedication as they carry on research. The ideal would be a balanced model – a model in which not only the physician possesses acumen in diagnostics and research but also one endowed with the same sensitivity we associate with the "old family doctor". Medicine is more than a science. It is the instrument which will enable us to give true meaning to our lives and to the lives of those we touch – our patients.

### **The Beginning of Life**

"If anyone ever wishes to know the significance of the word love – ask a mother". I copied this thought because I firmly believe in the truth it encompasses. I have deep respect and admiration for all mothers. Each interview I have with a mother further enriches me as a person and as a doctor. I see mothers lonely, especially those in the first pregnancies, confused, sometimes alone and facing the great responsibility of giving life to and helping in the growth and maturation of their babies. It is a gargantuan responsibility! Parenthood is a role for which society does not prepare us. We are required to take out a drivers license in order to drive; a license to practice medicine, but no certification is required to play the most important role of mankind; the creation of a new being – a new member of our society. I sometimes ask myself, what is happening to our scale of values? A child is born every second; every day of every year. Is this not something exciting and miraculous? Apparently it has become so commonplace that we are no longer in awe of the miracle of birth. I still cannot understand the lack of emotional response when people see a pregnant woman or a newborn infant. On the other hand, a new computer, a sports car, or space travel elicit spasms of wonder and joy. For example, an engineer once told me, "All these things are new discoveries, not an everyday event like giving birth". This feeling further confirmed my feeling that a pregnancy, or a birth are things which we no longer see nor feel.

However, I believe that it is time to rediscover the most marvellous masterpiece that has ever been dreamed of – another human being and to rediscover this from the very moment of conception. When this happens, it will trigger us into action to protect and support this mother and child. We must try to make everyone aware of this miracle and help mothers to appreciate their wonderful work and to talk to them candidly about mother-infant interaction and bonding.

### **The Sarda Hospital Experience**

The Sarda Hospital which is located in Buenos Aires, Capital of Argentina, is a maternity hospital where there are six thousand births per year and where ap-

proximately 500 newborns were referred from other hospitals. It has two neonatal units, one of which I am in charge. Until six years ago, my unit cared for those babies delivered in this hospital, while the other unit took care of the remainder. One day the Chief of the Neonatal Unit suggested unifying the two neonatal units. Since the other unit has just been remodeled, his idea of transferring all intensive therapy there was very convenient. I thought it was an excellent way to utilize our limited resources. Besides, it seemed the ideal way to transform my unit into a place where the patients would have the time to get to know one another and a place where they would not feel distanced from their doctor but would experience a doctor-patient bonding instead.

The intention was to create an assistance module in which the physical caregiving of the newborn was linked to the emotional needs of the new parents and also where problems encountered during the parent-infant attachment phase would be addressed. At first, my staff did not grasp this philosophy. They felt they would be dealing with only monotonous cases having little or no importance which would cause their professional skills to deteriorate. I tried to convince them that it would be a challenging opportunity. Those physicians and nurses who did not feel at ease in this were given the opportunity to withdraw from the unit. But, I made it perfectly clear that I had not lost my respect for them. I did emphasize the fact, however, that whoever remained did so because they felt the task was important. I must admit I had a rude awakening for the unit became practically deserted. The place which once hummed with activity turned into a desolate place. During this time, I felt very fortunate to have had the support of my family and I persevered!

In order to achieve our goals we had to tear down walls and create one large room for the nurseries where the mothers could tend to their infants without time restrictions. This would encourage a continuous dialogue between the mother-infant. Meetings between the mother and doctor could take place in a relaxed and homelike atmosphere and fathers and other children in the family were encouraged to join in.

After the nurseries were set up, we started decorating the walls with posters depicting infants and their families. The posters declared our philosophy about the initial stages of parent-infant attachment; the understanding of the newborn's sensorial capacity; and the way to identify the infant's message. Some of the statements were, "Mom I don't only like to sleep and eat; I like to listen to your voice, to be caressed, to be held in your arms." Letting a baby cry does not give him the consolation or security that a parent's warmth and affectionate touch would offer. "To see the world through their babies' eyes helps the parents understand, protect and respect him".

At the entrance we hung an announcement welcoming all parents, emphasizing the importance of the parents and their infants to us and stressing our willingness to help them. Above all, we let them know that they could rely on us not only as physicians and nurses, but as human beings.

In any parent-physician contact one strives to communicate in a meaningful and uncomplicated manner using language which dissolves barriers so that a two-sided dialogue can spontaneously occur. It is very difficult to clarify what

one feels when this ultimate contact arrives. But, when it does happen, I bless the moment that I decided to enter this profession. It was gratifying to see by degrees the unit started to become vigorous and filled with vitality once again. It is even more satisfying to report that we are once again a team, even though a bit away from our desired goal.

### **Parent Meetings: Objectives and Observations**

Our meetings were not designed to teach mothering skills. Therefore, I decided that we should use a set of principles and strive for certain objectives:

1. Offer information about current medical research which was translated into a language they could comprehend.
2. Encourage the expression of feelings, emotions and wishes.

In other words, these meetings were to take place between emotionally motivated persons (parents and infants) and the support group (the medical team) in an environment where the physical and emotional needs of the infant were synchronized with those of the parents. The meetings were divided into three basic modules, and were sometimes held at scheduled times or sometimes just spontaneously. We gave each module a title, for example

Module I: A Marvellous Adventure

Module II: The Amazing Newborn

Module III: Lifetime Bondings

### **Module I: A Marvellous Adventure**

In developing this idea I asked the mothers to accompany us on an imaginary journey which would take us through the wonderous stages a baby goes through from the very first days of his creation. Together we watched videos and slides where we were able to see the transformations taking place both in the mother herself and naturally in the infant. They were shown that small being who was already throbbing with life and vitality. When we saw the segment concerning ovulation in ("The Beginning of Life") film, we felt that we were witnessing an atomic explosion. The paradox is that this explosion does not produce destruction, but on the contrary, this explosion produces life. One could say this explosion signals the climax in the creation of a new life.

It is interesting to note that before I showed this film to the parents, I asked for comments from a group of my colleagues. They suggested that I not use it as they found it too technical to be of interest to the mothers. In fact, I didn't show the film for sometime until I realized that what they considered technical instead was raw beauty. Even though I have seen it hundreds of times, it still has a strong emotional effect on me.

Following ovulation, we continued the journey through the incredible and spectacular moments of fusion of ovule and sperm and its prodigious transformation from a single cell to sixty million cells which will eventually constitute the newborn baby. The incredible change in weight and volume from a single cell to

one three million times larger is always a moment of awe among the parents who are generally unaware of these figures. To make this fact more graphic, I asked them to picture any of nature's objects, a tree for example, and then to imagine that within a period of nine months that tree will produce sixty thousand million more trees. This is a very difficult process to fathom, even more difficult when trying to imagine these cells forming separate organs for distinctive functions. For example, while watching the images of the heart beating for the first time, the parents were literally dumbfounded.

We then went on to look at the characteristics and capacities of the child in the womb. We kept in mind the infant's auditory ability and the fact that the baby within the womb is capable of retaining absolutely everything of that experience. During this time, I placed particular emphasis on the importance of giving birth. Gestation and the birth of a baby can well represent a new horizon for both mother and child, a time when the mother's life has taken on a new perspective and has become more meaningful.

### **Module II: The Amazing Newborn**

In this phase we introduced the newborn giving a detailed description of his physical, sensorial and communicative abilities. We emphasized the fact that the baby speaks. He speaks with all of his senses, but mothers have to learn to watch him and become aware of his signals. A long time ago it was believed that the newborn was neurologically insufficient, that his movements were reflexive and that there was little communication. In fact, we almost had the parents convinced of this as well. But mothers always knew that their babies were able to communicate with them. Of course, we physicians have known this all along. We published this fact in journals, discussed the newborn's ability to communicate at scientific meetings, yet we did not dispense this information where it was really needed. What a different relationship we would have with our patients if we opened up and shared our medical findings with them. Furthermore, the main objective of this module was to demonstrate that the newborn is not an object, he is a person. He is an individual who has already shared nine months of his life with his mother and remembers the intrauterine experience. And he has the capacity to recognize his world and to communicate with his family. (This module was based on the film "The Amazing Newborn", Marshall Klaus).

### **Module III: Lifetime Bondings**

The central theme of this meeting was to consider the newborn's emotional development. We paid particular attention to the concept that the baby is not a bundle of anatomy, physiology and reflexes, but a human being with the full capacity to adapt himself to his new world and to fully enjoy its varied dimensions. An emotionally healthy child is one who has been treated like a person since the early seconds of his life. Raising a child with sensitivity will in the long run give him the means to see the world as a place where he can resolve his needs, state his wishes, expand his imagination and even exercise his intuition.

One who is brought up in a loving and unbiased environment, will be able to pass these same values on to the society in which he lives. A strengthening of the belief systems grows as the child grows. To believe in people and in things little by little will be reinforced by the positive experiences he has within his culture.

Creating an environment in which parents can freely express their feelings was one of the objectives of this meeting.

### Conclusions – A Vision of Hope

I have developed great admiration for the maternal role. Mothers themselves should be proud of their roles and should enjoy their babies' growth and development. It is our role as physicians to support them. One way of doing this is to improve communications between ourselves and them. We could start by trying to put ourselves in the position of the mother, what is she feeling at that moment, what anxiety is she undergoing, what joy is she experiencing. Of course, this is easier said than done, but if we could reach this level of communication, I guarantee you that babies, parents and society would benefit.

If these principles are practiced we can take the first steps towards the complete development of both mother and child. I also believe that it will enable all of us to see the world from a different vantage point – one where beauty is not only found in the aesthetic and where companionship, listening and support can be found in each and every human being. At times when I become depressed thinking that there are so many people who do not understand this philosophy, or who do not believe it, but instead see the objective as farfetched, an old Chinese proverb rescues me, "Many little things done by many little persons in many little places will be able to change the face of the world".

### References

- Abarbanel, J., Zinner, E. (1986). Parent-Infant Support Groups in a Pediatric Practice. *Clinical Pediatrics* 7, 345–348
- Als, H., Gretchen, L., Brown, E. (1986): Individualized Behavioral and Environmental Care of the Very Low Birth Weight Preterm. *Pediatrics* 78, 6
- Bristol, M., Helfer, R. (1985). Effects of Perinatal Coaching on Mother-Infant Interaction. *AJDC* 138, 254–258
- Bristol, M., Wilson, A., Helfer, R. (1985). Perinatal Coaching Program Development. *Clinics in Perinatology* 12, 367–379
- Field, T.M., Schanberg, S.M., Scafidi, F. (1986). Tactile Kinesthetic Stimulation Effects on Preterm Neonates. *Pediatrics* 77, 654–658
- Gorsk, P. (1983). Premature Infant Behavioral and Physiological Responses to Care Giving Interventions in the Intensive Care Nursery. *Frontiers of Infant Psychiatry*. Base Books, New York
- Klaus, M., Klaus, Ph. (1985). *The Amazing Newborn*. A Merloyd Lawrence Book
- Klaus, M., Kennell, J. (1983). *Bonding the Beginnings of Parent-Infant Attachment*. Mosby Medical Library
- Nilson, L. (1984). *A Child is Born*. Merloyd Lawrence Book
- Odent, M. (1984). *Birth. Reborn*. Random House, New York, pp. 86–89
- Verny, T., Kelly, J. (1981). *The Secret Life of the Unborn Child*. A Delta Book

- Winnicott, D.W. (1987). *The Child, the Family and the Outside World*. Addison Wesley Publishing Company
- Whitt, K., Casey, P. (1982). The Mother-Infant Relationship and Infant Development: The Effects of Pediatrics Intervention. *Child Development* 53, 948–956