



WHAT DO MOTHERS SAY ABOUT THE MOTHER AND BABY RELATION?

O QUE DIZEM AS MÃES SOBRE A RELAÇÃO MÃE E BEBÊ?

¿LO QUE DICEN LAS MADRES ACERCA DE LA RELACIÓN ENTRE LA MADRE Y EL BEBÉ?

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ABSTRACT

Objective: to learn what mothers say about the mother and baby relation. **Method:** descriptive and exploratory study, with a qualitative approach, conducted with in-depth interviews with six mothers of different instructional levels, treated by Lexical Analysis by Alceste software. **Results:** three classes emerged, representing respectively 55% (Class 1), 26% (Class 2) and 19% (class 3) of the corpus. The focus of attention in the mother and baby relation was significantly focused on primary care (Class 1), where the mothers with lower education represented their speeches more expressively. The mother with the highest level of education looked the more complex aspects of interaction, transcending the description of primary care. **Conclusion:** the maternal education may influence on the exercise of maternal function or its significance, influencing both the bond narrative style as the care. **Descriptors:** Mother-Child Relations; Parenting; Lexical Analysis.

RESUMO

Objetivo: apreender o que dizem as mães sobre a relação mãe e bebê. **Método:** estudo descritivo, exploratório, de abordagem qualitativa, realizada a partir de entrevistas em profundidade com seis mães de diferentes níveis instrucionais, tratadas via Análise Lexical pelo *software* Alceste. **Resultados:** emergiram três classes, representando respectivamente 55% (classe 1), 26% (classe 2) e 19% (classe 3) do *corpus*. O foco de atenção na relação mãe e bebê ficou expressivamente voltado aos cuidados básicos (classe 1), onde nela as mães com escolaridade mais baixa representaram suas falas de forma mais expressiva. A mãe com maior nível de escolaridade atentou a aspectos mais complexos da interação, transcendendo a descrição dos cuidados básicos. **Conclusão:** a escolaridade materna pode ser um fator interveniente ao exercício da função materna ou a sua significação, influenciando tanto a narrativa do estilo de laço como também a forma de cuidado. **Descritores:** Relações Mãe-Filho; Poder Familiar; Análise Lexical.

RESUMEN

Objetivo: comprender lo que dicen las madres acerca de la relación entre la madre y el bebé. **Método:** estudio descriptivo y exploratorio, con enfoque cualitativo, realizado a partir de entrevistas en profundidad con seis madres de los diferentes niveles de enseñanza, a través de Análisis léxico por el *software* Alceste. **Resultados:** tres clases surgieron, lo que representa respectivamente el 55% (clase 1), 26% (clase 2) y 19% (clase 3) del *corpus*. El foco de atención en la relación madre y el bebé se centró, en gran medida, de la atención primaria (Clase 1), donde sus madres con educación inferior representado su forma de hablar más expresivo. La madre con el más alto nivel de educación se veía los aspectos más complejos de interacción, más allá de la descripción de la atención básica. **Conclusión:** la educación materna puede ser un factor que interviene en el ejercicio de la función materna o su significado, influyendo tanto en la narrativa de estilo de bucle, así como la atención. **Descriptor:** Relaciones Madre-Hijo; Responsabilidad Parental; Análisis Léxico.

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INTRODUCTION

The circumstances that favors the constitution of the psyche are known to be the influences that fall more early in the life of a child. The relevance of care is highlighted especially for professionals who work with maternal and child health in the importance of monitoring and enhancement of the establishment of the mother's relationship with the baby. This study recognizes the effects of the primary relationship in a baby's life and focuses its attention on the establishment of the mother's bond with the baby from the mother's perspective. In humans, this tie is initially based on the established dynamic between mother or who make the maternal role and the baby.

It is also considered that, in an environment good enough¹, such function operates in conjunction with the paternal function that must be entered in the maternal agent so that everything goes well in the psychological point of view. Although, in a family context, all members are imbricated in the construction of the child subjectivity, the child at his/her early stage of life is more specifically under the influence of care of the maternal agent. Therefore, it is important for professionals who work with maternal and child health to have knowledge of this vital moment in the life of a child.

♦ About the mother and baby bond

The concept of mother and baby bond is adopted for the relationship that is established between both of them presupposes a bond that requires being built, due to its asymmetry, non-complementarity and unnaturalness² and should come from a non-anonymous addressing focused on the baby.³ The human prematurity helps clarifying the essential aspect of the bond between humans, as it is the literal dependence of the baby⁴ - to survive and humanize -, which gives the fundamental character of the maternal agent. It is a relationship that needs the investment of the involved actors, since the lack of complementarity, added to the constitutive precariousness, forges the establishment of this primordial bond in the baby's life.³ The time since early childhood until the adolescence is conducive to constitution of the psychic structure, time to consolidate a way of being of each human and, subsequently, psychic brands will keep occurring; however, they will resignify the already registered and used as support.³

Speaking of motherhood emphasizes the concept of "ordinary devoted mother", which concerns the majority of mothers who can

spontaneously devote themselves to the care of their children.¹ The mother usually has a very sophisticated identification with her son, and the provided care concerns the "settlement of the mental health foundation"¹. When the mother and baby relationship is effective, the mother is offered as a safe haven where her son, when with physical and/or mental suffering, may moor.⁵ An insufficient environment will distort the child development.¹ Therefore, for a depressed mother, there will be more difficulties to find a point of harmony between her and her baby.⁶

Among the mother's functions are the bodily investments of the dedication to the routine with the baby, such as talking to him, bathe him, feed him, make him sleep, introduce and promote sleep and wakefulness establishment, where the mother promotes subjectivity in the baby's body and a unique form of child care, making temping their limitations.² It should be noticed that the maternal function contains love as the foundation⁷ and "has a decisive role to the constitution of the psyche of the newborn".^{2:15}

The form of communication between mother and baby occurs in various spheres, and among them, breastfeeding, crying and voice. Breastfeeding might be, for the newborn, the most privileged experience to calm his anxiety and relieve his stress, allowing some intrauterine and body continuity.⁸ Being the first form of feeding the baby, breastfeeding affects in many ways the mother and often favors an intimate experience, as the baby gets the maternal gift.⁹ There is urgent need of the baby for caresses nourishment in order to ease his internal tensions.¹⁰ It is important to report that a large number of people developed satisfactorily, without having lived the experience of breastfeeding, which, although essential, should not be insisted when there is a maternal personal difficulty, and there are other forms of physical intimacy promoting the bond; but something is lost when this experience is not lived.¹

The cry has communicational function, originating from an automatic, vital and primitive reaction of the baby at any sign of discomfort, but, with time, it becomes a subtle form of communication between the dyad, having multiple meanings (pain, hunger, tantrum) and responses by the caregiver.⁹ When the baby is hungry, thirsty, he uses it to warn the mother that something is not right, especially at an earlier stage of his life, but crying or yelling will not alleviate his stress, because this movement seems to have an

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essential secondary role to the baby of communicating the maternal agent about his malaise.¹¹

The voice is another key tool used by the mother and baby pair. The vocal interaction of most mothers with their babies contains simplified structure, with poor sound meanings, presence of marked melodic curves and short lines.¹² The constancy in which these elements are present allows them to be united in a concept called "manhês" or motherese,¹²⁻¹⁴ concerning an unvoiced and quite melodic maternal speech, allowing the recognition by the baby of her vocalizations filled by affection; where the sense of what is said between the mother and the baby is located more in the sound and vocal melody than the words spoken, always referring to a affective dimension.¹² This way of speaking "is necessary so that one day the subject of speech is constituted"^{15: 71} and mothers around the world, from different countries, use the "manhês" language to talk to their babies.¹⁴

A syntonic communication between mother and baby is one of the keys to trigger the constituent operations: those that are the psychic ballast to the baby. These operations, which occur in different logical moments of psychic constitution, are intrinsic to the maternal function, which requires supporting them so that everything goes well with her baby. They are related to four known moments forming the psyche^{2,3,16}, complex and inextricably intertwined, namely:

Suposition of subject: at the initial moment of his life, the mother gives unintentional manifestations, an intention, assuming a subject in him, precipitating a condition, in her baby, that does not yet exist, anticipating what is to come: she hears, in the inarticulate sounds of her child, a communication; she tells him he does not understand what she is saying, believing in a conversation. Such assumption allows the mother to take the crying as an appeal and build different directions. The higher the line of the mother and baby, the more correspondence will exist between the vital urgencies that he presents and the significance formulated by her. This is the subtlety of the appropriation of knowledge by the baby process, which is sewn into the daily care provided to him. The mother is the one who structures and supports the dialogue with the baby, taking his productions as "speech acts", coating them with intentionality.¹¹

Demand establishment: the mother should take the productions made by her baby as an order and position in order to respond to him, serving him, prioritizing or frustrating his

requests. His stance implies a double translation: translating the actions of the baby into words, giving them a sense; and translating into actions, calling and capturing the baby in language.

Presence-absence alternation: refers to an essentially symbolic dimension. It is necessary to set up a coporal discontinuity between the mother and her baby. When the interchange is continent, gaps open space to the emergence of different productions by the baby that will get a copyright mark. It is up to maternal agent to produce a balance between presence and absence. This does not mean to medianly stand between both of them, but to alternate these positions, being physically and psychically present and absent on the day of her baby. This alternation presence-absence, when effective, allows the different rhythms, and new relational spaces are articulated in a network of meanings in the baby's life. The mother goes by her presence, and when she leaves, she becomes a symbolic agent.¹⁰ Without a foundational presence "there will be no absence to subscribe".^{15:67}

Installation of otherness: refers to the entry of a third element - the law - in the mother and baby bond, marking a place beyond the mother. More often, the law may be represented in the paternal agent, but it is not restrict to the father figure as a result of its symbolic dimension. The law should serve as a beacon and, simultaneously, prohibit excesses present in the primary relationship, which requires, in these circumstances, that maternal interests are not restricted to the baby, standing beyond him.

There is a very wide range of different styles that sustain these operations³ and both the maternal as the father role leave in the baby remains of the parenthood¹⁷ style, such as maternal emotional state, which affects the intrauterine life and the neonatal period and early years life of a child.^{6,13,18,19} Besides the influence of maternal emotional conditions on the child's development, maternal education, among sociodemographic variables, is also accepted as one of the indicators of the child's development.

Studies have found that maternal education and socioeconomic status have an impact on the development in childhood, observing that there are few Brazilian studies, and from developing countries, that discuss the influence of the mother's education, beliefs and socioeconomic status of the parents in the development of the child.²⁰ Therefore, the level of maternal education also influences on the child's development and is an important factor to be considered, since even children

being well healthy and nourished, cannot achieve their full development potential due to not having adequate stimuli.²⁰ In addition, maternal educational level also influences the mothers' beliefs about the development of their sons.²⁰ It is evident that, among the social and environmental aspects, maternal education has a higher impact than the father's education.²⁰ Conversely, socioeconomic conditions directly or indirectly influence the development of children, as observed in all evaluated studies, also emphasizing the studies showing that increasing the educational level of the mother allows her to learn more about the needs of her son.²⁰ The maternal education, interposed to environmental stimuli, is also a factor that contributes to the stimulation of the child and influences on the child's cognitive development.²¹

When studying the childrearing practices, it was found that mothers who had lower educational level and socioeconomic status were also who used physical punishment the most in the education of their sons.²² Moreover, "this finding is in accordance with what many studies indicate about negative impact of low education and low socioeconomic status on parenting practices"^{22:39}, indicating that parental education can impact the development of children.²² Still regarding the maternal education, it was found that it relates to both the maternal responsiveness as to socialization practices of child development used by mothers.²³ The authors emphasize "the importance of maternal education so that tasks related to parenting are performed in a satisfactory manner, in order to favor the child's full development early in life".^{23:312}

OBJECTIVES

- To learn what the mothers say about the mother and baby relationship.
- To characterize the indicators relevant to motherhood.

METHOD

Descriptive and exploratory study, with qualitative approach, with a random sample of six mothers living in a city in inner Paraíba, with diverse educational background; age over 18 years; with babies up to 18 months; born at term (or did not need to be hospitalized at the Neonatal Intensive Care Unit); without congenital anomaly and residing with their babies.

Regarding the sampling technique, the participants were found in the Basic Health

Units (BHU); municipal day care centers and a private pediatric clinic (to include the graduation level). In this initial contact, the mothers interested in participating and that met the research criteria, completed an Initial Contact Form. Later, they were contacted at random to check if they still wanted to participate in the study, and, when included a participant of each educational background levels: no education, incomplete primary education, and complete primary, secondary, graduation and post-graduation levels, the interviews agenda ended.

The interviews, lasting an average of 60 minutes, were filmed only in order to prioritize the audio feature due to its sound quality, in order to promote transcription. The questions were formulated in order to involve all the following topics: important, favorable and unfavorable aspects in the formation of the mother and baby bond; the care of a baby; sharing care; aspects that can help or hinder the development of the baby; how to know if it everything is okay with the baby and how to tell when the baby is not good, and if the parents are important in the baby's life with the respective justification. If some clarification was needed, the participants could ask for it.

The interview in depth technique was used, which is used in the field of research and aims to apprehend the respondent's views about the investigated subject.²⁴ The transcribed interviews were processed by the software Alceste, which shows the communication of ideas and opinions of the interviewee about the requested subject, considering the frequency with which the words are repeated, grouping them according to their roots and seeking, through a lexical analysis, to build the sense.²⁵ The study was approved by the Research Ethics Committee of the Federal University of Rio Grande do Norte (UFRN) - CAEE number: 12432213.5.0000.5537.

RESULTS

◆ Participants' characteristics

It is possible to observe that the mothers were between 19 and 34 years, having from one to five children and that the mothers with the highest number of children had lower or no education. The mothers with the highest educational level have a higher household income and those with lower or no educational level, have more unfavorable economic conditions. Most of them were married or in stable relationships. All babies were 11 months or older (Table 1).

Table 1. Sociodemographic characteristics of the participants

Education	Age	Sons	Merital Status	Household Income	Baby's Age
No Education	32	5	M/SR	490,00	11 m
Incomplete Elementary Education	25	3	M/SR	800,00	14 m
Complete Elementary Education	19	1	M/SR	678,00	11 m
High School	27	1	M/SR	1.600,00	17 m
Graduation	32	2	M/SR	1.900,00	14 m
Post-Graduation	34	2	M/SR	3.900,00	16 m

Minimum Wage = 678,00 - 2013
M/SR = Married/Stable Relationship

When processing the interviews, Alceste identified a corpus composed of six initial context units (ICU) - corresponding to the six conducted interviews in-depth - totaling 21,994 occurrences of words, being 2,534 different, with an average of nine occurrences per word. For the following analysis, the words with a frequency equal to or higher than the average, and with $X^2 \geq 3.84$. After reducing the vocabulary, 452 roots were

found, and the corpus resulted in 420 elementary context units (ECU). The descending hierarchical classification (DHC) retained 81% of the total ECU of the corpus, which represents the percentage of use of interviews. The analysis generated by Alceste resulted in three classes formed with at least 20 ECU, each. This process emerged a dendrogram with two corpus division (see Figure 1).

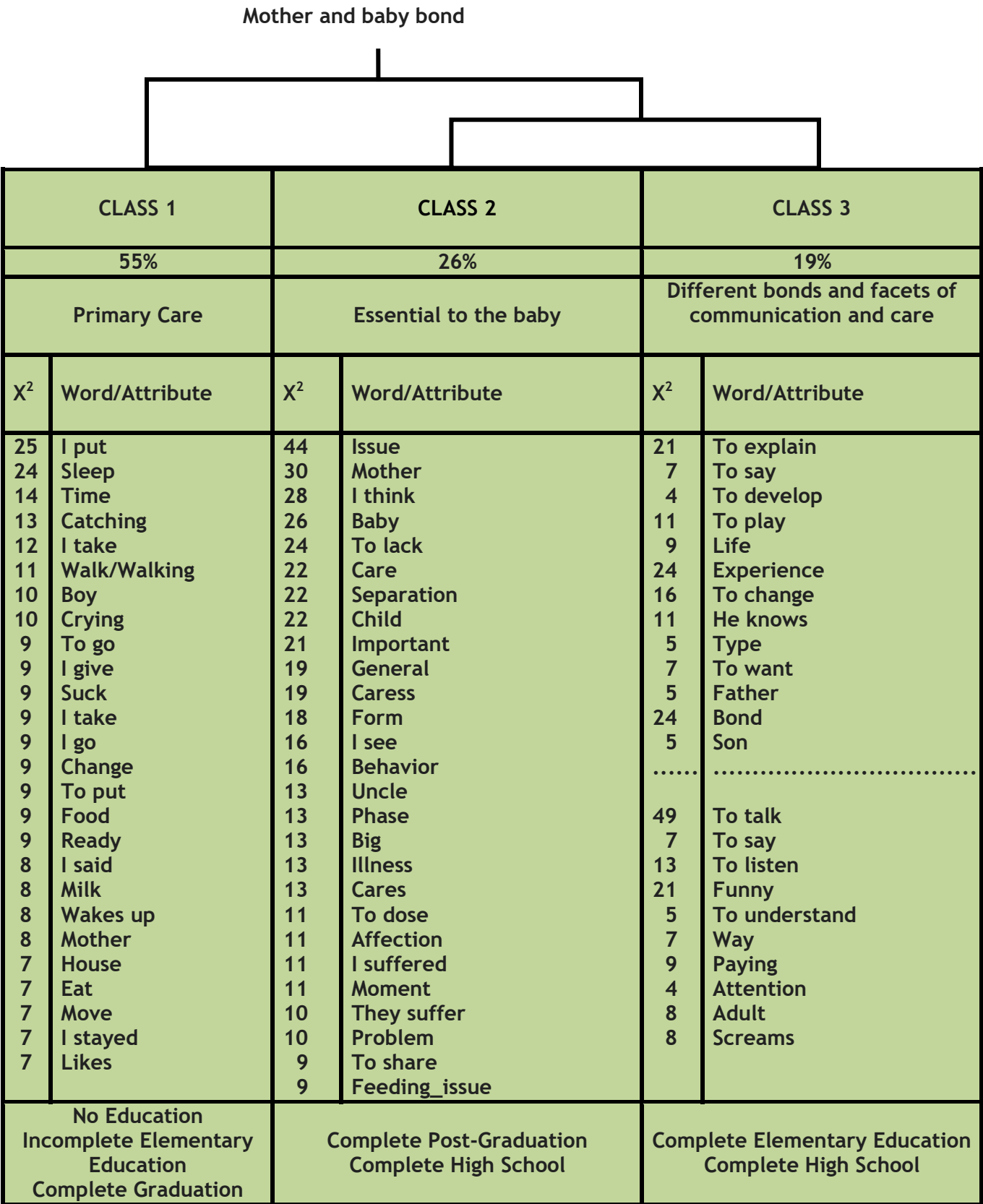


Figure 1. Dendrogram with the descending hierarchical classification (Classes 1 and 2) and ascending (Class 3) of the interviews.

The first division is compound only by Class 1, named **Primary Care**, and regards only one text block. The second one consists of the Classes 1 and 2 named, respectively: **Essential to the baby** and **Facets of communication and care**. The fact they result from a common text block (see Figure 1) allows inferring they have complementary meanings.

Class 1: Primary Care

This class refers to the routine basic care a mother provides her baby, represented 55% of the corpus and involved 184 UCE, proving to be the one with the greatest representation. It was formed by words and radicals in the range of X² = 25 (put) and X² = 7 (like). The

routine care experiences are present in maternal lines, as evidenced in the following examples:

[...] and the time to sleep, which is sacred, right? Then, he starts to cry, crying, cry, cry [...]. (M2)

[...] then he was afraid to walk... he started to walk more or less five days ago [...] the paces, in this case, were muddled, because he was supposed to pace before, right. (M2)

When I'm at home and he's dirty and playing, then I go and give him a shower and put him on the breast, then he sleeps. (M2)

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And, I talk a lot [...] Talking something like that: mummy, let's go to sleep! Then, she was nodding the head, she was sleeping. (M3)

[...] I give him a shower, give food, put to sleep. When he wakes up, I give him a shower again [...]. (M3)

[...] it of six hours [her daughter's sleeping time] [...] then I stay with her [at 4:00 AM, when she wakes up] on the bed, playing with her, when it's time to go to school. (M3)

[...] when she's happy, she hugs everyone. People pass by, catching her legs, she's crazy to start walking. (M3)

[...] I only give the pacifier if it's for him to sleep or if he's crying awaken, I'm not that kind of mother that lets him suck the pacifier the whole day [...]. (M4)

The speeches communicate the daily lives of mothers and their children. This class seems to reveal how much maternal attention is focused on primary care and routine with their babies. In the questions that generated the interview, only one of them had high affinity with this theme; despite this, 55% of maternal lines were restricted to comments about the daily lives of mothers and their babies.

Class 2: Essential to the baby

Represents aspects considered important in the relationship established with a baby, among them: mother, father, affection and harmonious care. This class was formed by 88 ECU and contained 26% of the corpus, consisting of words and radicals in the range of $X^2 = 44$ (question) and $X^2 = 9$ (feeding_issue). The following statements are the most representative of the class:

In first place, breastfeeding, right? I think that's the greatest bond the mother has with her baby [...] this issue of providing care to the baby [...] The first contact that, for me, it's like, fundamental [...] there's the touch, the way to speak. (M1)

The baby's phase, the caress is more the mother's. Although the father is there, I think it's important he is, but, then, the mother, I think is more essential (M1)

Although other person takes care of a baby with love, with care [...] I think the mother and baby relationship is incomparable. (M1)

The mother is important, but not always the mother [...] because there a lot of mothers that abandon their babies, and others that take care better than the mother they had. To have a mother...is important for the baby [...]. (M5)

[...] although the father comes to participate, he's not like the mother, but it's important for me, it's important the presence of the father [...] the importance

of the father, I think in the child's development, complementing this development. (M1)

The affection is very important in the family relationship. It increase, like, the love, the complicity [...]. (M1)

Class 3: Different bonds and facets of communication and care

This one was divided into two subclasses (Figure 1), separated by a dotted line. The first one, named **Different bonds**, discusses the different forms of the child's experiences and the effects of these innumerable environments. The subclass **Facets of communication and care** reveals the dimension of communication and care with its variants. Both of them include favorable and unfavorable aspects. The Class 3 presented 65 and accounted for 19% of the corpus, being compounded by the words and radicals in the interval of $X^2 = 24$ (experience) and $X^2 = 4$ (care).

The following speech exemplifies the subclass **Different bonds** and describes a healthy way of establishing the bond with the baby:

Important [...] the care, the dedication, because you need to have a lot and also understand, for a tiny-tiny person has to understand many things without explanations, because he can't explain it [...] you already have that bond [...] and, according to time, you get used and learn what he's in need for. (M5)

Next, the subclass **Facets of communication and care** is described:

[...] I also thought he understood [...] and with one month, even two, three, he doesn't have that perceptiveness, but, from three months on, he was already looking, paying attention [...] in what we were saying [...]. (M5)

DISCUSSION

Primary Care (Class 1)

According to the results presented in this class, mothers demonstrate what is called "ordinary devoted mother" when referring to most mothers that, naturally, are dedicated to the care of children and for this, prescind experts, because they know spontaneously how to act and care.¹ It is observed in the mothers' speeches (Class 1) that the exercise of maternal function also passes through the body investment like to bathe and put to sleep, because this function assumes the baby's body subjectivity through care and building a style of motherhood.²

Although the speeches cannot encompass the complexity of a relationship, they allude to the fact that there is a very wide range of different styles that can support the dealing with baby.³ Will be in the daily interaction of these mothers with their babies a care style will be set up, a child care model that pervade the relationship and make it unique, particular. There are, therefore, many ways a mother can be good enough,¹ and identifies several care brand styles.

It is observed in the mothers' speech (Class 1) that the exercise of maternal function also passes through the body as investments to bathe and put to sleep because this function assumes the baby's body subjectivity through the attention waived. The mother is the concerned look, power, voice, sleep alternation and wakefulness, personal hygiene of her child and provides, via the care dispensed, a drive circuit, in which these experiences settle the relationship with your baby, building in it a mothering style.²

Baby, feeling hunger, thirst, appeal to yelling or crying, especially in the earliest stage of his life.¹¹ This signals to the mother that something is wrong, but crying or yelling will not relief the baby's tension.¹¹ This baby's movement seems to have an essential secondary function for it: report her his malaise. The cry but a reflection gesture to a subtle communication between the dyad⁹, having multiple meanings (pain, hunger, tantrum) and responses by the caregiver. It read a line that refers to this:

[...] When he wakes up in the morning when he's not well I already know soon [...] he wakes up crying a lot. (M2)

In Class 1 were represented the lines of mothers from different educational levels, prevailing discourse on the daily care of mothers with their babies. It was noticed, when interviewing mothers, that some of them had difficulty in answering the questions formulated from reflections, getting quite restricted to the facts and personal experiences of the "here and now". So they spoke from their practices and held in the minutiae of routine care for their babies, often at the expense of what was required of them. The resulting analysis indicated that the concerns of mothers with less education (no schooling and incomplete primary) concentrated more in this class. However, it is also possible to identify the graduated mother's opinion was also highlighted. This may mean that, despite all mothers spoke about the daily care, the discourse of these three mothers was significantly higher. It is worth noting that maternal education level is

identified in the literature as an important factor regarding the influence and understanding of children's development. This statement is strengthened by the data showing that education reflects the mother's ability to understand the needs of her child²⁰ and also benefits the child stimulation.²¹

Essential to the baby (Class 2)

It is evident the indispensable presence of maternal agent, in addition to addressing the relevance of the maternal role, reinforcing what common sense widely spread: "Mother is the one who creates." These assertions lead to literature: it is important to heed the maternal role, as will be how she take care of her child will provide the basis for the subject arising. The one who plays the maternal role is the central character in the life of a baby,⁴ especially when it carries with affection, caress, care, as highlighted in this class. The maternal role has love as principle. However, it seems important to always pay attention to all the gradations that it behaves.⁷

One of the lines of this class (class 2) refers to the primordial character of breastfeeding for the formation of the mother and baby bond. Breastfeeding is the most privileged experience for the baby to calm the anxiety and relieve your tension, favoring a continuation of intrauterine life and maternal body.⁸

also identifies the importance of the dosage in baby care:

[...] I try to do this dosage ... both in personal life and the work, you know? [...] It is dosed so that they can develop without lack and without excess [...] because for me the lack harms and excess as well. (M1)

This aspect is a recurring mothers' concern: which is the fair measure in the care of the child? How to dose it? This point seems to harmonize, in part, with one of the constituent operations: alternation of presence-absence,^{2,3,16} since this operation is essential that the maternal agent is situated on a continuum between presence and absence in the relationship she has with her baby. For the authors, the efficiency of alternating presence-absence favors the baby has a diversity of experience as the rhythms and relational modes and that these are incorporated into the baby in a symbolic dimension, making them unique. It is worth noting that the constant and founding mother's presence in the life of her baby is important. However, are the absence of moments that allow subscribe symbolically.^{10,15} This symbolic dimension

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operates in daily interactions and is not restricted to physical presence or absence, and is present in the minimum and different facets of life. Whether switch in this position seems to be a challenge faced by mothers.

This class massively concentrated mother's speech with the highest instructional level among the participants (graduate), and appears to signal relevant aspects of motherhood that transcend basic care (no less important) and include an expressively symbolic dimension as seen:

[...] *Feed the baby with good information, with love, care, dose, I think it is.* (M1)

Different bonds (Class 3)

Phrases that exemplify this subclass in an unfavorable aspect to the link:

[...] *And that I see different in others, the other parents badly look, come, do not want to call the child.* (M5)

[...] *Which makes it very difficult this bond is the mother who does not have that charisma to be a mother, do not know how to talk to the child, do not know how to play, do not you tell a story [...] very serious mother.* (M4)

The establishment of a sufficiently good bond between the mother and the baby requires a genuine implication as to the physical and mental presence, this internal availability and time is a necessary condition for the loop becomes effective. So it's a tie that needs to be built², and early childhood is, along with adolescence, time of consolidation of each human being's style, structuring time of the psyche.³ Therefore, parental care - maternal and paternal - leave specific marks on the child.¹⁷ The mother [and also the father] usually offers as safe haven in the face of contingencies of life of your child.⁵

It is worth considering that both initiated games in the mother and baby relation as the symbolic play are psyche promoters. The playfulness inherent in the play and childhood, generates pleasant feelings that drive new alternative learning, interaction and forward responses to internal and external demands in which the baby or small child are exposed. In environments that hinder or do not promote the play it is evident that learning also appears. However, an insufficient environment distorts the child development.¹

Facets of Communication and Care

Speeches favorable to the formation of the bond mother and baby:

She loves to talk. It is all she points we're talking everything is [...] I cannot explain to you, is very funny [...] as she understood

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what you were saying [...] I think it's because we rather talk with her. (M6)

[...] *In my point of view you speak, but also have to listen to people, you do not only talk, talk, talk you have to listen. He [husband] is the same way I [...] the same way I'm talking about.* (M1)

Talk to an adult and a child is different in this sense, we will talk more docile [...] we will talk, will playing a little something that is just kidding [...] will speaking smoothly [...] is different. I cannot say if this is good, but I know that I do [...] I know he'll understand. (M5)

At the birth of each baby, also a new mother is born, because even if a woman will be a mother again, will be a new and particular experience. So, when speaking to the baby, assuming him/her an interlocutor is one of the maternal functions, as evidenced in some lines. The mother, to make sense of the manifestations of the baby, simultaneously holds two positions favorable to psychic constitution: establishes the demand for her child and assumes a subject not yet developed,^{2,3,16} leading him to take ownership of their productions. Although the mother structures the dialogue, she takes the vocalizations of her baby as "speech acts", coating them intentionality, as evidenced in the above reports.¹¹

There is also the aspect of convoking maternal speech, which presents melodic and harmonious, with various emotional tones,¹² capturing baby's attention and making it psychic scars. It's important for the establishment of the mother and baby bond the care and melody of the maternal voice that the meaning of words than words the mother says to her baby.¹² This affectionate dialogue is essential to captivate the subject in language.¹⁵ Soon, the melodic form will found or not a satisfactory, receptive and emotional environment according to the maternal capabilities.

Examples of communication styles and harmful attention to the baby:

I think the arrest, not talk, as always said, do not talk to the child, I think it harms the child without dialogue, does not know return the conversation, that smile, that attention [...] I think it's good to encourage. (M4)

[...] *The lack of love, attention [...] a mother to be absent in everything the child does, I think it hurts a lot.* (M6)

If the one who exercises parental functions does not take the manifestations of the baby as captivating, such manifestations are not included in an interactive network, being prevented from operating as dialogue

constituents. In this context, there will be difficulties to the parental agents in doing the support and recognition of their child productions.¹¹ In this class, the predominant discourse of mothers with complete elementary education and high school, and the lines have tended to emphasize the links and communication established with the baby with all the variants.

CONCLUSION

The mothers’ speeches warned for both key issues to the formation of the mother and baby bond, such as the indispensable presence of the maternal agent, the father figure, affection and a harmonious care; as for favorable and unfavorable aspects of communication and attention provided to babies.

It is strongly emphasized in mothers with lower education, representing significantly the first class, a difficulty in their reports to transcend their everyday experiences, as they have the most evident routine characteristics. On the other hand, the mother with the highest educational attainment showed being alert to more complex aspects of the interaction by transcending the primary care.

The results also suggest that the focus of attention on the relationship of these mothers with their babies was, significantly, the primary care, not less important, but that can lead us to consider the education of mothers as an intervening factor to the exercise of maternal function and/or its significance, influencing both the bond narrative style as the care.

Given the above, the data allow reflecting that the low level of education can become a limiting factor to the many arrangements and inventiveness that motherhood calls. Conversely, a higher educational instruction may favor the expansion of diversity of offers made by the mother to her baby. It is noteworthy that the results are, partly, in line with the notions also spread by common sense regarding the relationship between education and motherhood. There is the recognition of the limitations of this study, which considered a limited number of participants, not allowing conclusive statements.

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