IRDI - METHODOLOGY: AN EDUCATIONAL PROGRAM FOR CHILDREN MENTAL HEALTH PROMOTION IN NURSERIES

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Abstract

In an attempt to propose educational programs that can improve mental health of children since early childhood, a group of researchers created, in first place, the IRDI protocol, validated as a tool to predict psychic risk to child development in general. The IRDI protocol includes 31 indicators focusing on the baby-caregiver relationship in the first 18 months of life, based on the premise that the foundations for mental health are established in this period and are dependent upon the bodily, affective and symbolic relations of the caregiver-baby dyad. Then, as a continuation of the IRDI validation, new research was proposed: the "IRDI Methodology – a psychoanalysis-based intervention with nursery educators" sought to assess the IRDI as a tool for accompanying and promoting mental health in child education institutions, and also aiming to prevent further problems such as school exclusion due to mental disruptions. The methodology consisted of a follow up of 364 children distributed in 26 nurseries in São Paulo through IRDI indicators during 9 months at the nursery. Absent IRDIs were an indication of possible obstacles to a child's psychic constitution. When some of the mental health indicators were absent, the researcher worked along with the nursery caregiver in order to turn the indicators into present indicators. This paper presents the validation of the IRDI Methodology, which was based on the comparison of the rate of "turned present indicators" with AP3 results, a tool for assessment of mental health problems at the age of three. As a result, the children who had "turned present indicators" showed significantly more positive mental health indicators at the age of three at AP3 than those who didn't. It was verified that the on-the-job accompanying of nursery caregivers had a preventative effect on the possibility of children displaying both developmental problems and obstacles to their psychic constitution.

Keywords: *Child education, prevention, mental health, nursery caregiver, child development.*

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1. Introduction

Many existing early childhood education institutions still carry, in Brazil and in the world, the marks of their historical connection with Social Assistance and understand their mission as being mainly that of benevolence. Although early childhood education is thought of as an educational tool, it is not thought that its role as a promoting mental health tool has a great weight in a child's life (Pesaro, Kupfer & Davini, 2020).

Babies are still seen as beings with an almost non-existent mental life. In addition, few efforts have been made to train early childhood education teachers to promote psychic development (Oliveira, 2007), although great progress has already been made in terms of training early childhood education teachers to attend to the development of children. intellectual, motor and even affective.

In the present work, a distinction is being made between affective development and psychic development. The latter is understood as "the dimension of development responsible for the installation of subjectivity, on which bonds of desire, directed towards their fellow human beings, are supported. These bonds are built very early and dictate the direction of the child's relationships over the course of their existence (Kupfer et al., 2012). The psychic development must be articulated with people who ensure the fulfilment of the paternal and maternal functions in their symbolic meanings.

Some research has shown that early interventions based on psychoanalysis can avoid long periods of suffering and treatment (Laznik, 2000). An early childhood professional who is knowledgeable about a baby's subjective life can become an invaluable mental health promotion agent. Much research

demonstrates that psychic care for infants reduces the incidence of mental disorders both in childhood and adulthood (Mota et al., 2015).

Thus, care at the daycare centre can also make subjective marks. They are marks important enough to reorient and inflect the direction of a child's destiny. In this way, the actions aimed at clarifying and training early childhood professionals regarding development, especially on the subjectivity of babies, gain special interest.

2. Objectives

The problem that arose in the research presented here was to investigate ways to lead early childhood education teachers to become assistants in the promotion of children's mental health, based on psychoanalysis, from early childhood.

The aim of the research was then to test a methodology for training and in-service monitoring of early childhood teachers based on the IRDI instrument, seeking to investigate whether the use of this methodology in early childhood education contributes to reducing the incidence of ulterior psychic developmental problems, and also aiming to prevent further problems such as school exclusion due to mental disruptions.

The IRDI methodology is currently defined as a procedure for monitoring psychic development carried out by psychoanalysts in early childhood education institutions through clinical indicators with value for early prediction of developmental problems (Kupfer et al., 2009).

3. Research instruments: IRDI and AP3

Table 1. The IRDI protocol adapted for nurseries.

Age in months:	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 their 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 them. 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. 19. The child has favorite objects. 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 to 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. 25. The teacher offers toys as alternatives to the child's interests 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 behavior rules for the child. 31. The child differentiates between objects belonging to teacher and to them.

The second instrument applied in this research is called AP3 – Psychoanalytical follow-up of children aged three. This is a tool composed of axes chosen and organized according to the basic formative operations of the child's psyche. It was based on four categories, to cover what one expects to

find in the psychic functioning of a three-year-old child. The AP3 was built using the following analytical axes: Play and fantasy; The body and its image; Manifestation regarding rules and position before the law; Speech and positioning in language" (Kupfer & Bernardino, 2009).

The AP3 makes a record of whether or not the psychic constitution of the child assessed is progressing or at risk. Through the table of clinical symptoms that refer to the theoretical axes mentioned above, one can identify whether a child is displaying developmental difficulties and/or whether there are risks to the constitution of subjectivity. Thus, the expected clinical outcomes, when using the AP3, are: 1. Developmental problems and/or 2. Risks in the establishment of the subjective constitution, or, according to more recent terminology, structural obstacles in the subjective constitution. The latter are made evident by the presence of conclusive clinical symptoms related to problems in the constitution of the psyche, and point to an evolution toward serious childhood psychopathologies.

At the time of the research, AP3 was still not validated, which it is now, after new research carried on between 2017 and 2019. For more details, see Kupfer and Bernardino (2022).

4. Methods

The methodology consisted of a follow up of 364 children distributed in 26 nurseries in Sao Paulo through IRDI indicators during 9 months at the nursery. This research was carried out by the following steps: 1. Training of 20 psychoanalyst professionals on the bases of the IRDI instrument; 2. Presentation of the IRDI to 40 teachers. During the course of the research, the researchers filled in the IRDIs protocols for the monitored babies, noting the presence or absence of each indicator, in each band, and had biweekly conversations with the teachers based on the markings made.

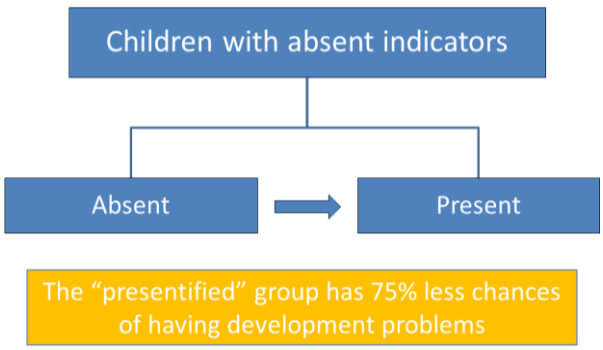
Absent IRDIs were an indication of possible obstacles to child's psychic constitution. When some of the mental health indicators were absent, the researcher worked along with the nursery caregiver in order to turn the indicators into present indicators. There were no "classes" on how to care for babies, but the researchers who performed the IRDI methodology frequently discussed it with the nursery teams in relation to the babies and their indicators. Thus, the teachers were instructed to pay attention to cases where the indicators were absent, and the indicators would then frequently become present in subsequent IRDI assessments. For some children, however, some indicators never came present, due possibly to situations out of the reach of the nursery.

After three years, the children were submitted to an AP3 evaluation. A comparison of the rate of "turned present indicators" with AP3 results of the children was then made in order to assess how much the transformation of the indicators into "present" had an impact on babies' mental health at three years.

5. Results

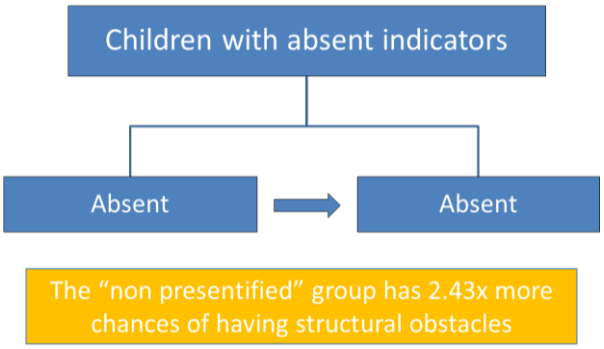
It was observed that the children who had "turned present indicators" or "presentified" indicators showed significantly more positive mental health indicators at the age of three at AP3 than those who did not. Considering the two AP3 clinical outcomes (development problems and structural obstacles), children who initially had absent indicators and then presented them after the intervention with the teacher were 75% less likely to have developmental problems compared to babies who showed absent indicators which did not become present (Figure 1).

Figure 1. Comparison between children with absent indicators and present indicators in clinical outcome 1.



Nonetheless, children who did not have their indicators "turned present" were 2.43 times more likely to have structural obstacles (Figure 2).

Figure 2. Comparison between children with absent indicators in clinical outcome 2.



These results are especially concerned with the axes 1 and 3 of the AP3 instrument – "Play and Fantasy" and "Manifestation regarding rules and position before the law". It means that the children who had their indicators "made present" in the second wave were especially successful in these domains.

6. Discussion

The results here presented allow us to state that training educators on the job is effective for changing their relationship with children. Thus, we can argue that nursery educators can be mental health promotion agents. In addition, we can also state that in early infancy, the Child Education environment is favorable for detecting child development risks pertaining to the psychic sphere (Kupfer, Bernardino, Pesaro & Mariotto, 2015).

The constitution of play and fantasy is an important organizer of the baby's and toddler's relationship with his inner and outer world. This research result allows us to propose that an effect of on-the-job training for teachers must be more focused on actions that include playful and pleasurable activities, so as to promote enriching play and the use of fantasy in daily nursery life, thus providing children in their care with greater psychic resources for their intrapsychic and interpersonal relations.

The results confirm the importance of axis 1 – Play and fantasy –, this time to the whole of the child's development, which leads us to believe that the constitution of this psychic organizer is central to all the child's areas of evolution. Ever since the first psychoanalytic texts, many theorists have spoken of the connection between play, fantasy and the possibilities that these resources offer children for dealing with the separation between the I and the Other (Winnicott, 1971), transforming difficult experiences into pleasurable ones (Freud, 1909/1980), allowing them, in their condition as children, to have control of the world that surrounds them (Freud, 1909/1980; Winnicott, 1971), and having access to representations (Klein, 1930/1981); in short, for making their passage between their internal world and external reality (Lebovici & Mazet, 1986). These research findings allow us to confirm these clinical and theoretical hypotheses, and also highlight the importance of play and fantasy in child education settings, aspects that are devalued in the growing trend of "pedagogization" of infancy.

In addition, the finding concerning axis 3 ("manifestation regarding rules and position before the law") is coherent both with the results of the Multicentered Research on Clinical Indicators, the original IRDI research, and psychoanalytic theory. In the IRDI validation results, the indicators relating to paternal function showed themselves to be important for detecting obstacles to the constitution of subjectivity. The AP3 protocol sought to recover these indicators (which in the IRDI referred to the capacity of the agent of maternal function to transmit rules and regulations to the baby) in the child at the age of 3. And in the study this paper refers to, it was precisely in the axis relative to rules and regulations – in children whose IRDI indicators were not made present – the significant difficulties were found. Like those of the original IRDI research, these results confirm theoretical psychoanalytic hypotheses (Freud, 1920/1980; Lacan, 1999) on the paternal function as central to psychic organization. As a result of its nodal function in the three aspects (symbolization of absence, response to real dimension of castration anxiety and imaginary containment for the body), the paternal function offers psychic stability to the child.

However, the monitoring of babies and their teachers by means of the IRDI methodology can still be improved so as to increase the effectiveness of interventions regarding language and the constitution of the baby's body image, because the difference between results on IRDI follow-up and on AP3 results in these axes was not significant.

Finally, it can be observed that the IRDI methodology in daycare centres offers somehow resistance to the tendance of medicalization of education, which expects the teacher to set diagnosis of the children under their care. In this methodology, an effort is made in the direction of taking away the

burden of diagnosis from the teacher, who experiments a relief when the researchers are besides them, telling them they can only follow the growing up of the babies and there is no intention of setting early diagnosis that would determine, in a bad way, their future.

Besides, the IRDI methodology values the teacher's subjective educational act, telling him that he is more than a diaper changer.

The IRDI methodology tries to reintroduces the look for the subject in the educational field, a look that has been excluded from current scientific practices. With this, we will be trying to guarantee that a baby becomes a subject of desire.

Yet no doubt remains as to the urgency of looking at subjectivity in nurseries in order to prevent serious childhood psychopathologies in time. A methodology that includes monitoring babies' psychic development can be a powerful antidote against the erasure of the subject in today's world. Although its main objective is not to eliminate suffering or the appearance of very serious psychic problems, the IRDI monitoring can contribute towards reducing them, and, what is more important, it can help the children monitored to be able to situate themselves in the field of language so that they can convey their suffering or their joy in their own way.

Acknowledgements

We would like to thank FAPESP and CNPq for their support and research funding, and the group of researchers who carried out the research, who dedicated themselves to going to the nurseries and collecting this data which turned out to be so significant.

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