Connected Babies

In this day and age, the large majority of babies under one year of age are already familiar with a tablet. Some Baby Relax strollers are now also equipped with them. But even prior to using one of these “Baby Tablets” which are now available they may have already been “connected” as soon as they were born. These various objects mostly come from the United States and, though still quite costly, they have begun to seduce European consumers as well. For example, your baby’s cradle can be connected to the internet and send various types of information directly to your TV or smartphone. A changing table can show you the baby’s weight and temperature; a dummy or a feeding bottle monitors the flow of the milk and how much the baby has drunk. You can buy bodysuits, bracelets or socks that monitor the amount of oxygen in the baby’s blood or his heart rate. A teddy bear can survey the child’s movements or the quality of breathing, so that you know if the baby is asleep or awake. There are also nappies that send an alert to your phone if the baby needs to be changed. Which of course also means that you must always be on your phone. Stanford University has just developed a device, a little box that you can place on the child’s mattress and which detects his current stage of sleep. You are informed, for example on your TV screen, that the baby has just entered a critical stage which might provoke nightmares. The device is then activated, producing vibrations for a period of three minutes to maintain the child in a stage of sleep considered “risk-free”. And you don’t even miss your favorite TV show! The Stanford team claims that the device can diminish nightmares and night terrors by 90% and in some cases make it disappear completely.

The studies do not say whether alongside nightmares, the device also eradicates the possibility of dreaming. Of course, this has raised questions for all kinds of therapists, of all orientations, and a lot of research is starting to be

published, emphasizing the possible anxiety-producing effects of these devices on parents and the risks posed to babies. They ask questions about the importance of dreams and nightmares in a baby's psychic life, the possible damage caused to the primary maternal preoccupation, the effects on the trust present in the bond between the child and the parents. They also wonder about the effects of being constantly connected on intersubjectivity, because in these cases the bond always needs to rely on the "third of the machine", thus running the risk of de-subjectivizing both mother and baby. There is no longer any need to understand the baby, to imagine what the child is trying to tell us, to transform their call into a demand. The machine tells us what to do. It is no longer a question of a call, but of one machine alerting another. You just have to "click", perform the appropriate gesture at the indicated time, in order to give the child what he or she needs. The number of experts sounding a warning has soared, but so has the number of connected devices sold. The advertising slogans of the start-ups marketing these gadgets emphasize the ideas of convenience and peace of mind they can procure to the parents of healthy babies, who will no longer need to worry. We are no longer in the domain of care, but of the so-called "quality of life" for the parents. In our safety-obsessed society, the market offers us the possibility of keeping babies "under control" and having perfect and "scientific" command over our parental functions.

And yet the mother and father whom I meet today and who order these gadgets are mostly still the parents of babies in the neonatology service where I have worked for the past twenty years. These are premature babies or babies hospitalised immediately after birth, because they had to be resuscitated. In our service, the babies are of course entirely connected, and have been for many years. Machines are keeping them alive; giving them oxygen and giving staff the information needed to make decisions about treatment. These machines are connected to computers and enable doctors to permanently monitor each child, even remotely. Our work in the unit had to do precisely with the questions raised by the indispensable presence of these machines and the

risks this creates for the babies. How do we limit the machine's effect on the infant? Because even though the machine meets all of the baby's needs, it does not respond to anything. During resuscitation, the baby does not experience any lack, the crying is not transformed into a call and we have often noticed that if nobody speaks to the baby during the first days of life, the baby withdraws and no longer looks to make contact and communicate. Today, the work of our team is entirely based on this concept of supposing the subject, theorised by Alain Vanier. In order for the little person to become a subject, we must first suppose that the baby has a degree of subjectivity. It is the care and attention, and the words which accompany the supposition of a subject, that will give the baby the sense of existing. Under normal conditions at birth, babies only exist in and through the mother; through the mother or any other person who addresses or names them, who tells them who they are, whether they are a boy or a girl, what they are feeling, what they are thinking. The subject is in the Other. If a mother does not speak to her baby at the time of birth, the baby cannot become her object. If the baby does not encounter the mother's desire, and has no idea what might satisfy that desire, he will not offer to become that object, because the mother will show no lack. The baby will have nothing to give her, and will not immediately occupy the place of the imaginary phallus which will open up the pathway to separation. It is this cut which will allow the creation of a space in the Other, a place which will summon the subject into being. In a neonatal service, machines respond in an omnipotent way to the vital needs of the babies, become a part of their bodies. If a baby is left with nothing by machines, the setting in motion of the circuit of the drives may become problematic. All babies identify with the world that surrounds them. For premature babies, the world of machines is purely real, and they cannot make any sense of it. There is a serious risk that a baby, during this period of resuscitation, will have no choice but to identify with the machine, this absolute Other, if no one comes to take up a position between the baby and the machine. However, by making use of the machines whilst

continuing to suppose some degree of subjectivity in the babies hooked up to them, we can help the babies to become constituted as human subjects.

For example, Nora, a little patient in our service, was born at twenty-six weeks and weighed 850 grams. The hours immediately after Nora arrived in our service were fraught with anxiety and she demanded a great deal of attention. After a few days, her condition deteriorated, and she had to remain in the unit for many months, intubated and ventilated, unable to survive without the machine. Soon, Nora started to show terrible fits of anger: she would struggle, trying to pull out the different lines connecting her to the machines and then, out of frustration, she would begin to choke. She had terrifying spasms, she would turn blue and stop breathing. All the alarms would then start going off and the team would rush to her side. Soon the nurses began to treat these spectacular fits with suspicion: “This time I really thought she was going to die in my arms,” each of them would tell me. Nora would thus inflict a terrible threat on those caring for her. Each intervention, each aspiration of her lungs, would threaten to worsen her condition. And yet, she slowly began to improve, and her fits became much less frequent. Her development reassured the team and, as a result, far less people would come running; she now seemed calm and doing much better. Except for the moments of emergency when she would call the entire team back to her, by stopping breathing, and everyone would take care of her just like before. It is true that every new arrival or emergency instantly creates a very particular atmosphere in the service, one that is easily detected and which the babies immediately feel.

By setting off the alarms, Nora was calling us to herself. Over time, we began to think that she was perhaps using these alarms to force us to stay with her. We therefore decided to place one of the staff members next to her incubator whenever a new child was announced, or the unit’s entry lock would open. This person’s role was to make visual contact with her, to speak to her and touch her, to reassure her of our presence and interest in her. Thanks to

this slightly peculiar new protocol, Nora stopped triggering the machines in order to connect to us. She taught us that this was her way of making contact.

Therefore, is there any doubt that, like Nora, our modern connected babies, if they are in good health, will also find a way to make do with the market demands and techno-scientific progress? As we know, babies have a few tricks up their sleeve. We can hope that they will manage to communicate, despite everything, with those around them, forcing them into a dialogue -- even if it means trying to eliminate the machines in their own way – a dialogue that does not only happen through our smartphones, computers or TV sets.

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Après-Coup, Milan
Friday 23 November 2018

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