

Parent-child groups at day care centers as a strategy for promotion of early childhood mental health*

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Abstract

This article aims to present the parent-infant interactive group in nurseries as a possible strategy of psychoanalytic intervention regarding the promotion of early childhood mental health in the educational field. This study has developed from the research “IRDI Methodology – an intervention with nursery educators based on psychoanalysis”, structured as an APCC research – parent-child follow-up in day-care centers. Three experiences in Child Education Centers, with different forms of involvement of the day care teams and the parents, will be presented. The research was based on one of the principles of Therapeutic Education: to support parents with their knowledge about their children, contributing to the strengthening of the parent-baby bond and the infant’s psychic constitution. Based on the analysis of the three types of parent-infant interactive groups in nurseries, the repositioning of the parents discourses of their children occurred as an effect of the identification between parents and the interaction between them and their babies. As a result, the difficulties of infants shifted from the field of disease to the field of child development difficulties where parents become promoters of educational strategies for babies, pointing to the possible link between psychoanalysis and education in the field of mental health.

Keywords

Psychoanalysis – Prevention – Child Education – Early Intervention – Parents.

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Introduction and justification

The activity of monitoring parents and children inside the educational field that can be named strategy or mechanism, was proposed in the scope of the research “Care and Education in times of autism”, coordinated by the professor Maria Cristina Machado Kupfer, after the accomplishment of the research (“Metodologia IRDI: uma intervenção com educadores de creche a partir da psicanálise”) “IRDI Methodology: an intervention with educators at nurseries with psychoanalysis” (KUPFER, et al., 2014). The objective was to investigate the efficiency of such assistance, through Therapeutic Education using a listening ear, recognizing the place of the parents in the constitution of the psychic subject and in the construction or reconstruction of their educational power. Therapeutic education is a work perspective in an institution that includes coordinating a group of parents placed in the cross roads of treatment and education inside the research project. “Care and Education in times of autism”².

The IRDI methodology originated from the IRDI tool (Indicators of Clinical Risk to Child Development), that was validated initially for monitoring the psychic development of babies from 0 to 18 months for the use of pediatricians (KUPFER, et al., 2009). The indicators of the IRDI instrument were built from four theoretical axes, that originated from the psychoanalytical theory and are considered fundamental for the constitution of the psyche. These axes are: *subject assumption, demand establishment, alternate presence/absence and paternal function*. As the psyche can't be analyzed directly the indicators are indirect expressions of these axes. Their guidelines are based on the premise that the basis of mental health is established in the first few years of life and are dependent on touch and emotional engagement, affective and symbolic relations that are established between the baby and its caregiver. Therefore, this study is about investigating, through IRDI, the development of children linked to their psychic constitution (KUPFER, et al., 2009).

In the IRDI Methodology study, the proposal was to monitor, with the IRDI instrument and systematic conversations with the teachers, babies from nurseries to promote their mental health. This is understood as the sustenance of a place for the emergence of the subject of the unconscious. To design the IRDI methodology (KUPFER, et al., 2014), some adaptations of the procedures that were in the original IRDI research were necessary (KUPFER, et al., 2009): 1. If before it was about providing a guide for pediatricians to monitor the bond between the baby and its caregiver, now it's about a trained instructor using the IRDI instrument to track the relationship that the teacher establishes with the baby under its care (because the teacher that is involved in the relationship with the baby can't be in the position of an observer, as was the pediatrician in the original research); 2. At the nurseries, where children go daily, it's possible to keep track of the teacher-baby bond, in a systematic way, which wasn't possible when monitoring the pediatrician. While monitoring, the instructors, guided by the IRDIs, spoke monthly to the teachers to think of strategies so that indicators could become present, as they are indications of the basis of the psychic constitution or mental life; 3. There was an adaptation performed in the IRDI instrument for the use in nurseries (table 1).

2- Fundação de Amparo à Pesquisa do Estado de São Paulo (Fapesp, 2014/24678-9).

Table 1- adapted IRDI to nursery teachers

Indicators
0 to 4 incomplete months
1. When the child cries or screams, the teacher knows what the child wants.
2. The teacher talks to the child in a style that is particularly addressed to the child (motherese).
3. The child responds to motherese.
4. The teacher proposes something to the child and waits for his/her response.
5. Teacher and child exchange eye contact.
4 to 8 incomplete months:
6. The child responds to nursery routines.
7. The child uses different signs to express different needs.
8. The child demands the teacher's attention and waits some time for her response.
9. The teacher talks to the child using short sentences to address him/her.
10. The child responds (sound, vocals) when the teacher or somebody else addresses him/her.
11. The child actively seeks contact with the teacher's eyes.
12. The teacher supports the child's initiatives without stopping their efforts.
13. The child asks for help from others without remaining passive.
8 to 12 incomplete months
14. The teacher understands that some demands from the child may be a way to call her attention.
15. During body care, the child actively attempts to play loving games with the teacher.
16. The child shows that they like or dislike something.
17. Teacher and child share a private language.
18. The child feels ill at ease with unknown people.
19a. The child has favorite objects at home.
19b. The child has favorite objects in the nursery.
20. The child makes playful movements and faces.
21. The child seeks the adult's look of approval
22. The child accepts semi-solid and varied foods.
12 a 18 months
23. The teacher alternates between collective moments and moments dedicated exclusively to the child.
24. The child endures the teacher's brief absences well while reacting to longer absences.
25a. The child is interested in the teacher's body.
25b. The teacher offers toys as alternatives to the child's interest in the teacher's body.
26. The teacher no longer feels compelled to meet all of the child's demands.
27. The child looks curiously at things that interest the teacher.
28. The child likes to play with objects used by the teacher.
29. The teacher starts to ask the child to say what they want, not being satisfied with gestures only.
30. The teacher establishes small behavioral rules for the child.
31. The child differentiates between objects belonging to the teacher and to him/her.

Source: KUPFER, Maria Cristina Machado; BERNARDINO, Leda Mariza Fischer; MARIOTTO, Rosa Maria Marini. Metodologia IRDI: uma intervenção com educadores de creche. In: KUPFER, Maria Cristina Machado; BERNARDINO, Leda Mariza Fischer.; MARIOTTO, Rosa Maria Marini (Org.). *De bebê a sujeito: a metodologia IRDI nas creches*. São Paulo: Escuta: Fapesp, 2014. p.15-23.

However, during the IRDI Methodology study there were babies to whom the proposed interventions with teachers and their repositionings didn't alter the indicators that were absent to begin with. In other words, for some babies that presented hurdles in their development only the work with the teacher wasn't enough to make the indicators become present or to inflect the signs of psychic suffering. For these cases, a strategy or device was created to monitor parents-babies in Centers of Child Education (CEI).

It is understood that there is a subjectivation process in the teacher-baby relationship (KUPFER; BERNARDINO; MARIOTTO, 2014) where there is the possibility of sustenance of the axes of the maternal function for beyond the physical and cognitive care, in other words, the mothering in a function named as *maternalizing function*. However, as a maternalizing function what Bernardino (2008) designates as "essential functions of humanization" that are the maternal and paternal functions, can't be substituted completely.

Mariotto (2009) highlights that the welcoming of a baby by an educator is traversed by desire articulated to an ideal related to the job that this professional chose, or "even though between the teacher and the baby a consistent bond is established there isn't an equivalence between them" (MARIOTTO, 2009, p. 136). In this way it isn't possible to compare this to the non-anonymous desire of the parents that transmit to their children marks that inscribe them in a filiation.

Thus, the preoccupation of inviting families for an occupation inside the nurseries is justified, in the case of babies that maintained absent indicators even after the interventions and the repositioning of the teachers. It was considered important to sustain this new strategy of approach in the attempt to avoid what we call *provoking mental illness and pathology of the infant*. In the same way the proposal wasn't to send the baby to a health professional, but to call this professional, the psychoanalyst, to work with parents and their children inside the day care center.

If it sounds strange to take such a small child to be treated by a psychoanalyst, why not include the psychic monitoring inside the educational field? It is not about the psychologist entering the educational field, in the sense of a practice based on the notions of health, disease, and cure, but to pursue a partnership between health and education in a privileged institution for receiving babies in their space which is also constitutional for the subject.

Finally, and not less important, bringing the parents inside the educational field also has as an objective the reestablishment of their educational power, or, the transmission of their values and family ideas articulated to the transmission of symbolic marks of filiation (a place in the maternal and paternal desire). As advise Kupfer e Lajonquière (2016, p. 9):

[...] It's necessary to strengthen the position of the parents, a job that completely opposes that of the psychoanalyst, but that is highly necessary. If the analytical work is narcissistic and that of "imaginary deflation", we propose to do the contrary with the parents so that they are able to sustain the educational power that belongs to them."

The proposal of a specific group of parents of babies and small children in a nursery is developed to intervene at the same time as the operation of the maternal and paternal

functions that is also the time of the psychic constitution of the child. The idea is to promote a space where the knowledge of the parents in relation to the care and education of their children, can be put in motion, from the identification between them. It is considered that there may be a repositioning of the parental postures and phantasies from “mirroring” in the attitudes and practices that the group can provide (MERLETTI, 2012).

Oliveira (1996), Merletti (2012), Kupfer e Lajonquière (2016) affirm that seeing the parents in a group provides better opportunities of perceiving and confronting with differences. In this way, the parents note the similarities and differences in each child and the relationships of other parents with their children. The group of parents manages, therefore, to contribute so that in the place of certainty there is space for questioning about themselves and their children.

The proposal is also anchored in the groups of parents-children proposed by Françoise Dolto at *Maison Vertes*. According to Dolto, the *Maison Vertes* were created so that mothers, fathers and children could be helped and understood mutually and to cooperate with each other. The groups aren't institutional or psychotherapeutic, neither pedagogical nor medical (ANDRADE; SOUZA; LINS, 2012).

In this sense, three experiences with parents-babies groups inside the educational field will be described and next the results will be presented.

Experience I: A Pilot group of parents-children in the Childhood Educational Center - Nursery A

Based on the evaluations fulfilled in the IRDI Methodology study, a pilot group was formed of 4 children from 2 to 3 years, that presented symptoms that indicated signs of risk for their development. Four parents-children meetings were held with an interval of 15 days, during the year of 2015.

Some effects of the parents positioning in these four meetings were noticed that will be shown after a small description of the risk signs that the children presented.

Child 1: presented a rocking movement (constant and intense) before sleeping, similar to the rocking movement parents use to put their children to sleep. During the first semester at the Childhood Education Center, the teachers tried some interventions to try to include a rhythm and make the rocking movement less intense, because the child made an impression as it would hit its head on the edge of a bed and didn't seem to mind it.

Positioning of the parents of child 1: the parents presented their fears of a *supposed autism*. The mother had already come in contact, via internet, with a lot of information and was afraid. The father, although also worried, managed to put his child's rocking motion into perspective.

The effects of the group and repositioning of the parents of child 1: during the meetings, when speaking about their experience with the child's rocking movement, the couple was able to put their visions and feelings into perspective. The father presented some resources that he used to diminish his son's rocking motion. The mother said that the child rocked every time he was about to sleep, to be put to sleep or on her lap. However, in a group meeting, there was a moment where the child after crying because of fighting

over a toy with another child, goes to his mother's lap, makes himself comfortable and calms down without typically engaging in rocking in his mother's lap. The researchers point out that the demand of the son is to his mother as well as welcoming him which is an important function that she demonstrated. The meetings with other parents and other children made it possible for the couple to notice potential in their son, keeping the fear of a mental illness away. For example, he was the child that most solicited his parents to play in the group and most interested in seeking his parents' attention. As they saw their child playing and summoning them, the parents were able to recuperate distinct ways of dealing with him at home. They took advantage of the orientations to think on singular strategies of care to help the child to calm down and put himself to sleep in different ways, with lullabies, as also with toys (stuffed animals, cars, etc).

Child 2: she had Down Syndrome and the preoccupation of the team at the nursery was the little investment of the parents in her development (as potty training and the acquisition of speech). In the evaluation at 3 years, it was noted that even though there was a tendency of playing alone, the child produced small scenes, for example making food with playdough.

Positioning of the parents of child 2: Initially the father comes to the meetings, he is very resistant and asks for referral to speech therapy treatment at the São Paulo University (USP). To him we were professional researchers from USP and he was only interested in free treatment at the university.

The effects of the group and repositioning of the parents of child 2: during the meetings the father didn't find meaning to his daughter's initiatives, didn't recognize her movements towards play, neither the small signs the child manifested towards her excrements. During one meeting the researchers noticed that the child stopped moving and playing to defecate and they pointed it out to the father. The father summons the mother to attend future meetings, and in her presence, confronts her capacity in dealing with her daughter. At one specific meeting the mother was able to recognize that she had little time to dedicate to her children, especially to her daughter, because of work, delegating to the grandmother and her older children the care and play time of her youngest daughter. On the other hand, during this same meeting, the mother notices that her daughter looks for pots, pans and spoons to play with and enters this pretend-play or fantasy preparing food with the daughter and telling stories about her own abilities in making delicious food, but that sometimes she forgets about because of her routine, work and fatigue. Little by little the couple was able to share their family history, their difficulty in dealing with their daughter, and their main concerns with the delay in her development.

During the last meeting, even though the father had sustained a discourse of complaint, practical demands of sessions and care for his daughter, he was able to talk about his grief in the beginning of her life, as she had been born with serious heart disease where surgery was necessary and there was death risk – “she has a big scar on her chest”. With the group they got closer to the worries of other parents, with the change from the nursery to primary school of how the adaptation of their children to the changes would be, as also giving value to the teachers work and living the “grief” in leaving the nursery that “welcomes and cares for the small children in the most maternal and individual way”.

Child 3: the main preoccupation of the nursery towards this child was that of speech delay. On the other hand, in the parents' perspective, the child spoke well at home, but, when not in a familiar environment, they noticed the tendency to speak very low or not speak at all, showing great shyness, a characteristic attributed to the older sister as well.

Positioning of the parents of child 3: The couple tells about situations of family events, as well as outings in public spaces, in which they notice striking differences in the behavior of their child. At home, with the parents, the child plays and speaks a lot, but when not at home and with strangers he won't speak.

The effects of the group and repositioning of the parents of child 3: in the group meetings we found that, even if the child went in the direction of other children in some moments, to share or dispute over a toy, he'd initially look for his parents' intervention by crying and complaining, speaking to them even if very low and with few words. The parents showed a prompt response to help and at this moment the researchers intervened showing the possibility of the child solving the situation with his colleague. In some moments the child himself continued a certain game, for example, the division of playdough amongst the other children in the group, now searching for the researchers' eyes and not the physical proximity of his parents. These scenes promoted some findings by the couple, that commented that maybe they were contributing to their children's inhibition and shyness, overprotecting them and being easily available to their requests; they still questioned that probably it isn't necessarily a specific speech problem of the child, discussing their first idea of looking for a speech therapist for their son.

Child 4: this child participated with her mother in only one group meeting, because the mother had looked for the coordination of the nursery to talk about her daughter after the project had begun. In this case there wasn't a specific observation that worried the teachers, but a certain anxiety of the mother.

Positioning of the parents of child 4: in the group meeting we noticed that the child looked at the other children, to her mother, and to us, showing certain apathy. There were few initiatives of the child in the direction of a toy or game, likewise the mother stimulated her daughter very little.

Experience II: Monitoring Parent-babies in the Infant educational center - Nursery B

After the accomplishment of the pilot group described above considering the implication of the parents and the effects of their positioning regarding their child at the nursery, we proposed, in 2016, to form an interactive group of parents and babies at Nursery B chosen by the coordination general of the institution that supports the nursery as there were many classrooms of children of the same age. During the first semester of 2016 many frustrated attempts were made to form a parents-babies group.

The researchers were present in two initial moments to present the proposal. The first moment was the inaugural meeting between parents and teachers of that year. The parents showed interest and made a few questions that they had about the development of their children: "What are the stages of development?", "How do I know if my child is

advanced or behind in his development?”, “What should I pay more attention to?”, “Why does my child eat better at home close to his father?”, “Why does my child eat better at the nursery?”, “Why does my child only sit on the chair at the nursery?”, “Why doesn’t my child want to play at the nursery, but at home he/she plays a lot?”.

During a second moment the researchers were present at the “Family Day”, a traditional activity at the nursery. A classroom and specific time were organized so that the parents and the babies of that age group could be there with the researchers. Once more the researchers introduced themselves and a conversation about the psychic development of babies was initiated. At the end of the conversation some mothers came forward with several doubts and showing interest in participating in the second meeting. On this occasion we made the first invitation for the parents to participate in the parents-babies interactive group.

Next it was requested to the coordination of the nursery that they send a written invitation reminding the parents that the researchers-psychologists would be aware of the development of the babies and that the parents could ask questions about this subject.

On the first arranged day two mothers with their babies were present, but for the next three arranged meetings it wasn’t possible to set up a group. Due to the low acceptance of parents interested in being part of the group, at the end of the first semester of 2016, the researchers had a meeting with the coordination of Nursery B to try to understand the possible reasons for this inconsistency.

In the coordination’s view the small amount of parents interested in being part of the group was the result of the excess of requests for the parents to attend at in the nursery: traditionally they participated in the pedagogical meetings and in the Family Day, but in this period of the first semester of 2016 they had been invited to participate in the interactive parents-babies group, the speech therapy group, meetings with dentists and also meetings about the quality indicators of the city council.

The researchers also pointed out that the proposed time, at the end of the afternoon, could be an impeditive to the parents’ presence. Therefore, the coordination’s help was requested and a questionnaire was proposed to be sent to the parents asking them to suggest different times and themes, but it wasn’t accomplished.

Nevertheless, it was decided to make a new attempt in the second semester. The researchers had another meeting with the coordination proposing that instead of an open invitation to the parents, they should summon, from the evaluation done with the teachers, six parents-babies pairs that they considered would benefit from the group. In this way, in August, after the invitation was made to six parents the first interactive parents-babies group was formed with three pairs.

During the second semester there were six interactive parents-babies group meetings. The meetings were productive, where interesting themes arose about breastfeeding, how to educate children, the difference between the care provided by mothers and fathers, limits, nursery care, rivalry between couples pertaining to their attitude with their children, traumas suffered by the parents and the fear of the possible influence in their children’s emotional state.

In the first encounter the researchers talked about the proposal where the parents could speak freely about their babies, about doubts and the issues that seemed relevant

to them. In this way, in each encounter, different conversations emerged. In general, the families updated the researchers about their children's development in many different aspects: speech, motor skills, sleep, feeding and illnesses. This proved to be an indirect way for the parents to know if they were being adequate with their children.

During the sessions the children were free to stay on a colorful carpet with some toys from the toy boxes that the researchers took to the meetings. This was also a way to observe the children's interest and the interaction of parents and babies while playing. We noticed that some parents were comfortable to play with their children, speaking in a specific manner- motherese- with their babies introducing make believe to their children. Others were more distant, leaving their children to explore the objects by themselves. Observing this behavior, we would invite the parents in an "inside out" manner to play, or, we borrowed the child's voice (that wasn't there yet) to tell their parents about what they were doing, discovering and getting interested in. At these moments, we noticed that the parents could accomplish interesting exchanges about the development of their children, with comments such as "my daughter did this" (in reference to the behavior of pulling hair) or "my daughter still doesn't want to crawl" (referring to the supposed moment in which babies develop to the point that they want to get something that is far from reach).

In some moments when the parents brought elements from their own personal story to talk about education and care with children, we tried to show how these marks were present in the bond with their babies, making them reflect on their fantasies.

Experience III: Interactive parents-babies group in Nursery C

This group was held during the second semester of 2016 for parents and babies that were part of a classroom where the average age of the babies was around 1 year. The proposal was accepted by the nursery and presented to the parents during an event named "Family Day", clarifying that it was about a space for the parents, with their babies, to talk about issues about the development of their babies. During this presentation the group of parents that were present positioned themselves in a participative manner bringing to the conversation aspects of their relationship with their children or partners.

Five group meetings were held, that had ten babies accompanied by their parents, and at times the presence of the coordinator of the nursery or of one of the teachers.

As time went on it was verified that the parents didn't only agree to participate in the meetings, but also got involved with the proposal and brought important themes about the development of their children to the group.

As the meetings didn't have a structured proposal set by the researchers, the themes were brought spontaneously by the parents. The main theme was about limits and their repercussions. The group discussed how to set limits and how to make the children respect the prohibitions, as they noticed that the babies were capable of understanding different situations and the word no. Henceforth the theme about limits paved the way to approach the limits referring to breastfeeding and to feeding situations of the children. (babies that ate until they vomited).

The theme about limits received different meanings according to each father's and each mother's individual concerns. Here is a good example of a conversation: one mother talked about the difficulty of her husband to set limits for his daughter, something that didn't happen with her (mother) because her daughter obeyed her. Another mother talked about the lack of limits of her son's eating habits because he ate everything in sight, which would cause him to vomit. It was interesting to notice that the first mother that started talking about limits offered an alternative to this second mother saying, "Why don't you offer him a toy instead of more food?". This was heard by the last mother and in this way their knowledge could circulate among them, as intervention possibilities.

Another important theme was the difficulty of the parents, considering that the children can express their own needs and desires that don't always agree with the parents' expectations, and the acknowledgement of their impotence and fatigue as a limit to a good relationship with their children.

It was considered that the group was a place where parents could show themselves as *non-sufficient* to their children: they could speak about their limits, not from the place of impotence, but supported by the exchanges of the difficult moments among them.

The group favored the exchanges because parents were able to share their experiences of maternity and paternity, they identified with each other and recognized similarities and differences in their relationships with their children. This helped to construct alternatives in their relationships and ways of being with their babies inside and outside of the group. In the group, for example, the parents changed from the position of observers of the babies' games to participants in the babies' games.

It's important to point out that the coordinator of the nursery showed concern towards two babies whose parents didn't participate in the reunions. In fact, in the first parent-babies interactive group meeting, moment that was used to present the proposal of our work, the parents mentioned weren't present. However, in the second meeting the mother of one of the babies attended and shared the difficulty she was facing with her son at that moment, being welcomed by the group and by the researchers. In addition to participating in all the future meetings, this mother was friendly and supportive with the other parents. In some moments she was the one who would offer questioning and situations, favoring thought and the repositioning of the parents in relation to their babies.

Regarding the nursery it was verified that the teachers and the coordinator were involved with the project, participating and following the meetings, showing support and interest during the whole process, and soliciting the continuity of the parents-babies group after the finalization of the research project.

Discussion

Three types of interactive parents-babies groups were proposed in the educational field. The first, considering the pilot group, was composed of children and their parents that showed hurdles in their psychic constitution, according to the psychoanalytical evaluation and the evaluation of the coordination of the nursery. Although the proposal of the pilot group was short, only four meetings, there was the commitment of the nursery,

involvement of the parents and repositioning of their discourses about their children and parental functions.

The second interactive group was made up of parents and children that from two initial contacts, one at a parent teacher conference and the other at a “Family Day” where they displayed many doubts about the development of their children and showed interest to return in a future moment. This group, after a period of non-functioning (the parents didn’t show up to the meetings), had the participation of three parents-babies pairs. It was considered that the low acceptance of parents to the group was related to the lack of transference of the nursery with the research proposal. The difficulty to hold meetings, the notes that were forgotten to be sent out, the criticism of the suggested time for the meetings and the comparison with the groups of other health professionals that occurred at the nursery revealed the lack of transference and the resistance toward our proposal. The most emphasized reason given by the nursery for the low acceptance of the parents, was that there already was the permanent presence, of the parents in the meetings scheduled by dentists and speech therapists. Evidently, there is a difference in the proposal presented by us and the practice of other professionals (dentists, speech therapists, etc). Our work consists of specific knowledge, the knowledge of the parents themselves about their children, which is why we offer the parents to reflect and listen instead of the place of orientations of how to act around children, which is generally offered in other health experts’ areas.

The third interactive group was formed from the active partnership of the nursery, without the presence of signs of hurdles in the children’s development or demands of workers for psychological evaluation, therefore it was a group constituted so that the parents could speak freely about themes of their children’s development that they thought were the most relevant. Since the beginning of the proposal the creche showed interest and availability to the development of the meetings with the parents considering the meetings of the research as extra to the work that already was being done at the nursery. The institution didn’t only open space and sustained the proposal of the interactive parents-babies group, but also the coordinator participated in the meetings.

When comparing the second and the third group the determining factor for the presence of the parents was the partnership and involvement of the nursery’s coordination team. However, this partnership is only possible from the formation of a bond, in the field of the nursery of something that invites the coordination team to think about their function that is beyond teaching and pedagogical but still in the educational field.

To help think about the functions of the nursery, especially the educational one, more than the pedagogical, Mariotto (2003), reveals that, since the new LDB (9394/96) the nurseries have developed a more educational statute than a care model and, in this sense, early childhood education has included the functions of caring and education, getting closer to the formal educational field which comprehends teaching and learning. But, adds the author, the importance of the nurseries place as a participant in the promotion of mental health and the psychic constitution of babies and small children should be highlighted. In this way, it can be said that the role of the nurseries is to care, educate and prevent (MARIOTTO, 2003).

Thus considered, the partnership between psychoanalysis and education seems very fertile, since the nursery is an institution that, together with the family, has the capacity to care for, educate and offer affective exchanges between care-baby to, as Mariotto (2003) says, sustain a symbolic element in the psychic task of the child, that grants the nursery a place of the psychic subject constitution.

Conclusion

The experience of this study to suggest parents-children interactive groups inside the educational field presented itself as a powerful strategy to promote mental health and in the prevention of child development problems in early childhood. It's a mechanism that allows changes in the parental discourse, with the consequential repositioning of the way they see and their comprehension about the difficulties of their children. Avoiding, in this manner, premature referrals to health treatments and labels/diagnoses of small children.

The repositioning of the parents can happen through the identification between them. The exchanges between the parents, and the confrontation of the differences in their ways of educating and caring, allow a greater welcoming of doubts, as well as the flexibilization of the preoccupations with the children, understanding each child's development and ways that they express themselves as single and unique.

Thus, Oliveira (1996, p. 41), says "the strategy of seeing parents in a group offers them greater chances of perceiving and confronting with difference", being able to recognize, even in a context where there are similarities between the children and their symptoms, that these aspects still don't have the same significance.

On the other hand, the repositioning of the parents can also be an effect of the experience of watching the children play between themselves. When they encounter the field of childhood games, with the exchange between the children, the parents can perceive their children in a different manner, not with signs of a sickness or with problems anymore. In addition, the parents were able to recognize their children's capabilities, as occurred in the example of the parents that found certain traits in their children also belonging to other members of the family, in other words, inside the generational perspective and even though not always positive, they weren't seen as a sign of a problem in itself. They were resignified as being part of the child's family.

With this the group "contributes so that there is the installation, in the place of certainty, a questioning in relation to the interpretation that the parents make about their children's symptoms. The introduction of questions that directs them in other directions, other than their own phantasies" (OLIVEIRA, 1996, p. 42).

Thus, not only the place that the child occupies can be shifted in the parents-babies interactive group, but also the parents may ask or question themselves about what it is that belongs to them in their relationship with their children.

The parents-children interactive group also provided the parents to appreciate the work of the nursery by noticing important effects on the development of the children through playing, the main activity at the nursery. This appreciation reflected on the decrease of rivalry and the amount of complaints that the parents had in relation to the nursery.

Still considering that the parents-children interactive group inside the educational field has the effect of repositioning the parents in relation to what is called in psychoanalysis, unconscious knowledge of the parents (LACAN, 2003). Each parent was able to rethink what they were doing with their children starting from the suggested themes, in other words, they took advantage of the proposed themes by the researchers to reconsider their positioning with their children in their own reality. The family stories were told spontaneously which reinstated the problem of the children in a generational order and not only as the child's congenital problem. In other words, the parents-children interactive group provided shared playing (fundamental for the emotional bond between them), as well as a space for the production of the parent's narratives about their children. Such narratives brought aspects of the parents' childhoods, bringing back each child in their desire of a filiation story, basis of the symbolic construction of the child.

In this way we conclude highlighting what to us was of great influence, in other words, the place that psychoanalysis can occupy inside institutions as a partner in the promotion of mental health of babies and small children.

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