

A Psychoanalytic Probe into Pre-birth vs. Post-birth Learning and Discourse Disorders in Young Children: Reasons and Remedies

Shazia Saleem¹, Muhammad Saboor Hussain²

¹Associate Lecturer, Department of English, University of Gujrat, Hafiz Hayat Gujrat, Pakistan.

²Professor, Department of English Language and Literature, University of Sialkot, Sialkot, Pakistan.

Correspondence: shazia.saleem@uog.edu.pk¹

ABSTRACT

Aim of the Study: The purpose of the study was to determine how parents' mental health affected their child's early learning and speech development and ascertain the reasons behind parents' low empathy and unfavorable expectations for their children.

Methodology: Using a qualitative study approach, information regarding the common causes and contributing factors of anxiety among parents has been gathered from a variety of couples with diverse backgrounds through the use of questionnaires and open ended interviews. Subsequently, the effects of parents' apprehension on children have been noted through firsthand observations and conversations with parents and children to examine different learning and speech deficits in them.

Findings: The study showed that while anxiety is common emotions among parents who are or wish to be parents, the effects of this anxiety differ according to the parents' age, socioeconomic status, and family structure. According to the data analysis, male participants are more likely than female participants to have impairments during the first two years of life due to their parent's lack of responsiveness; however, male participants are more likely to have focus issues following the first two years of life. The male to female ratio in terms of impairments remains higher beyond age six, perhaps due to the fact that their caretakers were less sensitive or nervous when they were younger.

Conclusion: Numerous noteworthy investigations shed light on the mental health disorders of parents or primary careers, which might negatively impact a child's ability to learn, particularly when it comes to discourse. This article addresses several paternal issues that negatively impact a child's mental pictures and disrupt their ability to learn, resulting in internal conflicts that impede the child's ability to express themselves and communicate with.

Keywords: Parents' Depression, Apprehension, Child's Development, Difficulties in Discourse, Academic Failures, Lack of Confidence and Personality Disorders.

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Introduction

A child's vigorous and robust growth in his mother's womb depends on her happiness and health throughout the prenatal stage (Brummelte et al. 2016). Being a parent is an emotional experience that is combined with the joys of life that come with the birth of a child, yet some parents experience depressing ideas from deep inside their minds. It has been thought that a growing child experiences and takes on the same moods as his parents, especially when it comes to prenatal depression. A youngster begins to imagine the outside world and identify noises in the womb of their mother. During this phase, the infant develops a bond with the body they inhabit and their understanding of what it is to be human is developing.

In the meanwhile, the unborn child is also impacted by the mother's internal struggles, her unfavorable thoughts, and any physical trauma that may cause long-term problems in the form of neurological or physical disabilities. Parenting is a difficult job; both parents are essential to their child's healthy development. However, if one or both of the parents suffer from psychiatric problems as a result of inner personality conflicts or external environmental obstacles, they are destroying their child's future. (Park et al., 2019)

Statement of the Problem

Since then, there have been children born with pre-birth learning and discourse difficulties. However, in the modern era, with the availability of a wide range of communication, interactional, and learning resources, there is a growing number of children with discourse disorders, characterized by delayed, stammering, and murmuring speech with poor lexicon and syntax, or language comprehension difficulties due to a lack of sustained attention that impedes academic learning and social interactions, leaving them either silent or stubborn for wanting to express themselves.

Research Objectives

1. Examine the impact of parents' mental health on the development of their child's learning and speech in early years.
2. Determine the causes of parents' negative expectations and less empathy for their offspring.
3. Determine the strategies for settling the parent-child dispute.
4. To examine and contrast this melancholy/anxious mindset amongst several couples from disparate socioeconomic backgrounds
5. To provide insightful suggestions for next studies about the detrimental effects of parental worry and melancholy on the minds of young children. To analyze and compare this apprehensive/depressive attitude between different couples with different social status.

Research Questions

1. Is fear and anxiety from parents a contributing factor in a child's early learning and speech problems?
2. What kinds of behavioral conflicts cause a disruption in a child's mental imagery?
3. Do age and social standing influence parents' anxiety?
4. Are there any ways to stop a parent's mentally preoccupied attitude from having a negative impact on their child's ability to learn?

Limitations and Delimitations

1. Inability to get resources such as clinical testing equipment, samples, and participant engagement in disclosing personal information.

2. A longitudinal examination that restricts the study's scope and an ample sample size is required.

Literature Review

In this concern, the idea of the "mirror stage" that was presented by Jacques Lacan on an inspiration from Freud's work on Psychoanalysis is important. Lacan suggests that there is a phase in human infant's life in which his primary image of himself is created by his parents or the primary caregiver. He sees himself through the lens of her parents and makes a picture of an 'I' whom he considers the ideal. From this ideal I he sees the outer world, this image does not correspond to the immature mind of the infant. So, if this image is not positive then he goes astray for the rest of his life.

Most of studies in the area of child development have been derived from post-natal and Scio financial depression. Depression following childbirth is not unusual but it's the mother's skillfulness how to handle it. Child has a pre-birth association with parents and after birth, he or she makes demands of his or her parents, wanting to be breastfed by mother or caressed by father. A child's pre-linguistic stage has started at this point; the initial stage of language development typically lasts between the ages of 0 and 6 months. Children at this stage engage with noises because their speech apparatus is still developing and they lack advanced language abilities. To get attention, they chatter, scream, and coo. Utilize hands to engage them. They become used to voices and noises in addition to recognizing emotions and facial expressions.

A child's mind becomes less concentrated when its primary carers exhibit excessive anxiety. In order to ensure a child's normal and healthy growth, these evidences call for attention to be paid to understanding the root of the issue. Considerable research has been done on the development of children and the mother-child bond. But parental anxiety and disagreements, which result in a cold and unresponsive attitude towards the kid, are nevertheless disregarded.(Leftwich et al., 1994)

Based on observations, children who have clinically proved depression in their parent tend to be less receptive, which causes the child to become distressed and avoid them. This is not exclusive to any one region of the world; depressed mums exhibit less responsiveness worldwide. A research carried out in two sizable communities in the United Kingdom yielded comparable findings, as reported by Murray et al. Compared to couples who were psychologically fulfilled, the conversation between depressed parents and their kids was less focused, full of hostility, condemnation, unfriendliness, diversion, and dismissal (Letourneau et al., 2017).

According to Stein et al., *Child Psychol Psychiatry*. 1994, mums who are depressed, busy, and preoccupied tend to be less understanding, helpful, open, and empathic towards their children when they ask for food, point to objects that hurt them while playing, or need help with schoolwork or homework. In contrast, mums who are mentally strong exhibit greater levels of understanding, assistance, openness, and empathy towards their children. According to Campbell et al., research indicates that first-time mums are less likely to experience self-doubt and long-term.

Postpartum mental instability in mothers is not uncommon. During this time, mums frequently express their melancholy by sobbing uncontrollably and expressing fear over unknowable or unforeseeable occurrences, which makes their spouse uncomfortable and worsens the situation. While nursing their quiet observer, mothers are observed to be lost in their own profound thoughts about their personal failings, past experiences, and occasionally their terrible marriage (Urizar et al., 2022).

Anxiety in the postpartum period (GAD and other anxiety disorders) is more common than previously believed, according to two recent studies, and as a result, there is increased interest in this field. Sleeping issues in mothers considerably enhance the despair and anxiety in mothers. The prevalence of eating and sleeping disorders in the postpartum era has not been studied epidemiologically, but assessments indicate that at least 3% of women of childbearing age have either bulimia nervosa or anorexia nervosa; this number rises to 5% when atypical eating disorders are taken into account. Nearly 5% of women experience obstructive sleep apnea and restless leg syndrome during pregnancy and after giving birth.

Periodic negative expectation or anxiety appears to be typical of parents' mental health issues during and after childbearing. (Harvey and others in *Cognitive Behavioural Processes across Psychological Disorders: A Transdiagnostic Approach to Research and Treatment*. Oxford University Press; Oxford: 2004.). According to Borkovec et al (Preliminary exploration of worry: some characteristics and processes. *Behav Res Ther.* 1983)"distress is one of the main causes of generalized anxiety disorder and is typically not controlled." Because practitioners of meditation ruminate on their thoughts for extended periods of time, it is also linked to self –conflicts, self-disputes, anxiety, and sadness. Depression and anxiety are two more synonyms of apprehension that are made worse by insomnia or sleeping issues.

The word "apprehension" here refers to the fundamental process of recurrent expectation of unfavourable events that is typical of all the psychiatric diseases prevalent in the postpartum time, as previously mentioned. According to psychiatric literature, depression is a sort of regular unease. Furthermore, there has been debate on the validity of the distinction between anxiety and rumination, which suggests different names for each. Thus, contemplation and worry might be expressions of the same underlying processes.

Because anxiety and depression are commonly comorbid conditions, it's also critical to remember that some cognitive processes may overlap. It is significant to emphasize that the content of recurrently occurring unpleasant thoughts differs greatly throughout disorders and represents the current understanding—which has been contested—that anxiety and rumination are independent phenomena that require separation. Thus, worry and ruminating might be expressions of the same underlying mechanisms. Furthermore, it's important to keep in mind that anxiety and depression are highly comorbid disorders, making it logical for some of the cognitive processes to overlap.

Even though we argue that the cognitive process of recurrent negative anticipation is the same across disorders and thus discuss apprehension independently of the specific psychiatric disorder in question, it is important to note that the content of recurrent negative anticipation will vary greatly among disorders and will reflect the prevailing fears inherent in each disorder.

Additionally, there might be an internal and an external focus to persistently negative thinking. There is evidence the women who suffer from continual negative anticipation or apprehension stay depressed due to their shortcomings and deficiencies. Numerous studies on depression, anxiety, and to some extent eating and sleeping disorders indicate that a person's capacity to pay attention to and react to the outside world is profoundly impacted by negative, recurrent thinking in the form of apprehension—the expectation that something negative will happen. We go over this information in the next section and then talk about how anxiety and hopelessness affect a child's development in general and language acquisition in particular.

Research Methodology

Research Design

The researcher has chosen a qualitative research strategy in order to achieve the study's objectives.

Population

The population under study in this investigation comprises all parent-child pairs. Since the researchers were unable to assist the entire community, they chose a sample from family friends and nearby speech therapy facilities.

Sample Size

The total sample consisted of thirty parent-child pairs: ten of them had just given birth, among them five were working parents; ten more were expecting couples, and five of them were working; and ten more had completed their post-natal period with toddlers ages six to ten, and five of them were working.

Technique

The researchers used three methods to collect data from the sample they had collected: open-ended interviews in which they took field notes about experiences and events that occurred, questionnaires with ten items on feelings of anxiety and depression while having or expecting child, and participant observations to note the challenges and disabilities of children in their learning and discourse. These instruments were created using data from clinical research, Jacques Lacan's notion of the Mirror Stage, and Sigmund Freud's psychoanalytic theory..

Data Analysis, Findings and Discussion

By providing answers to the research questions, we will transform our data into conclusions and generalizations in this part on data analysis..

The Oxford English Dictionary defines apprehension or fear of unforeseen as worry or the concern that something unpleasant or terrible may occur. Therefore, we define apprehension as a constricted or self-focused attention state in which a person's mind is plagued by persistently troubling negative ideas that are hard to manage, hard to stop, and difficult to ignore. It is postulated that anxiety affects mental health, particularly attention, and that anxiety affects responsive parenting and, eventually, child learning and discourse outcome. Apprehension also affects responsiveness to the child, potentially manifesting as irritability when a child needs to be corrected.

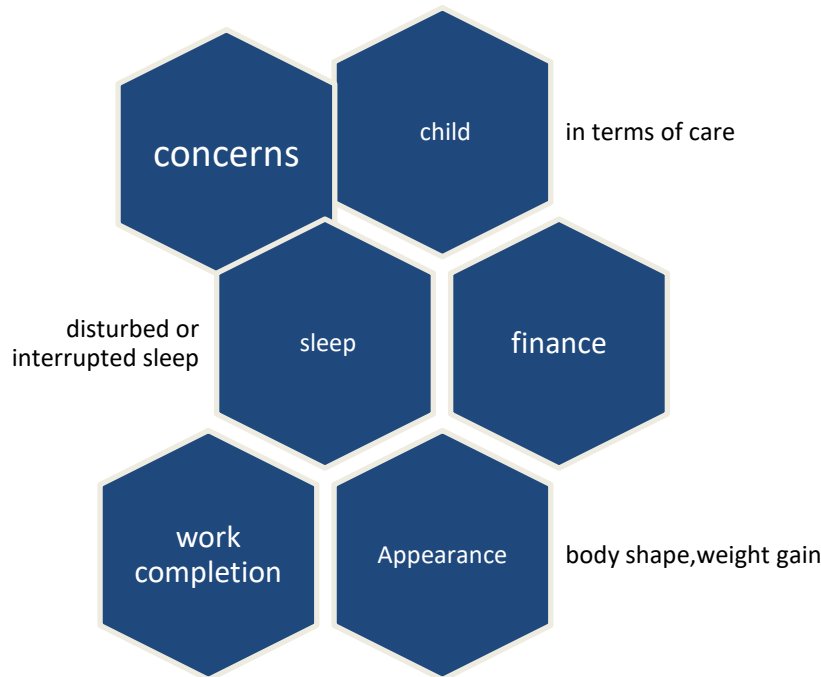


Fig.1

The aforementioned smart art figure (Fig. 1) shows several tags related to parental anxiety and their degree of child-sensitivity. Social position, body type, weight, and sleep disturbances in the mother, as well as father's financial and work place worries, are variables that exacerbate the illness.

Working parents are more likely to be anxious and mindful of how they raise their children and how their daily routines contribute to their absorbed behavior with them. Disregard or ignore the child's attention seeking in an effort to allay their fears, which causes disruptions in the child's ability to behave. The information gathered from parents who answered a questionnaire about their sentiments at various phases of childbearing stages is displayed in Table 1.

Table 1: *Sentiments at various phases of childbearing stages*

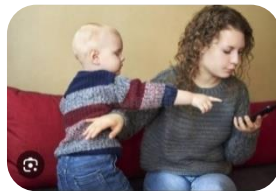
Fear and Melancholy	Working	Non-working	Under thirty	Above thirty	On its own family	Joint family
In Expecting couples	5	3	2	5	5	3
In couples passing through post-natal	5	2	4	5	5	3
In couples in following years after post-natal	4	2	3	4	5	2

Table 1 demonstrates that while anxiety is present in all parents who are having or want to have children, the repercussions of this anxiety vary depending on the age, socioeconomic standing, and family structure of the parents.

Learning of children is impacted by paternal anxiety and self-disputes

Based on data from earlier research, apprehension is a kind of sadness that typically manifests in the prenatal and postpartum periods and is linked to anxiety, sleeplessness, and eating problems. Our goal in this study is to examine how a child's physical and mental capacities—which in turn affect their ability to communicate and learn—are impacted by parental anxiety. Parents who struggle with inner and exterior conflict are less receptive to the outside world and less receptive to their children, which contracts them internally.

Growing research, according to Rochet P et al., indicates that infants are listening to their carers' words as early as a few months old and making an effort to predict the sorts of reactions they would receive in return. The section that follows examines the significant data that has advanced our knowledge of how different facets of a parent's reaction impact critical areas of a child's development of speech and language comprehension.



child's enthusiasm and receptivity



mother's disinterest in or disregard for the child



A child's ability to learn and develop their speech is in danger



impact of parental less responsiveness

Fig.2

According to Papousek et al., a number of researches have demonstrated that a positive response from parents has a good impact on children's mental images. He has entered the learning and language acquisition phase and is beginning to mentally translate speech and facial expressions. For example, Murray et.al says, when mothers are urged to display a blank, indifferent face to their infant in experiments including normal samples, youngsters eventually get uneasy as their mums appear unaffected by their objections and attempts to comply. Additionally, infants pick up social anxiety and expectations about other people's behavior. They also want to associate with individuals who have previously shown them kindness rather than those who have not (Bigelow, 1999).

By noticing children learn connections between stimuli and responses via their mother's reactions to their signals, which teaches them how to influence the behavior of their carers and facilitates instrumental learning. According to Ruddy and Bornstein, kids who had their mums pay attention to their motives when they were 4 months old had greater speaking vocabulary when the babies were 1 year old. Furthermore, Papousek and Papousek demonstrated how learning is hindered and how performance on subsequent learning tasks is negatively impacted when a parent's response does not correspond with their child's behavior.

Stern et.al suggests possible and proper behaviors by the parent are crucial for the growth of children's persistent attention. Learning is linked to a kid receiving constant attention since it is necessary for them to focus long enough to comprehend information. If mother's conduct is not matching child's expectations, he/she keep avoiding interaction and ultimately lack focused and persistent attention and thoughts. It has been discovered that early attentiveness tests may accurately predict a child's IQ in later life. Since they focused on more things for shorter periods of time than children of control mums, young children of depressed mothers have been reported to exhibit a less developed pattern of object attention than children of healthy parents. The frequency with which the careers began and disregarded their interactions with the children was correlated with this propensity in the offspring of depressive couples. Compared to parents in good health, depressed parents were more likely to start and stop their kids' interactions with items. High attention persistence at 15 months has been found to protect later social competency from the harmful effects of early emotional negativity. Low levels of negative emotionality have been linked to high levels of attention control in toddlers.

There is a noticeable developmental shift in mother-child connection towards the end of the first year of life, particularly in the infant's ability to pay attention. The youngster grows enthralled with the mother's attention and its timing, emphasis, and direction. Children begin to be conscious of the behavior and directions of their care givers and feel happy to follow them. This is known as 'mutual attention'. At this stage parents should focus or check their child's behavior, center of attention and moods, because the infant starts associating parent's responses towards particular objects. This is the time when a child acquires his language and develops a relationship between a signifier and signified. His vocabulary, syntax and semantics grow. For instance, in order to facilitate item naming, it is necessary for the kid to be able to ascertain if an adult is focusing on a certain object when they hear a new word associated with it. The youngster would find it challenging to link words to their proper referents if this weren't the case. As a result, the caregiver's reactions to the outside world and her consideration for the kid have a big impact on the child's behavior and attention span. Since these are the particular facets of work that worry and trepidation impact. Negative thoughts may have a major effect on how well the youngster develops linked skills and reciprocal attention.

The ability of children to regulate their behavior, emotions, and internal states is a crucial developmental skill that significantly impacts the child's subsequent growth. Helping the kid learn to tolerate higher urge levels is one of the most important functions of parental support. By closely monitoring their child's status and responding in a reassuring and comfortable manner, parents may control their infant's arousal. One of the main components of emotional control is attentiveness and care. Tronick's research on how mothers might facilitate mother-child.

Impact on a Child's Ability to Learn

Parent's particularly mother's apprehension is thought to exacerbate four significant components of newborn learning capacities that have been shown to be compromised in the context of mother inattentiveness, specifically lack of appropriate responsiveness. A sample of five male and five female individuals aged 1-2 years, five male and five female participants aged 2-6 years, and five male and five female participants aged 6-10 years comprised the parents-child open-ended interviews and observations.

Table 2: *Experience impairments*

Impairments in children according to learning stages due to paternal self-conflicts and fears	Male Aged 1-2	Female Aged 1-2	Male Aged 2-6	Female Aged 2-6	Male Aged 6-10	Female Aged 6-10
In terms of delayed & difficulties in speech	3	2	4	1	2	1
Absence of learning and persistent thoughtfulness	4	1	4	1	3	1
Expressiveness	3	2	3	1	2	1
Controlling Emotions	2	2	3	3	3	3

The data analysed in the above table show that male participants are more likely than female participants to experience impairments in the first two years of life as a result of their parent's lack of responsiveness, but after the first two years of life, male participants are more likely to experience focus problems. Because their careers were less sensitive or anxious when they were little, the male to female ratio in terms of impairments is still larger after age six.

Summary

According to the study discussed above, a mother's responsiveness and attention are crucial for a child's appropriate development in many fundamental areas. Research indicates that mother attentiveness is negatively impacted by anxiety and depression, which in turn has been proposed that sadness and anxiety are major variables that impair mothers' attentiveness, which negatively impacts children's learning outcomes. It is crucial to understand that just when anxiety is identified as a significant factor influencing parental receptiveness, it does not follow that a specific behavioral signal shared by all anxious parents has been identified. Parents who are anxious are more likely to be distracted by environmental risks and be overly protective of their kids, which might result in pushy behavior. On the other hand, depressed couples could be concerned about their feelings of worthlessness and failure, which could show up as reticent behavior. There are implications for participation, which are covered in more detail below. Lastly, it is important to note that all parents occasionally exhibit these kinds of behaviors and are caught off guard by things. Thus, parents suffering from mental illnesses are not the only ones who experience anxiety. On the other hand, people who are not experiencing mental health issues should be able to manage their worry and pessimistic thoughts. This distinguishes them from people suffering from mental illnesses since they are less likely to remain emotionally aloof from their kids for extended periods of time.

Future Research

The evidence available to date supports the hypothesis that apprehension manifested in the form of criticism and dismissing a child's concern, is one of the mechanisms in the intergenerational transmission of psychiatric disturbance. It also suggests that adverse child outcomes with regard to their learning and discourse difficulties are associated with parental psychiatric disorder. The idea that anxiety is a mental process raises a number of potential lines of exploration for further study. This paper's primary goal is to

emphasize the importance of parents' role, as children still face language and learning challenges in their early years of school and social life.

Empirical study on the function of parental depression and anxiety will be crucial in paving the way for the development of more potent therapies that stop disturbances from spreading. There would be two potential therapy goals. Treating the parents' anxiety and despair would be a priority. Adapting interlocking from the treatment of depressive symptoms and the treatment of concern in GAD would probably be a good place to start when creating such therapies. The second strategy would especially focus on the relationship between parents and children, offering guidance on how to respond to their children in a sensitive manner by encouraging them to pay more attention to their child's signals, behavior, and communication than to their own fears and thoughts. The difficulty here is undoubtedly the many behaviors that might be typical of depressed couples; hence, a wide range of contributions is probably going to be required

Conclusion

Despite the fact that there have been several studies on parental behaviors, this research has revealed a hitherto unidentified aspect of children's learning and development. However, the early years of age is a child's learning age, and if the child encounters their parents' anxiety and depression at this time, or if they become irritable and less responsive to the child, it can cause long-term harm to the child's learning capacities in terms of language and speech impairments as well as overall discourse and learning. A youngster suffering from a transmitted mental disorder is deprived of improved vocabulary, syntax, and pragmatics.

Parental disagreements and self-aggressions impair their capacity to raise their kids, causing them to feel alone and distant. It is postulated that persistently melancholic thoughts serve as an initial conduit for the spread of disturbance by impeding parents' ability to tend to their children and engage in responsive interactions. Not standing with the fact that specific symptoms of parental disruption are unique to each illness. Recurrent negative thoughts are regarded to be the primary cause of carers disturbance across disorders, and it is this mentality that is assumed to interfere with the attentional development required for responsive parenting. There are three reasons why more study in this field is crucial.

From a scientific standpoint, it will examine a significant potential pathway by which child discourse is impacted by parents or primary care givers psychiatric illness. In the therapeutic context, the identification of anxiety and depression as significant processes might yield valuable insights for the creation of tailored therapies. In order to discover a solution to overcome the consequences of depression, academically, slow learners, children with speech impairments, poor language comprehension skills, and poor concentration disorders would be detected with collaborative efforts between parents and academia.

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Conflict of Interest


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ORCID iDs

Shazia Saleem ¹  <https://orcid.org/0009-0009-8934-9869>

Muhammad Saboor Hussain ²  <https://orcid.org/0000-0002-2448-1043>

References

- Barnes J, Stein A. (2000). Effects of parental psychiatric illness on child development. In: Gelder MG, Lopez-Ibor JJ, Andreason NC, editors. *New Oxford Textbook of Psychiatry*. Oxford University Press; Oxford.
- Borkovec TD, Robinson E, Puzinsky T, DePree JA. (1983). Preliminary exploration of worry: some characteristics and processes. *Behav Res Ther.*
- Bradley BP, Mogg K, Millar N, White J. (1995). Selective processing of negative information: effects of clinical anxiety, concurrent depression, and awareness. *J Abnorm Psychol.* 104, 532–536.
- Campbell SB, Cohn JF, Meyers T. (1995). Depression in first-time mothers: mother-infant interaction and depression chronicity. *Dev Psychol,* 31, 349–357.
- Chen E, Lewin MR, Craske MG. (1996). Effects of state anxiety on selective processing of threatening information. *Cognit Emot.* 10, 225–240.
- Cohn JF, Campbell SB. (1992). Influence of maternal depression on infant affect regulation. In: Cicchetti D, Toth S, editors. *Developmental Perspectives on Depression*. University of Rochester Press; Rochester: pp. 103–130.
- Cooper MJ, Fairburn CG. (1993). Demographic and clinical correlates of selective information processing in patients with bulimia nervosa. *Int J Eat Disord.*
- Cooper P, Murray L. (1997). Prediction, detection, and treatment of postnatal depression. *Arch Dis Child.* 77, 97–99.
- Fonagy P, Steele H, Steele M. (1991). Maternal representations of attachment during pregnancy predict the organization of infant-mother attachment at one year of age. *Child Dev.* 62, 891–905.
- Gotlib IH, Cane DB. (1987). Construct accessibility and clinical depression: a longitudinal investigation. *J Abnorm Psychol.* 96, 199–204.
- Harvey AG, Watkins E, Mansell W, Shafran R. (2004). *Cognitive Behavioural Processes across Psychological Disorders: A Transdiagnostic Approach to Research and Treatment*. Oxford University Press.
- Mathews A, MacLeod C. (1985). Selective processing of threat cues in anxiety states. *Behav Res Ther.* 23, 563–569.
- Merikangas KR, Dierker LC, Szatmari P. (1998). Psychopathology among offspring of parents with substance abuse and/or anxiety disorders: a high risk study. *J Child Psychol Psychiatry,* 39, 711–720.
- Murray L, Cooper P, Creswell C, Schofield E, Sack C. (2007). The effects of maternal social phobia on mother-infant interactions and infant social responsiveness. *J Child Psychol Psychiatry,* 48, 45–52.
- Murray L, Cooper P. (2003). Intergenerational transmission of affective and cognitive processes associated with depression: infancy and the preschool years. In: Goodyer I, editor. *Unipolar Depression: A Lifespan Perspective*. Oxford University Press.
- Murray L, Fiori-Cowley A, Hooper R, Cooper P. (1996). The impact of postnatal depression and associated adversity on early mother-infant interactions and later infant outcomes. *Child Dev.* 67, 2512–2526.
- Oxford English Dictionary (*electronic version*) ed 2. Oxford University Press; Oxford: 2007.

- Papousek H, Papousek M. (1987). Intuitive parenting: a dialectic counterpart to the infant's integrative competence. In: Osofsky JD, editor. *Handbook of Infant Development*. Wiley; New York: pp. 669–720.
- Rochat P, Striano T. (1999). Social-cognitive development in the first year. In: Rochat P, editor. *Early Social Cognition: Understanding Others in the First Months of Life*. Lawrence Erlbaum; Mahwah. pp. ix–341.
- Stein A, Woolley H, Cooper SD, Fairburn CG. (1994). An observational study of mothers with eating disorders and their infants. *J Child Psychol Psychiatry*, 35, 733–748.
- Stern D. (1998). *The Interpersonal World of the Infant*. Karnac Books; London.
- Teti DM, Gelfand DM. (1997). Maternal cognitions as mediators of child outcomes in the context of postpartum depression. In: Murray L, Cooper PJ, editors. *Postpartum Depression and Child Development*. Guilford Press; New York: pp. 136–164.