

**How does the quality of the mother-infant relationship  
influence the baby's capacity to be alone and develop play?**

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**Attestation of Authorship**

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## **Ethics Approval**

Ethics approval has been obtained from the Auckland University of Technology Ethics Committee (see appendix). The approval number for this dissertation is 08/104 and was granted on 4<sup>th</sup> June 2008. .

## **Acknowledgements**

Firstly, I would like to express my gratitude to the 'observed mother' and her family for allowing me the privilege of observing her and her baby in their home. Without these observations I would not have had my curiosity aroused.

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## **Abstract**

This research explores the qualities of the mother, baby and mother-infant dyad that influence the baby's developing capacity to be alone and develop play. I explored psychodynamic and developmental theory and research that addresses 'play' and the 'capacity to be alone' and developed a framework that focused primarily on the psychological function of play and the capacity to be alone. I added a further dimension to my research by triangulated observational material from a mother-infant study with the research findings and psychoanalytic theory. An aim of this research was to explore the influences of the individual mother, baby and then the dyad. First I focused on the mother's socio-cultural world, her inner psychic world, her functioning and her actions and how these would influence the baby's emotional development. Then I researched the baby's contribution to his emotional development by investigating his in-utero and early situational experiences, his temperament and his developmental level that would influence his developing capacity to be alone and play. Finally I considered the qualities within the developing dyad from birth focusing on the early primary relationship, their mutual interaction, mother's attunement, their synchrony and how the baby makes sense of these interactions. This study showed that both mother and baby make individual contributions to the baby's developing capacity to be alone and develop play. This study concludes that the fate of the potential space between the mother and baby and their mutual dynamic interactions was the major influence on the baby's developing capacity to be alone and develop play.

## Introduction

*Matthew (5 ½ months) was sitting in a small plastic bowl filled with warm, bubbly water in the kitchen sink, where he was physically supported with his back against the edge. Jean was standing right in front of him at the sink, with one hand touching his shoulder as she slowly dribbled warm water alternatively on his back and hands. I greeted them and he looked up and gave me a big smile, before returning his focus to the warm slowly running tap where he held his hands. Jean said, "Rosalind is here to visit you" and then chatted to me about how Matthew loved this way of bathing and then about the events of the week. Matthew held his hands under the running tap and watched the splashes as they fell into his bath, the plastic dinosaur floated near his feet. As Jean and I stood and talked and watched him, he continued to play with the water and the dinosaur, occasionally looking up to Jean briefly before continuing. Matthew played on his own for about 10 minutes whilst Jean and I stood nearby. \*<sup>1</sup>*

As a training child psychotherapist, I was required to regularly observe, at home, a mother and her new baby. During this observation and subsequent others I wondered what influenced Matthew's ability to play alone in such a contented manner. I wondered whether it was due to his temperament and curiosity or his mother's expectation, attitude or disposition. I also wondered how his behaviour reflected their developing relationship.

In sharp contrast, during my clinical training on placement I noticed that some children were unable to play in the therapy playroom. I wondered if the child, his primary caregiver or their relationship influenced their inability to play and how this happened. I also wondered if the children who were unable to play in the playroom in my presence, could play on their own, with friends or siblings and with their caregivers.

In response to my training experiences, I felt curious about the development of the capacity to be 'alone in the presence of other' and the development of the capacity to play and decided to explore this further.

## What is already known?

There is a vast amount of literature on play, the capacity to be alone and the importance of the mother-infant relationship;

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<sup>1</sup> For the purposes of confidentiality the names of the observed mother, baby and observer have been changed.

Winnicott (1971) perceives that the ability to play freely and imaginatively is a crucial indicator of the child's emotional state and that a child who is able to enjoy playing both alone and with other children will have a healthy emotional life. Play is essential for the development of self, (Meares, 1992) and is a prerequisite for cognitive development (Buxman, 1974).

In his paper on "The Capacity to be Alone", Winnicott (1958) maintained that the capacity to be alone is "one of the most important signs of maturity in emotional development" (p.416). Winnicott (1958) explains that the ability to be "alone in the presence of someone" is the necessary precursor in childhood to the capacity to be alone later in life. Research indicates a correlation between the capacity to be alone and general well-being (Schwab & Barkmann, 1999) as well a significant relationship between the capacity to be alone and higher object relations and the capacity to be alone and secure attachment (Kafri, 2007).

In order to play freely a child requires a secure environment, an emotionally available mother or caregiver (Winnicott, 1971) and a trusting relationship (Bowlby, 1979). In her book, "Why love matters", Gerhardt (2004) explains that a baby cannot develop an orbitofrontal cortex on his own, and depends on relationships with others to develop this vital brain function. Bowlby (1979) states that when a mother is 'reliably present', a child usually ceases to show attachment behaviour and instead explores his environment. Stern (1974) highlights the importance of mother-infant dyad by describing 'free play' as a purely social activity with the goal of social interaction.

### **Usefulness/ why do this research?**

The development of the capacity to be alone and develop play belongs to the early stages of healthy emotional development. My investigation into the qualities of mother, baby and their relationship that enhance or hinder the development of the capacity to be alone and develop play will be useful information for mothers, caregivers and professionals to support them in creating an environment that will support an infant's healthy development.

### **What are the implications for clinical work?**

The importance of play in the clinical work of child psychotherapy is well documented. Play in therapy enables a child to communicate, work through early trauma and deficits and develop a trusting relationship (Ablon, 1996). The development of the capacity to be alone (in the presence of someone) is a necessary development in the course of psychotherapy and represents an achievement for both child and analyst (Winnicott, 1958; Schacht, 1997). Although my research focuses on the mother, infant and the dyad, clinicians will be able to use this research to consider the qualities of the child, the therapist and the therapeutic dyad that could support the development of the capacity to be alone (in the presence of the therapist) and the development of play during therapy.

### **New ground and synthesis**

This dissertation has given me the opportunity to bring together research and psychodynamic theory on the development and relationship between play and the capacity to be alone. I have used the opportunity to research in-depth the influence of the qualities of the mother, baby and their relationship on the healthy emotional development of the infant. I have specifically conducted this research within the context of play and being alone occurring in the space between the mother and baby. This paper adds to theoretical knowledge by examining the fate of the space between baby and mother as I consider that this is the place where playing and the capacity to be alone occur.

The uniqueness of this study is that I have used vignettes from my observational studies to illustrate a typical interaction of a 'good-enough mother' (Winnicott, 1974) with her baby. However, it is important to note that no attempt is being made to analyse the observed mother and baby.

### **Structure of paper**

In the first chapter I discuss the modified systematic literature review that I conducted, outlining my research question, approach and details of my data search. In chapter two I discuss, in detail my framework for the discussion of the data that follows. The importance of this chapter is that it 'sets the stage' for the following three chapters by explaining my theoretical stance of the importance and place of play and 'being alone'. In chapter three I compare and contrast theory on the qualities of the mother, by considering her past, her internal world and her actions. Following on, in chapter four I consider the early experiences, temperament and developmental level of the baby that would influence the baby's developing ability to play and capacity to be alone. Then, in chapter five I consider the mother-infant dyad and the various qualities within their relationship that develop from birth. Finally in chapter six, the discussion chapter, I consider my findings, strengths and limitations and further areas for research.

Throughout this dissertation, for ease of prose and clarity of meaning I will refer to "mother" as the primary caretaker and "he" as the baby. The possible effects of differences of the gender of the baby and the primary caregiver are beyond the scope of this paper.

## **Chapter One: Method**

In this chapter I discuss my research questions and the aims of this research. I then discuss the methodology, how I approached the research and the details of my literature search. Finally, I briefly discuss the ethics approval process conducted to allow this research to progress.

### **Aim and research questions**

The aim of my research is to explore the qualities of the mother, baby and dyad that influence the development of the capacity to be alone and play.

My dissertation is guided by the research question;

How does the quality of the mother-infant relationship influence the baby's capacity to be alone and develop play?

My research question was divided into three sub-questions;

- What qualities of the mother influence the baby's ability to develop the capacity to be alone and play?
- What qualities of the baby influence the baby's ability to develop the capacity to be alone and play?
- What qualities of the mother-infant dyad influence the baby's ability to develop the capacity to be alone and play?

### **Methodology and Rationale**

I have chosen to use a modified systematic literature review in order to gather and assimilate data so as to limit bias and allow it to be easily reproducible (Davidson & Tolich, 1999). By using a modified literature review I have integrated existing information and maintained the reliability and accuracy of my study (Mulrow, 1994). The modified systematic literature review allows for the use of qualitative research rather than quantitative research which is essential as most psychodynamic writings and research are more qualitative by nature (Mulrow, 1994). I consider that it was necessary to conduct a qualitative study as this study is of mothers and infants in their natural setting

(Denzin & Lincoln, 1994). Although this study was not restricted to randomised trial and meta-analysis it can still be considered as 'evidence based practise' as it involves best external evidence with which to answer our clinical questions (Sackett, Rosenberg, Gray & Richardson, 1996).

Dickinson (1999) has identified six key components to a systematic literature review, which I have adhered to;

1. Definition of research question
2. Methods for identifying research studies
3. Selection of studies for inclusion
4. Quality appraisal of included studies
5. Extraction of data
6. Synthesis

I have further modified my systematic literature review by using Illustrative vignettes from a long-term mother-infant observation conducted during my training. By using vignettes, I intend to add a further dimension to the understanding of my chosen questions by triangulating observational material with normative empirical findings and with psychoanalytic theory (Rhode, 2004).

### **My approach**

My initial approach to this study was to read books and references already obtained from my studies in psychodynamic literature and mother-infant observations around my topic. By reading 'mainstream psychodynamic literature' whilst keeping in mind the theory of play, transitional space and the mother-infant relationship I was able to establish a sound base for my research. I further supplemented the modified literature review by looking at references and books recommended by my supervisor and colleagues as well as scanning the reference lists of the articles I selected from the database search.

## My Search

I used the electronic databases in order to do a systematic literature search by using the following databases; PsychINFO, PEP, Ovid SP, and ProQuest Dissertations and Theses. I selected articles by considering the relevance to the topic and my criteria for inclusion and exclusion. My criteria for inclusion were articles that discussed pre-oedipal stage children, mother-infant relationships, play and being alone. My criteria for exclusion were articles on latency aged children, adolescents studies, animal studies and articles not in English.

### PsychINFO

SEARCH	RESULTS	USEFUL
Capacity to be alone	44	6
Capacity to play	42	
Play	58180	
Capacity to be alone AND play	5	3
Development of play	136	32
Mother-infant relationship	469	
Mother-infant relationship AND play	44	15

### PEP

"Capacity to be alone"	252	
"Capacity to play"	235	
"Capacity to be alone" AND play	171	16
Developing a capacity to play	11	1

### Ovid SP

Capacity to be alone	132	
Capacity to play	200	2
Play	362127	12
Play AND capacity to be alone	38	5
Infant play AND attachment	35	3

### ProQuest – Dissertations and Theses

"Capacity to be alone"	12	7
Play AND attachment in children	281	12
Object relations AND the capacity to be alone	7	3

I read, explored, synthesised and critiqued all relevant readings found in the systematic search as well as those that I obtained on an 'ad hoc' basis and extracted the data that fitted my criteria. However, before answering my three sub-questions I established the framework within which I intended to answer these questions.

### **Ethics Approval**

Ethics approval has been obtained from the Auckland University of Technology Ethics Committee on the 4<sup>th</sup> June 2008, reference EA08/104 (see appendix). I collected the data used as illustrative vignettes during my participation in Mother Infant Observation Papers in 2006 and 2007.

### **Conclusion**

In this chapter I have articulated the three research sub-questions that I chose to investigate within a given psychodynamic framework established in the first chapter. I discussed my methodology and rationale for using a modified literature review, in the form of a qualitative study as well as the additional modifications to the literature review in the form of illustrative vignettes. I briefly outlined my approach and search methods and how I appraised, extracted and synthesized the data.

## **Chapter Two: My Framework**

In this chapter I establish the framework of my dissertation by discussing the development and importance of play, how play supports the emergence of 'self' and the creation of a 'space' between mother and baby where play and the capacity to be alone develops. Later I consider the Winnicottian concept of 'the capacity to be alone' and how it develops within the 'potential space' between the dyad. Finally I briefly discuss the development of play and the capacity to be alone within the context of the therapeutic dyad in the therapy playroom.

### **What is play?**

As there is no generally accepted, comprehensive definition of play I will discuss a few that I have found useful and relevant. Although play has psychological, social, motor and cognitive components (Solnit, 1987; Peller, 1954) for the purposes of this study I will focus mainly on the psychological functions of play.

In Freud's writings play allows children to renounce instinctual satisfactions by creating substitutes that permit partial discharge and to master anxiety (Solnit, 1987) and reduce tension (Solnit, 1987) by active rather than passive means (Plaut, 1979). Play assists the child in mastery of overwhelming external stimulation including id and superego pressures (Peller, 1954), allowing a regression in the service of further ego development, as well as giving the child opportunity to discharge affect and impulse (Lewis, 1993). The child's play is characterized by the compulsion to repeat and normally involves a physical act (Plaut, 1979). Lewis (1993) discusses that observable play behaviour is a manifestation of the child's conscious and unconscious fantasies and wishes. In contrast, Solnit (1987) suggests that early play may have the sole function of providing pleasure rather than achieving a compromise between the demands of drives and the dictates of reality.

Furthermore, Solnit (1987) argues that the opposite of play is not what is serious but what is real. In addition, Winnicott (1971) says that the potential

of play is to help the child gain a greater appreciation for what is real and what is not real. McDermott (2004) extends this view by saying that the opposite of play is not work, but compliance and adaptation. Lewis (1993) elaborates that through play, the child appears implicitly to acknowledge reality, then to suspend reality and elaborate a world of pretend, fantasy and make-believe that is of unique psychological importance. As the child grows up, play includes awareness that what is being enacted is not real; thus, the act is accomplished on a level of symbolic meaning, a characteristic that differentiates play from work (Lewis, 1993). As well as providing the opportunity for wish fulfillment, (Lewis, 1993), play is pleasurable, (Meares, 1992; Solnit, 1998; Plaut, 1979), unique (Solnit, 1987) and the predominant affect is positive (Meares, 1992). If observed infant behaviour indicates that the activity is not pleasurable and is in fact uncomfortable, this is not play but perceiving and exploring (Solnit, 1987). In contrast, Piaget (1972) argues that infants are not really playing and what we see is motor exercises which become play after 18 months when the toddler is able to use symbolic functioning to represent something by means of an object or a gesture (Piaget, 1972). In order to see play beyond primitive sensory motor states to a goal-orientated symbolic and constructive state, active mutual mother-baby play is a prerequisite for the development of necessary cognitive structuring (Buxman, 1974).

### **Development of the 'self'**

Developmentally, play reflects the unfolding of cognitive, emotional and social capacities, tolerances and explorations (Solnit, 1998). Play serves the same functions in adulthood as it does in childhood of promoting the engagement and mastery of phase-specific development tasks (Colarusso, 1993).

Play can be viewed as supporting the infant to begin to psychologically separate and differentiate from his mother (Lanyado & Horne, 2006). During play the child can experience himself as vital and free of anxiety which helps him bridge the gap created by the mother's absence, to separate from her, and ultimately to deal with the frustrations inherent in life (Price, 1994). The mental activity underlying play is essential to the development of self (Meares,

1995) and if the play-space is consistently disrupted, the evolution of self will be impeded (Meares, 1992). As the child develops, play reflects emerging representational capacities (Musatti, 1986; Slade, 1987) and their internalized images of attachment figures (Bowlby, 1979; Main, Kaplan & Cassidy as cited in Sobieski, 1997). The developing child can create his own world (Buxman, 1974) in a way that is freely chosen (Plaut, 1979) once his symbolizing capacity (Solnit, 1987) has developed. The infant's developing capacity to evoke self and object representations without over-dependency on the outside world depends on primitive symbols or 'proto-symbols' that emerge from the partially differentiated mother-child relationship (Price, 1994).

### **The ego-supportive mother**

Winnicott (1971) states that paradoxically, the ability to begin to see oneself as separate from mother is made possible by the reliable presence of the mother, that is 'I-ness' is made possible by other (Ogden, 1985a). An infant feels secure enough to be alone and imaginatively play and explore the world, because a parent is reliably present (Winnicott, 1971). Thus, it is only when alone, (i.e. in the presence of someone else) that the infant can discover his personal life (Winnicott, 1958).

In unfavourable circumstances where the child's social environment is deficient, the capacity for play is diminished (Meares, 1995), the child is notably restless (Winnicott, 1967) and has an impoverishment of capacity to experience in the cultural field (Winnicott, 1967). Winnicott (1967) elaborates that the failure of dependability of a significant parent means to the child, a loss of the 'safe' play area.

### **The creation of potential space and place of play**

My primary interest in play, for the purposes of this paper, is not in the type of play or the level of play but rather, where it exists and how it develops. Winnicott (1967) explains that "play is in fact neither a matter of inner psychic reality nor a matter of external reality" (p. 268). Therefore in order to study the development of play and the subsequent ability to 'play alone' I will study the fate of the potential space between the baby and his mother. According to

Winnicott (1971), the place where play is located is in the potential space between the baby and his mother. The baby has maximally intense experiences in the potential space between the subjective object and the object objectively perceived, between me-extensions and the not-me. This potential space is at the interplay between there being nothing but me and there being objects and phenomena outside omnipotent control (Winnicott, 1971).

### **The link between potential space and the capacity to be alone**

Winnicott (1971) believes that although many types of experience go to the establishment of the capacity to be alone, there is one that is basic and without a sufficiency of it the capacity to be alone does not come about; this experience is that of being alone, as an infant and small child in the presence of mother. Therefore Winnicott (1971) says that the basis of the capacity to be alone is a paradox; it is the experience of being alone while someone else is present. This was demonstrated in the introductory vignette, when Matthew played quietly alone in the presence of his mother, although she was not actively playing or involved in any activity with him. Winnicott (1958) suggests that being alone, working in solitude, or the capacity to reflect in the presence of another are examples of transitional phenomena, that is, of a capacity that emerges through the child's early internalizations of interactive moments with a parent (Mayes, 1991). Being alone in the presence of someone can take place at a very early stage, when the ego maturity is naturally balanced by ego support from the mother (Winnicott, 1958). The developing capacity to be alone progresses as the baby introjects repeated experiences with the ego-supportive mother and consequently is able to be alone without frequent reference to the mother or mother symbols (Winnicott, 1971).

### **Therapy as an alternative dyad**

Child psychotherapy can offer a new opportunity for a child to develop his capacity to be alone and play in the relationship between the therapist and child. Sometimes a child will not have had the opportunity for self-formation and ultimately the ability to become engrossed in play may not occur (Price,

1994). In such cases Meares (1995) explains that the development of self is impeded and the child may experience a sense of disconnection and lack of well-being. Child psychotherapy offers a transitional experience that facilitates the development of symbolic play (Price, 1994) and hence the opportunity for healthy emotional development. Like the development of play between the mother and infant, psychotherapy takes place in the overlap of two areas of playing (Winnicott, 1971) but in this case it is between the child and the therapist. Similar to the early mother-infant relationship an early major task is to foster the emergence of mental activity that underpins playful proto-conversation and also symbolic play (Meares, 1995). The task of the therapist is to establish the mental activity underlying play that is essential to the development of self (Meares, 1992). During therapy, a state of connection where the child experiences 'resonance' and 'attunement' is established (Meares, 1995) by the therapist who creates the experience of the holding environment due to her consistency and reliability (Modell, 1991). Ideally, due to the child psychotherapist's spontaneity and capacity to play a form of proto-conversation is recreated and pleasure will be experienced by both partners in the therapeutic dyad (Meares, 1995).

In addition child psychotherapy aims to help facilitate the child to represent his unconscious and conscious thoughts, feelings and fantasies about others in the world through play (Mayes & Cohen, 1992), thereby supporting him to find his 'true-self' by exploration in both the internal and external worlds, or perhaps more accurately, in the interface between these two (Mayes, 1991). Play in the therapeutic setting, even with a minimum of verbalization and interpretation, powerfully facilitates development as it allows the child to bring forward and explore feelings that are most troublesome and important (Ablon, 1996). During therapy the assimilation of affects and experience, past and present, into an organizing aspect of the mind strengthens the ego (Ablon, 1996). By playing creatively, somewhere between illusion and reality, in the atmosphere of freedom, meaning, self-discovery and the capacity to be alone are enhanced (Pena, 2001).

## **Conclusion**

In this chapter I have established the framework within which the rest of my dissertation will be discussed. I have outlined some functions of play and have discussed, in particular the relevant psychological functions. I have discussed how play contributes to the baby's development of 'self' in the presence of the ego-supportive mother. I have also discussed the links between the fate of the potential space between the dyad and the capacity to be alone. Finally I have briefly considered the parallels and relevance of child psychotherapy within this framework and how the therapeutic dyad supports the child to play. In the following three chapters I will consider the qualities of the mother (chapter three), the baby (chapter four) and their relationship (chapter five) that influence the development of the capacity to be alone and develop play.

### **Chapter Three: What qualities of the mother influence the baby's ability to develop the capacity to be alone and play?**

In the previous chapter I outlined the framework for this paper. In this chapter I compare and contrast theory on the mother's essential and dynamic role in influencing the infant's development of a capacity to be alone and play. Firstly I consider what the mother brings from her socio-cultural world, attachment patterns and inner, psychic world. Then I consider the mother's emotional state and how this influences her baby. Finally I consider the mother's current functioning, actions, maternal qualities and capabilities.

#### **The mother's socio-cultural world**

Winnicott (1971) emphasised the important balance between the environment and the evolving self and suggested that the environment facilitated the maturational process of the infant (St Clair, 1986). Similarly, Erikson described that biological forces, (maturational process) and social forces, (facilitating environment) both influence the baby's emotional development (Maier, 1988). Erikson emphasised the continuity of interpersonal experience i.e. ego development or personality development is in response to the 'world' (Maier, 1988). Erikson elaborates that the developing personality operates within a social cultural matrix and healthy development implies the successful resolution and mastering of each developmental stage (Maier, 1988). Maier (1988) states that, "A human being, thus, is at all times an organism, an ego, and a member of society and is involved in all three processes of organisation" (p. 82). Biological maturation and social forces influence the resolution of each stage and although stages are culturally universal, values of a culture determine how the various stages are handled (Maier, 1988). A possible example of cultural values that the mother brings could be whether she feeds her baby at fixed intervals or if she feeds him when he indicates his need.

The mother's socio-cultural world creates the home environment that she is able to provide her baby; is baby well-fed and warm? Is there quiet when baby needs it and social interaction when he needs it? Can mother control

important aspects of the home environment? Is baby safe from impingement or trauma? Furthermore, does mother have support from her partner, friends and family? In discussing the supporting matrix in the motherhood constellation, Stern (1995) explains that “after the birth of the baby, the mother’s main active psychological involvement (besides with the baby) is most often with the maternal figures in her life – those figures who will in reality or in fantasy (for good or bad) provide the psychological and educative aspect of the supporting matrix” (p.178).

However, not all studies place such importance on the social world; Kari’s research (1988) concluded that contextual factors including physical home environment, emotional support and neighbourhood disadvantage were not related to the mother-infant relationship and mother’s emotional availability. Interestingly, demographic characteristics, specifically maternal age and education (Kari, 1998; Cook, 1980) can influence how a mother relates to her child. Cook (1980) concluded that the older and better educated the mother, the more able she is to be attuned to her baby. I suggest that mother’s perception of her own well being despite her contextual factors will influence her emotional availability (for example some mothers may perceive a half hour break from her infant whilst her partner baths the baby as sufficient support whereas others may expect to have the afternoon free whilst her partner looks after the baby and prepares dinner).

### **The mother’s attachment history**

Attachment theory is useful to consider the continuities across the generations with respect to patterns of relating between mother and infant. A mother’s attachment style is often seen to correlate with her own experience of being mothered (Main, 1993). Studies indicated that; “in a group of mothers a state of unresolved loss and lack of internal security with respect to their childhood attachments correlates with their own children’s lack of a secure response on

the Strange Situation Assessment <sup>2</sup>” (Massie, Bronstein & Afterman, 1996, p. 55).

Holmes (1993) explains that Bowlby's attachment theory distinguishes between three interrelated concepts; attachment, attachment behaviour and attachment behavioural system. Holmes (1993) says attachment refers to the overall quality of an individual's attachment and can be divided into secure and insecure attachment whereby “maternal responsiveness and the ability to attune to her child are seen as key features in determining the security or otherwise of attachment bonds” (p 85). Furthermore, Holmes (1993) elaborates that an attachment relationship can be defined by the presence of three key features; proximity seeking to a preferred figure, the ‘secure base’ effect and separation protest. Bowlby's theory of proximity seeking is evident when a baby has a preferred figure (usually his mother) whom he seeks proximity to when he is anxious or distressed (Holmes, 1993). Bowlby's concept of a ‘secure base’ experienced by the child can best be described as ‘the ambience created by the attachment figure’ and provides the small child with the confidence and curiosity to venture out to explore and play (Holmes, 1993). The attachment behavioral system has primary responsibility for regulating the infant's safety, causing the infant to continually monitor the physical and psychological accessibility of his primary attachment figure (Main, 1993). Significant research has linked attachment patterns across generations by implementing Main's Adult Attachment Interview Assessments<sup>3</sup> (Steele, Steele & Model, 1991). Steele et al. (1991) concluded that parents with a capacity for freely accessing and expressing their attachment history (securely attached) seemed well-equipped to be psychologically available and attuned to their infant's affective, cognitive and physical needs. Whereas parents who struggled to access their own early affective experiences were less able to interact with their infants in a

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<sup>2</sup>The infant's behavioral response to separation from and reunions with the parent in the Ainsworth Strange Situation has been found to reflect patterns of infant-mother interaction, and permits the classification of mother-infant relationships as secure, avoidant, ambivalent and disorganized/disoriented (Holmes, 1993).

<sup>3</sup> -Adult Attachment Interview. – an interview structured entirely around the topic of attachment, principally the individual's relationship to mother and to father during childhood. (Massie, Bronstein & Afterman, 1996)

psychologically 'present' mode (Steele et al, 1991). I suggest that a mother who is securely attached will be mostly likely to provide her baby with the secure base that is needed for a child to develop emotionally and play. Conversely an insecurely attached mother will be less likely to provide a reliable and secure base that can be trusted to be left to venture alone and play.

### **The mother's internal world**

Another important aspect to consider is the mother's inner, psychic world. Stern's Motherhood Constellation proposes four related themes and this provides a useful way of thinking about the new mother's internal world. The Motherhood Constellation becomes the dominant organizing axis for the mother's psychic life (Stern, 1995). Stern's first two themes, the life growth theme and the primary relatedness theme tie up with the mother's early experience. The life-growth theme asks; 'can mother give enough?' 'does she have enough to sustain him?' The next, the primary relatedness theme asks; 'can mother love baby?', 'can she feel baby love her?' and 'can she read baby?' The third theme concerns the "mother's need to create, permit, accept and regulate a protecting, benign support network, so that she can fully accomplish the first two tasks of keeping the baby alive and promoting his psychic affective development" (Stern, 1995, p. 177). Stern's final socio-cultural strand, the identity re-organisation theme is where the new mother needs to transform and reorganize her self-identity. Mother's new identity as parent, mother and matron are required to alter her emotional investments, allocation of time and energy. Stern (1995) concludes that unless the new mother can accomplish these transformations, the other three tasks in the motherhood constellation will be compromised.

Stern (1995), elaborates that "the baby's presence elicits feelings and memories in the mother that would not have been evoked otherwise" (p 181). Possible unconscious 'mother memories' that are evoked include both sides of her interaction or relationship with her own mother when she was young (Stern, 1995). Evoked unconscious memories would include what the new mother experienced directly as a baby, while interacting with her mother, and

the parts of her mother's experience of interacting with her that she experienced empathically (Stern, 1995).

In addition, Birksted-Breen (1986) discussed that the first few days and weeks after the birth of a baby are a time when the most primitive anxieties are aroused in which the new mother may fear retribution from her mother she rivaled or she may feel her own mothering abilities are not sufficient to keep her baby alive. Birksted-Breen (1986) elaborates that after birth the mother may also have to deal with many losses including the loss of her 'phantasy-baby' in favour of her real baby. Her real baby may not be the gender she had hoped for or may in some way look or behave in a different way to which she had anticipated. Birksted-Breen (1986) distinguishes between the fleeting feelings of depression common after childbirth relating to the working through of conflicts and anxieties as described above and the longer term state she refers to as postnatal depression.

### **The mother's current functioning and actions.**

Beck (1996) discusses that postnatal depression influences the mother's functioning whereby she at times erects a wall to separate herself emotionally from her infant and consequently fails to respond to her infant's cues. It seems evident that, as Birksted-Breen (1986) explains a woman who suffers postnatal depression may find it extremely difficult to mother her baby or even to feel that she is a mother.

In her longitudinal study of 187 randomly selected mothers, Hiltunen (2000) found that depressed mothers interpreted infant facial signals differently from non-depressed mothers, seeing less joy and anger but more sadness in the infant facial expressions. In addition, Hiltunen (2000) noted more periods of uninvolved involvement between the mother-infant dyad, whereby reciprocity was less frequent than in non-depressed mothers.

Although the numerous possible reasons for postnatal depression are beyond the scope of this paper, research indicates that a mother's depression has a

devastating and long-term influence on her baby and their relationship (Hiltunen, 2000).

In addition to postnatal depression, I consider that it is important to discuss the less obvious and non-clinical current emotional functioning of mother such as depressive affects, stress and anxiety. These functions also influence mother-infant interactions and subsequently have a major influence on the 'potential space' between the mother-infant dyad (Massie et al, 1996; Gerhardt, 2004).

Massie et al. (1996) investigated the role of depressive affects of parents in non-clinical populations and the subsequent effect on the infant. In their research, Massie et al. (1996) described how the parent's interactions with their infants related to a hypomanic, action-orientated style of psychological defense against depression, and how the mothers' conflicts and behaviour subsequently emerged in the children's developing personalities. These studies illustrated the powerful influence of parent's disavowal of their own affect and their use of action to manage their internal unhappiness on the way that they interacted with their baby (Massie et al, 1996). Interestingly, results found that even though the mothers were considered responsible and conscientious, by masking their sadness the quality of mother-infant interactions were compromised and consequently the emotional development of the children suffered (Massie et al, 1996). In addition, Massie et al (1996) elaborate that by denying her depressive affects the mother may feel alienated from herself and others which can result in difficulties in matching with her baby temporally or affectively. Consequently, "this leads to the mother not 'being with' her baby in an existential and experiential sense causing the infants' own structures of 'being with' their mothers as well as themselves to be derailed" (Massie et al, 1996, p. 63). Winnicott (1958) says that the experience of 'being with' another precedes the capacity to 'be alone', therefore, I consider that a mother who denies or is unaware of her own depressive affects will negatively influence her baby's developing capacity to be alone and play.

Similarly, Turner, Beidel & Costello (1987) suggested that there is strong evidence that highly anxious mothers can pass their anxiety onto their children. In their studies, Kaitz & Maytal (2005) found that the interactions between anxious mothers and their infants indicated that anxious mothers tend to respond to their infants in either a withdrawn or an intrusive manner. Interestingly, Kaitz & Maytal (2005) discussed that both styles of behaviour are likely consequences of the mothers' dysregulated state coupled with automated or cognitively mediated efforts to ward off and protect themselves from further arousal and discomfort. These studies indicated that whether mothers adopt a withdrawn or an intrusive style their behaviour will be most extreme when they are faced with their infant in a distressed or otherwise highly aroused state (Kaitz & Maytal, 2005).

Interestingly, Gerhardt (2004) established that the compromised 'quality of presence' is also seen in stressed parents and has been observed to result in a high level of cortisol in their children. Gerhardt (2004) explains that even if an infant (and mother) may not be consciously aware of maternal depressive affect, anxiety or stress their dysregulated maternal behaviour will negatively influence the way they behave with their baby. Therefore, I posit that maternal depressive affect, stress and anxiety will influence the baby's developing capacity to be alone and play.

Furthermore, Price (1994) says that a neglectful mother who deprives her child of material or emotional needs will interfere with the baby's self-formation. Price (1994) elaborates that neglect interrupts the holding environment which affects the 'going-on-being'<sup>4</sup> and the unfolding of the self which influence psychological structures and capacities that ultimately lead to play and the capacity to be alone. In addition, Morse (1972) says that poor maternal care seduces the infant into compliance, and a compliant 'false self' reacts to environmental demands as the infant builds up a false set of relationships. Price (1994) expands that in situations of extreme deprivation, the false self develops whereby panic consumes experience and there is no

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<sup>4</sup> The infant's experience of 'going-on-being' can be likened to his experience of 'continuity' and lack of disintegration anxiety he feels in response to his mother's good-enough empathy (Price, 1994).

sense of realness, authenticity or creative living. In some cases, Price (1994) explains that the infant will not have experienced the omnipotence of being truly understood and the true self lies hidden which denies the child the opportunity to become engrossed in play. In such cases of neglect, Price (1994) says that the mother may, for example leave the baby for long periods of time which can cause panic and disorganisation in the infant. In agreement with this, Greenberg & Mitchell (1983) discuss that often impingement and trauma can lead to 'unthinkable anxieties' leading to fragmentation of the infant's experience.

Ironically, a less obvious negative influence of maternal behaviour is when a mother always acts on her absolute attunement to the baby's communication and needs (Winnicott, 1974; Ogden, 1985b; Hopkins, 1996; Johns, 2001). Hopkins (1996) elaborates that it is the mother's task to disillusion the baby gradually so that he distinguishes the 'not-me' from the 'me' and recognizes his dependence upon his mother. Ogden (1985b) discusses this paradox by saying that even at the beginning mother must not be 'too good' or she will rob the infant of the experience of desire. Ogden (1985b) elaborates that if the baby is not given the opportunity to experience appetite or hunger and is fed immediately; "the baby is fobbed off by the feed itself; instinct tension disappears, and the baby is both satisfied and cheated" (p. 350).

In order to further understand how the mother's functioning influences the baby I consider her day-to-day actions and capacities that influence the infant's transitional experiences that are a prerequisite of play. Price (1994) explains that the mother needs to create a holding environment that protects the infant to 'be' thereby facilitating the creation of a 'play space'. Price (1994) outlines that a holding environment is created when the mother is able to both empathize with her infant's needs and to meet them in sufficient time so that anxiety is experienced only in digestible dosages. St Clair (1986) elaborates that holding includes the whole routine of care throughout the day - in particular the physical holding of the infant in a loving manner. St Clair (1986) expands that holding fosters a sense of being loved and real, whereby

the baby can 'see' himself reflected in his mother's face and therefore is able to begin to see himself as separate from mother.

During the mother-infant observations I was able to observe Jean interact and connect with Matthew in every day activities. This was demonstrated during bath time;

### **Matthew – 5 months**

*Jean washed his body in gentle circular movements and then lifted Matthew out of the bath. She talked to him as she wrapped him up in a towel and then slowly and deliberately dried his body, telling him what she was doing, what strong legs he had and what a lovely boy he was. He wriggled, excitedly all limbs waving around and cooing back at her. Once he was dry, she applied baby lotion all over his body, taking care to warm up the lotion by rubbing it in her hands before she applied it onto his body.*

Winnicott (1971) says that when a baby's body is gently and lovingly touched and handled the "baby's person is grounded in his own body, nurturing a body ego that serves as a base for the baby's ego" this is termed 'personalization' (St Clair, 1986 p 74). In agreement, Deri (cited in Price, 1994) explains that the way in which a mother "hands over the world to the child" (p.50) influences the future of symbolization, creativity and play for a child. Deri (cited in Price, 1994) elaborates that the spirit of a child's play signifies the environment's ability to adapt, echo, and restrain from intrusion. Conversely, Price (1994) explains that when an infant is not lovingly held and handled they cannot engage themselves in the engrossing, affectively charged experience of play.

### **Conclusion**

In this chapter I have considered the mother's qualities that influence the fate of the potential space between herself and her baby and therefore how she supports her baby to develop the capacity to be alone and develop play. I have considered the mother's social matrix and her inner world. I have also considered the mother's world through an intergenerational attachment and object relations lens and have demonstrated the influence of her unconscious and conscious conflicts. Next I discussed the mother's current functioning and how her depression, depressive affects, anxiety or stress will impact her

baby. Finally I discussed how a mother's actions (or non-actions) and capacities (or shortfalls) will impact the baby experiences on a day-to-day basis. In the next chapter I consider how the baby influences how the world responds to him and the impact this has on his developing ability to be alone and play.

## **Chapter Four: What qualities of the baby influence the baby's ability to develop the capacity to be alone and play?**

In the previous chapter I compared and contrasted theory on the qualities of the mother that influence the baby's developing capacity to be alone and play. In this chapter I consider an infant's temperament, unique early situational and in-utero experiences that influence 'who he is' and 'how he is'. Later, I compare and contrast theories of the baby's level of development that determine how he behaves in the world which influences his developing capacity to be alone and play.

Winnicottian theory explains that there is a 'potential individuality' at birth and that the mother facilitates the development of that unfolding individuality (Ogden, 1985b). Winnicott, (1971) argues that the psychological system is not predominantly propelled by the need to find channels for the discharge of instinctual tension (as in Freud's energy model) nor by the need to defend against danger posed by the death instinct (as in Kleinian theory) (Ogden, 1985b). Lebovici (1995) further expands this thought by stating that babies are capable of taking creative initiative. Therefore, from a social viewpoint the infant can be viewed as an active participant (Horner, 1985) and from a physiological viewpoint, the infant can be considered to be an active seeker of stimulation (Horner, 1985).

### **In-utero and Newborn**

Piontelli (1987) extended infant observation techniques by observing the unborn baby in his natural environment with the use of real-time ultrasound techniques. In response to these observations, Piontelli (1987) asserts that long before birth a foetus can hear, respond to pressure and touch, swallow and taste, react to pain, choose his preferential position and show the beginnings of some form of learning. Observations revealed the individuality of movement of each foetus and their preferential postures, attitudes and reactions; each seemed to have a different personality, reacting differently to his environment (Piontelli, 1987). Furthermore, Piontelli's (1987) research demonstrated the continuum in personality that one can expect to find before

and after birth whereby each baby appeared to have a different personality and react differently to situations. Interestingly, in-utero studies observed the impact of mothers in stressful situations and found that prenatal stress was associated with increased fetal reactivity and decreased fetal regulation indicating that the in-utero baby is already an entity, responding to his environment (Johnson, 2006).

Piontelli (1987) noted that newborn babies were all different in their readiness and capacity to respond to the outside world which she claimed indicated some kind of continuity between life before and after birth. In addition, early experiences such as premature birth which can be viewed as traumatic (Carling, 2003) are likely to influence the baby's early experiences of perceiving, ordering and storing information about regularities and features of his world (Beebe & Lachmann, 1988). Mayes (1991) discusses a critical period in infancy that involves developing a capacity to achieve and maintain sustained alert states and that infants with neuroregulatory impairments due to prematurity are at risk of impaired attentional states. Mayes (1991) elaborates that it is during sustained alert states that environmental input supports the infant to experience rich social and non social experiences.

In contrast to Winnicott and Fairburn, Klein (cited in Padel, 2001) views the young infant as being born with an existing ego and being developmentally placed in the Paranoid-Schizoid position. Segal (1989) describes that in the Paranoid-Schizoid position, the baby's anxieties can be viewed as being of a paranoid type in his attempt to preserve his ego. From a Kleinian viewpoint, a sick, premature or colicky baby can experience the world as persecutory due to his discomfort (Segal, 1989). When the infant feels distressed due to hunger or physical discomfort, he is unable to distinguish between inner and outer reality and mother and self and therefore experiences his frustration and discomfort as external hostile attacking forces (St Clair, 1996). Segal (1989) elaborates that a distressed infant may in some way experience his mother as being 'a terrifying persecutor' (p.14) due to her inability to alleviate his discomfort. In this case, I consider that the mother will have to work harder than other mothers to comfort her baby and relieve his distress.

Similarly, an infant who experiences developmental delay or constitutional impairments such as congenital blindness or deafness, (Mayes & Cohen, 1992) may not be able to engage the mother in play or reinforce the mother's stimulation by conventional responses (Nover, 1985). Likewise, an autistic infant may be less able or willing to engage with his caregiver (Emmens, 2007) which can result in difficulties within their relationship, trust and the beginning of play.

A further consideration that Schuler (1993) discusses is a newborn that is exposed to cocaine or heroin. The newborn may suffer withdrawal after birth because the supply of drugs from the mother is suddenly cut off. Schuler (1993) elaborates that the withdrawal can result in the drug-exposed infants having fretful and irritable qualities that make them difficult babies to care for and who provide little immediate satisfaction to the caregiver, therefore influencing mother-infant interactions (Schuler, 1993). In addition, Schuler (1993) elaborates that infants exposed to drugs are, at risk for poor developmental outcomes because of the biological problems and medical complications.

### **Temperament**

Thomas & Chess (1977) discuss that a baby's temperament (defined as his individual style of responding to the environment) can elicit, modify and prevent the expression of many social behaviours by the primary caretaker. In support of this, Beebe & Lachmann (1994) found that babies differ from birth constitutionally and temperamentally in their capacity to modulate their arousal, sort their state, and in general to organise their behaviour in predictable ways. Beebe & Lachmann (1994) elaborate that these self-regulatory capacities determine to what extent a baby can tolerate and use stimulation and interaction with others in their environment. In addition, in her research Sasseville (1992) demonstrated that temperament will influence how the baby is able to play. This was evaluated by measuring easy or difficult temperament against differences in infant play activity (Sasseville, 1992).

Significant research cited in Belsky, Garduque & Hrnair (1984) indicates that although the link between infant temperament and secure attachment is not conclusive they are strongly related. These findings are in keeping with Allen's (1999) meta-analysis of the relative influence of infant temperament and maternal sensitivity on infant attachment which concluded that maternal sensitivity and infant temperament appear to be independently related to attachment security. Results from Allen's (1999) meta-analysis indicate that further research in this area is necessary with clarity on ways of defining and measuring infant temperament.

In support of a link between infant temperament and attachment, Cusson's (1989) research demonstrated that the quality of attachment is influenced by infant temperamental tendencies, and early perceptual and physiological capacities. As Barnekow (2003) explains, a more responsive infant has been shown to positively influence his mother's attunement. Similarly Cramer, (1995) proposes that infant capacities are significant in the process of attachment formation; he explains that from a psychobiological view, attachment occurs because infants respond to certain sensory characteristics of the mother, and these perceptions and responses facilitate engagement between the mother and child (Cramer, 1995).

Contrary to this, other theorists argue that the link between temperament and attachment is not so clear. Garwood's (1998) study examined the roles of parental sensitivity, child temperament and parenting beliefs in the prediction of mother and father attachment quality. Garwood (1998) concluded that although the infant does not influence attachment classification directly; some infants are more difficult than others to care for in a sensitive manner and that even a highly sensitive mother may be challenged to give sensitive care to a highly irritable infant whose signals are difficult to interpret.

In their research, Belsky et al (1984) found that securely attached infants are more likely than their insecurely attached counterparts to spontaneously generate, the highest levels of play of which they are capable. This would support Bowlby (1979) who explains that a dynamic balance exists between

the attachment and exploration behaviour systems that indicate a positive correlation between exploratory behaviour and a toddler's perception of a secure base. Therefore I consider that there is a positive link between temperament and the development of the capacity to be alone and play.

Another way in which a baby's temperament influences his capacity to be alone in the presence of mother and develop play is baby's need for alonetime. Buchholz & Marben (1999) view alonetime as "a concurrent biological need separate from and equal to a desire to interact" (p. 9). Buchholz & Marben (1999) explain that alonetime includes an individual's need to retreat psychologically, and at times physically, in order to regain homeostasis. In this context, restorative sleep, obtaining calm and quiet, self-regulation, self-soothing, stimulation-seeking and avoidance of stimulation are all activities that allow and promote the fulfillment of the need for alonetime (Buchholz & Marben 1999).

Buchholz & Marben (1999) conducted an exploratory endeavor aimed at providing a descriptive picture of the interplay among infant temperament, early alonetime needs and maternal awareness of these needs. Buchholz & Marben (1999) established that temperament influences a newborn's ability to self-regulate which will determine differences in the need for alonetime. In addition, as Buchholz & Marben (1999) found that as alonetime needs are met, the self-regulating processes are able to function more effectively. Consequently, Buchholz & Marben (1999) argue that the continued capacity to be alone comfortably builds on the maturation and organization of the self-regulating processes.

### **Developmental level**

The developmental level of an infant plays a major part in determining the kind of activity, level of interaction and nature of play that he is able to engage in (Winnicott, 1971; Piaget, 1972 and Stern, 1974). According to Stern (1974) the infant's level of sensorimotor skill, as well as signals of attention/inattention and positive/negative affect regulates maternal play behaviour. Research on infants and play indicates that the infant's level of

sensorimotor skill constrains maternal play behaviour whereby mothers of younger infants typically played games involving simple stimulation while mothers of older infants used alternative patterns that allow an infant to learn a motoric role (Crawley et al 1978). According to Stern (1974) the infant is an active seeker of stimulation and does not orient and remain attentive to any and all stimulation but rather, he is innately disposed to orient to, remain attentive to, and find pleasurably arousing only certain stimulus quantities and qualities that fall within a given range. Stern (1974) elaborates that during early infancy a baby regulates his needs by involving his excellent visual-motor control, which allows him to turn his visual attention toward or away from a stimulus. The infant does this by controlling his perceptual input from instant to instant thereby directly influencing his own momentary state of arousal (Stern, 1974). In addition the infant provides the mother with other communications in the form of smiles, head movements and coos which aims at reinforcing the desired maternal behaviors (Stern, 1974).

In contrast, Piaget (1974) emphasizes the child's contribution to his learning and play and his need to interact and engage in an active construction process with his environment. Sandler (1975) explains that Piaget conceives of a developing psychological world of the child, which is the product of adaptation and which, in turn mediates further adaptation. Piaget describes the processes of assimilation and accommodation whereby assimilation is the incorporation of new experiences into existing schemata and accommodation is the modification of existing schemata as a result of new experiences (as cited in Sandler, 1975). Piaget defines schemata as internal organisations of thought or mental structures that develop (as cited in Sandler, 1975). Crain (1992) explains that the assimilated and accommodated cognitive structures need to be organised and the building of theories needs to take place to enable the developing child to make sense of the world (Crain, 1992). However, Meares (1995) argues that a major deficiency of Piaget's theory is that he neglects play with others and placed little significance on the relevance of the primary relationship in the development of play. I consider that Piaget's adaptation is not an adaptation in response to the needs of the caregiver but rather in response to the learning situation. However, if this

adaptation is in response to the needs of the mother, McDermott (2004) would argue that this 'compliance and adaptation are the opposite of play and impede development' (p.35).

Alternatively, Mayes & Cohen (1992) discuss that there are necessary neuroperceptual and neurocognitive precursors in infancy and early childhood for emotional and cognitive development. Mayes (1991) suggests that the capacity for imagination represents a synthetic ego function that emerges through the integration of several neurocognitive capacities into one mental activity which results in a psychic product (e.g. fantasy) that serves a psychological function (e.g. affect regulation). Likewise, I argue that play can be viewed as synthetic ego function that emerges through the integration of several neurocognitive capacities. Through play in the early months, baby can begin to create a sense of the other as separate from self with the attendant emergence of a representation world (Mayes & Cohen, 1992). When a child has sufficiently developed perceptual, neurological and cognitive functions to remember someone in his absence and later to imagine the other in whatever way he wishes he can move increasingly towards separation (Mayes, 1991). Mayes (1991) explains that at around six months, the infant will respond with greater specificity and directedness to their social world indicating the beginnings of separating and individuating. Furthermore, Mayes (1991) elaborates that the infant becomes the active initiator of more and more communicative exchanges, which also become more specific and differentiated. In order to manage this process, infants delightedly respond to and sometimes seek out disappearing games such as peek-a-boo that enact with shared pretense the brief comings and goings of other (Mayes & Cohen, 1992).

Psychoanalysis, particularly object relations theory explains that the infant has begun to internalize a sense of the other through the collective memories, (now beginning representations), of repeatedly satisfying (or frustrating) experiences (Lewis & Goldberg cited in Mayes & Cohen, 1992). In contrast from a neurocognitive perspective; the infant has developed a set of schemata based on previous experiences with another person, and such

schemata are the basis of his expectations that the other will reappear and behave toward him in predictable ways (Lewis & Goldberg cited in Mayes & Cohen, 1992).

### **Conclusion**

In this chapter I discussed how the initial constitution of the in-utero baby reacts to experiences such as maternal stress or drug exposure. The unique newborn will bring with him, his in-utero experience along with his experiences of birth into his very early encounters with the world. His level of sensitivity, personality and physical challenges, as well as his unique needs for alone time and closeness, will influence how he is with the world and how the world responds to him. In addition his cognitive, physical and emotional developmental level will determine how he engages with the world. The baby's early experiences, temperament and developmental level will all influence how he is able to play and his capacity to be alone.

## **Chapter Five: The Mother-Infant Relationship**

In the previous two chapters I have discussed how the individual qualities of the mother and baby influence the development of the baby's capacity to play and be alone. In this chapter I consider the quality of the developing relationship by briefly discussing how the mutual mother-infant relationship develops from the birth. I consider the primary relationship and early dynamic interactions, the maintenance of sustained alert states, the mother's synchronicity and attunement and how this supports the baby to develop. Finally, I consider a recent clinical concept called 'watched play' and how this extends our understanding of 'playing alone in the presence of other'.

### **The primary relationship**

Both Fairbairn and Winnicott (cited in Padel, 2001) emphasized the primary relationship of mother and infant and the fact of absolute dependence at the start of life. Fairbairn (cited in Padel, 2001) believed that the infant was born with an intact unitary ego or potential self whereby maternal failures in caregiving were perceived by baby and led to structural changes in the baby's psyche. Whereas, Winnicott (cited in Padel, 2001) believed that although potentiality was present at birth, the earliest experiences of mother's holding and handling influenced how the baby would emotionally develop. Price (1974) says that a prerequisite of play is the mother's creation of the holding environment and protection of going-on-being, transitional experiences that grow out of the mother-infant relationship. As the infant develops, it is experiences of satisfaction and frustration, of union with and separation from others, molded in the primary relationship, that generate a dynamic space that comes to be inhabited by transitional phenomena (Abadi, 2001). Therefore, in order to study the play and then the cultural life of the infant one must study the fate of the potential space between baby and the mother-figure (Winnicott, 1971). The use of this space is influenced by life experiences that take place at the early stages of the individual's existence, when dependence is maximal (Winnicott, 1971).

### **Mutual interaction**

Similarly, Baumgardner (2006) states that the relationship is the vehicle for all aspects of a child's mental growth. In support of this Buxman's study (1974) of mother-baby mutual interaction established that active mutual play is a prerequisite for the development of cognitive structuring which can carry play beyond primitive sensory motor stages to a goal-orientated and constructive stage.

Furthermore, Frank (2001) describes Vygotsky's concept of a 'zone of proximal development' which provides a useful way to consider the mutual interaction that takes place and enables a child to develop emotionally and cognitively. Frank (2001) states that;

'as opposed to Piaget, for whom development involved the task of assimilating and accommodating to the unbendable laws of the objective world, the child in Vygotsky's research has the task of becoming a participant in his or her cultural, humanly constructed world of meaning in which terms the child learns to think and form a subjective outlook' (p. 10).

Frank (2001) elaborates that in the zone of proximal development there needs to be an 'other' to recognize the potential and help transform it. In the case of mother-infant dyad, the zone of proximal development will have a more expert participant (mother) who will draw out the potential of another (baby) (Frank, 2001). Stern (1985) uses the concept of the zone of proximal development in his portrayal of mother-infant interactions; explaining that parents attribute their infants with intentions ("oh you want to see that") and motives ("you're doing that because you are hungry) to enable their infants to begin to make sense of their world.

In sharp contrast, Baumgardner's (2006) study on the relationship between two basic areas of infant functioning; play behaviours and the processes involved in the development of a significant relationship with mother suggested that relationships did not have a predictive influence on play. This contradiction in results could have been due to the quantitative measures of play and relationship used by the researcher (Baumgardner, 2006).

However, in my observation of mother and baby their mutual interaction is evident, as demonstrated in the following vignette;

**Matthew – 10 weeks**

*Matthew was lying in his cot, having just woken up. His eyes were open and his body appeared relaxed with his arms out to his side and his legs stretched out. Jean leant over the cot, he looked towards her and gazed at her face. "hello" she said very softly. He watched her face and then quietly 'cooed' in a greeting like manner. "Mmmm" she said softly as she watched him. He was still and watching her face and then gave her a slightly longer and louder calling sound. "Mmmmm you are waking" she said. He cooed louder and longer this time waving his arms around a little, Jean responded with a slightly louder "you had a long sleep". They continued their turn-taking conversation for a while longer increasing the tempo and volume at each turn.*

This observed mother-infant dyad has a unique way of having a "proto-conversation" (Meares, 1995) which depends on each individual style and pattern of mutual engagement. Meares (1995) elaborates that the mother resonates with the positive affect of her baby, in a manner that is not 'mere mimicry' but an attunement. This communication determined their facial expressions, the body's movements, and vocalization which neither partner could create alone and can be viewed as existing in a third area or transitional space (Meares, 1995). Therefore I argue that the unique mutual interaction between mother and baby will influence the space between them and subsequently the baby's developing capacity to be alone and play.

**Sustained alert states and synchrony**

In order to understand early events within the unique space in the primary relationship I will compare and contrast theories on early mother-infant interaction. Mayes (1991) states that the first critical period in infancy involves developing a capacity to achieve and maintain sustained alert states or states that Beebe & Lachmann (1994) describe as heightened affective moments. Mayes (1991) explains that optimal environmental input supports the infant in this process by making the sustained alert state a pleasurable time rich with social and non social experiences. Stern (1974) elaborates that the mother and infant each have different ways to achieve the goal of maintaining arousal

within some optimal range in which positive social behaviors will occur. Stern (1974) elaborates that the baby maintains the optimal attention and arousal levels by his positive social behaviours such as smiles and coos.

In addition, Beebe & Lachmann (1988) explain that in the early months, the patterns of mutual regulation between mother and infant illustrate the quality of interrelatedness of their relationship. Beebe & Lachmann (1988) elaborate that the dynamic process of reciprocal adjustments is the substance of the earliest 'interactive representations' and what is represented is an emergent dyadic phenomenon, structures of the interaction, which cannot be described on the basis of either partner alone. Additionally, Beebe & Lachmann (1994) say that infant interactions with the object world have been viewed as constituting an inner regulation as well as an interactive regulation. Beebe & Lachmann (1994) elaborate that both mutual and self regulation organize interaction structures, thus influence of dyadic regulation is integrated with the contributions of self regulations. Beebe & Lachmann (1994) illustrate this by explaining that the infant looks away to perform self-regulation but at the same time, a mutual regulation process occurs. Consequently, Beebe & Lachmann (1994) say that if the mother can use the infant's gaze away to lower her level of stimulation while the infant is re-regulating his arousal, and if the infant can use the mother's lowering of stimulation so that he then looks back at her, adequate mutual regulation will be established. However Beebe & Lachmann (1994) elaborate that if on the other hand, the mother "chases" when the infant looks away, and increases her level of stimulation, both self-regulation and mutual regulation will be interfered with for the infant. Beebe (2000) discusses that chasing when the infant looks away is perceived as maternal lack of synchrony which could result in maternal intrusion and impingement.

Similarly, Baumgardner (2006) discusses mutual synchrony of interaction within the maternal/infant dyadic interaction. Stern (1985) explains that a specific example of maternal synchrony has been found in maternal affect attunement where the mother has a spontaneous non-verbal response to her infant's emotional expressions. Optimally, Stern (1985) explains that the

maternal affect attunement takes on the appearance of mirroring the infant's emotional expression. However, Beebe (2000) argues that at times a distracted or busy mother may not sense or perceive her baby accurately because she is not in synchrony with him. In this case Horner (1985) explains that the infant may need to use the precursor of the peek-a-boo game to modulate his arousal and affect by diverting his gaze or closing his eyes until he has regulated his state by regulating the perceptual input.

In support of this, Baumgardner (2006) views mutual communication patterns as dynamic systems that grow through amplification that occurs when positive feedback is applied. In agreement, Beebe (2000) explains that the mother-infant dyad is a dynamic, creative relationship that is in continual flux. Stern (1974) suggests that the quality, quantity and timing of stimulus events are regulated by both parties so that attention, excitement and affect can rise and fall, each within its own optimal range.

At about six months, Mayes & Cohen (1992) say that the infant begins to respond with greater specificity and directedness to his social world and will actively initiate more and more communicative exchanges. Mayes & Cohen (1992) explain that it is around this time that the infant delightedly responds to and sometimes seeks out disappearing games such as peek-a-boo that 'enact with shared pretense the brief comings and goings of other' (p. 41). In addition, Meares (1995) discusses that the developing infant is able to turn from face-to-face interactions towards object exploration but is only able to attend to one single aspect of surroundings at a time (Meares, 1995). Later, Meares (1995) elaborates that the infant begins to switch his gaze back and forth between caregiver and object. Soon gestures become clear signals that the infant is actively attempting to share his attention to something external with his mother which marks the beginning of social exchange (Meares, 1995). Therefore, I consider that synchrony between mother and baby in the early months can be seen as the foundation for their relationship and the beginnings of a space between them where baby develops his capacity to be alone and play.

### **Mental Activities**

In support of this, Mayes & Cohen (1992) explain that the essential emergence of a representation world requires the integration of a number of basic perceptual and neuro-regulatory functions that are firmly rooted in the earliest interactions between infant and mother. Furthermore mental activity underlying play is essential to the development of self (Meares, 1992) and developing a sense of the other as separate from self (Mayes & Cohen, 1992). As Winnicott (1971) explains, sufficient holding experiences allow the infant to experience 'going-on-being', which contributes to the unity of baby and self-experience. The baby's increased confidence in the self's cohesion will lessen disintegration anxiety and provide the infant with an 'anxiety-free' integrated experience, referred to as the 'true self' (Winnicott, 1971). Mahler, Pine & Bergman (1975) argue that through frustrating and gratifying experiences, in the presence of mother, memories laden with affective traces are created, and the baby's inner representational world gradually takes shape. In addition, Price (1974) says that some form of true-self existence is necessary for a child to become engrossed in play and eventually the true self becomes the seat of authentic and creative living. In contrast, Padel (2001) explains that the 'false self' will develop in a child whose mother either imposed her own personality on the child or was unable for her own reasons to attend to the child's needs.

### **Watched Play**

A similar concept to 'playing alone in the presence of mother' is Sherkow's 'watched play' (Sherkow, 2001; 2004). Sherkow (2001) describes a play state she calls 'watched play' as a state of mutual engagement, although the mother-figure is inactive and watching. Sherkow (2001) explains that both reciprocal play and 'watched play' are latently interactive play states, whereby in one the mother is active and the other inactive in her role. However, in 'watched play' a child would view that mother is fully engaged with him by virtue of her sitting still and watching and not engaging in any other activity (Sherkow, 2001). The difference between the two concepts is that in 'watched play' the mother is actively watching her child, as opposed to being close and reliably present as in 'playing alone in the presence of mother'.

Similar to Winnicott, Sherkow (2001; 2004) proposes that the capacity to be alone depends upon the child's ability to internalize and identify with the reliably present mother. During the play states of 'watched play', the presence of mother 'watching' promotes and validates the identificatory process and allows the child with the opportunity to discharge, organize, regulate and integrate his impulses and affects in the course of play (Sherkow, 2001).

Consequently, Sherkow (2004) discusses that the 'watching mother' makes possible a different sort of internalization than the mother who simply reflects the child's emotional states. Sherkow (2004) elaborates that the child, upon seeing the 'watching mother', perceives that his mother is able to comprehend and represent his own actions and emotions in her mind. During the 'watched play' state, the mother does not need to mirror the child's behavioural gestures but rather actively watch him to illustrate that she mentally comprehends his emotions and actions (Sherkow, 2001). In this way, the child's experience of his mother's meta-representational capacity is the necessary component that facilitates his own capacity for mentalization<sup>5</sup> (Sherkow, 2004, p. 60). Therefore, Sherkow (2004) says that the child's capacity to play alone is dependent on the internalization of his mother's capacity for mentalization.

## **Conclusion**

In this chapter I have compared and contrasted theories on the importance of the primary relationship and the early mutually regulated relationship. I established the importance of sustained states and how an attuned mother can support synchronicity between herself and her baby. I established that the baby's mental activities and mentalization support the development of 'self' within the area between the mother and baby. Finally, I conclude that the mother-infant interaction is not a static setting but rather an interactive

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<sup>5</sup> Mentalization refers to the special ability of an individual's mental apparatus to retrieve perceptual input in the absence of the sensory stimulus that originally provided this input (Pinchas, 1979).

sequence with a developmental course of its own where the baby develops his ability to be alone and develop play.

## **Chapter Six: Discussion and Conclusion**

In this dissertation I have investigated the qualities of the baby, mother and dyad that influence the developing capacity to be alone and play. I paid particular attention to the fate of the potential space between the mother and the baby and how this plays a part in the infant's development. In this final chapter, I discuss my findings and present some vignettes to illustrate them. Later I discuss the importance and relevance of this study as well as the theoretical and research implications. Finally I review the strengths and limitations of the study and make suggestions for future related research.

In the framework chapter I established the psychodynamic and developmental framework in which my research took place. In particular I discussed and supported the view that play and the capacity to be alone develops in the presence of a 'good enough mother' (Winnicott, 1971) and supports the development of 'self' (Meares, 1992) as well as cognitive development (Buxman, 1974). I established the importance of play in enabling the infant to psychologically separate and differentiate from his mother (Lanyado & Horne, 2006). In addition, my framework for the literature review supported the Winnicottian concepts of the 'potential space' and the link between 'potential space' and 'the capacity to be alone' (Winnicott, 1958; 1967).

### **Summary of findings**

In the literature review, my first focus was on the qualities of the mother, where I compared and contrasted theories and research on the influences of her past, her inner psychic world and her current actions with her baby. I considered factors in the mother's social matrix that will influence her mothering and the environment that she is able to provide for her baby. In chapter three, I discussed research that supported the notion that demographic characteristics such as age and education influence the way a mother is with her baby. Although some studies (Morgan, 1998; Cook, 1980) indicated that an older, well educated mother would be better equipped to take care of her baby, I consider that the mother's perception of her own well-being and control of the situation would be a relevant factor. I discussed the

research and theory of attachment patterns and consider that inter-generational transmission of attachment patterns (Massie et al, 1996) will determine the likelihood that a mother can provide a secure base for her baby. However, I argue that some new mothers may be able to overcome their own early experiences by therapy and/or a current secure base and provide a different experience for their own baby. A further consideration is the influences of the mother's 'inner world' whereby her unconscious memories and perceptions (Stern, 1995) will contribute to how she 'sees' herself as a mother and how she perceives her baby. I consider that if a mother is able to trust her own mothering and trust her baby's capacities she will provide the space to support the baby's developing capacity to be alone and play within the space between them. Conversely if the mother is overwhelmed by her inner psychic life and own unconscious memories of her early experience of being a baby, I argue that she will not be able to trust herself as a mother and her baby's capacities, which will result in impingements on the baby that will hamper his emotional development.

Finally, in chapter three, I considered the mothers actions and non-actions and how these impacted on her baby's experience. In addition to the research and literature on the impact of maternal depression (Beck, 1996), maternal depressive affects (Massie & Bronstein, 1996), maternal anxiety (Turner et al, 1987; Kaitz & Maytal, 2005), maternal stress (Gerhard, 2004) and neglect (Greenberg & Mitchel, 1983) I also considered the paradox of the dangers of 'too-good' mothering. I consider that the 'too-good' mother (despite her good intentions) is not sufficiently attuned to her baby's needs to allow him to experience some frustration and delay.

In contrast, the following vignette illustrates the observed mother who can allow some delay and frustration which provides the baby's developing ego with a manageable experience;

***Matthew 10 weeks***

*Matthew had recently been fed and changed. Jean put him in his 'bouncy chair' on the lounge floor and knelt in front of him whilst she spoke to me.*

*Matthew watched his mother's face and cooed and called to her, she turned to him, smiled and said affectionately, "Yes I'm here and telling Rosalind about our week" and then turned away from him to continue her conversation. He called again and then made a slightly more agitated 'conversational noise' as he continued to watch her face. Jean continued her conversation with me, but looked fleetingly at him, as she put her hand out towards him to rest on his stomach. He continued to watch her face as his limbs moved more rapidly and he appeared more and more agitated, his call was more frustrated and his face was going red. Jean continued to look at and talk to me, Matthew wriggled more and shouted again looking more and more frustrated, he had now started to frown. Finally, Jean turned towards him and said "I wonder what you want Matthew? Do you want me to pick you up?" as she motioned to pick him up.*

As discussed in chapter three; when the mother allows the infant to experience some dissatisfaction and frustration, the baby's emotional growth is enhanced as he is able to see himself as separate from his mother (Winnicott, 1974). However, I consider that it is important that the mother is sufficiently attuned and empathetic to the situation to ensure that the baby does not become overwhelmed by anxiety, and that he is attended to before the situation becomes too anxiety-provoking.

In chapter four, I compared and contrasted theories on the baby's influences and established that the mother will respond to the infant and how he 'presents'. Piontelli's (1987) in-utero studies illustrated the uniqueness and continuum of personality which I consider demonstrates the uniqueness of each newborn and the individual way he will respond to and interact with his world. I established the likely link between temperament and the developing capacity to be alone and develop play, by examining the theory and research on the much debated link between temperament and attachment (Belsky et al, 1984; Allen, 1999) as well as between temperament and the need for 'alonetime' (Buchholz & Marben, 1999). I consider that the baby is born needing to be alone and be connected and that the baby will influence his interactions with his mother according to his need for closeness or time alone. A further influence discussed in chapter three was how the baby's developmental level influences his interactions with the world (Winnicott, 1994; Piaget, 1972 and Stern, 1974). I consider that the baby's cognitive, emotional and physical level will determine how he engages with his mother

and the world and the consequent development of the capacity to be alone and develop play. Although it is not within the scope of this dissertation to discuss all levels of development and theory the following vignette will clearly demonstrate how the baby's developmental level influences the interaction between mother and baby. In this mother-infant vignette the baby was emerging out Mahler's Normal Autistic Phase (Mahler, et al, 1975);

### **Matthew 8 weeks**

*Matthew looked up at Jean's face and watched her, he made a grunting noise as she leaned over him and talked to him in a soft voice telling him it was time to change his nappy, he cooed back watching her face. Jean moved her face closer to him and spoke again and smiled, he called back a little louder, she said 'yes you are talking' and he cooed back in a more excited manner – it felt like they were having a conversation, each taking turns to talk. Jean continued in a slightly pitched tone, and said, 'hello lovely boy'. Matthew's whole body appeared to wriggle with delight, his legs and arms moved around wildly and he broke out into a huge smile. Jean continued talking to him about his big smile and he gently cooed back to her. She unfastened his jumpsuit and took off his nappy, telling him what she was doing as she went along, his bare legs kicked energetically as he watched Jean's face. He called to her and she leaned closer again and talked to him, he gave her another big smile, eyes fixed on her face and legs and arms wriggling excitedly.*

The observed mother expressed her delight in her experience of her baby being more 'interactive' and I was aware of her renewed excitement and confidence in mothering. It was apparent that baby Matthew was emerging out of his 'autistic shell' (Mahler et al, 1975) and seeking interaction and connection which increased the communication and energy between mother and baby. This vignette demonstrates the influence of the baby's developmental level on the dyad's interaction.

In chapter four, I concluded that developmental level, early situational factors and temperament all determine how the baby behaves which in turn influences how the mother responds to him and therefore how he is able to play and his capacity to be alone.

In the literature review on the mother's influence in chapter three and the baby's influence in chapter four it became evident that the individual activities

of each strongly influenced each others responses. Consequently in chapter five, I compared and contrasted research that illustrated that the capacity to play alone and develop play develops in tandem with the mother infant relationship. I focused on the developing relationship between the mother-infant dyad and how their dynamic, mutual regulation creates the potential space where play and the capacity to be alone can develop.

The following vignette illustrates some of my findings in chapter five, specifically how the qualities and developmental level of the baby as well as mother's qualities and actions determine their mutual interaction;

### **Matthew 10 months**

*Matthew was sitting alone on floor in the lounge with his toys scattered all around the 'play area'. Jean was in the open-plan kitchen across the room where Matthew could both see and hear her where she was unpacking the dishwasher. Matthew pulled himself up to stand next to his plastic 'bumble bee' black bike and climbed onto the seat with his legs straddled either side of the bike. He moved his legs forward and then propelled himself on the bike across the room and further away from his mother. He pushed himself and the bike into the wall and stopped; he gazed at the handlebars for a while and then looked over his shoulder towards his Mum. He climbed off the bike and crawled purposefully towards the kitchen and his Mum, when he got to the kitchen floor he made babbling noises and moved faster towards his mother's feet. Jean bent down and rubbed his back and gave him a kiss on the forehead, he looked at her and leant into her briefly before he turned around and moved out the kitchen, across the lounge and back to his little bike where he climbed back onto the bike and once again became absorbed in his play on the bike..*

This vignette illustrates how a mother who is available and reliably present provides a secure base which enables the baby to explore and play. In addition, the ongoing mutual interactions such as her warm response to him when he came to the kitchen, meets the baby's need for contact which enables him to resume his explorations. In chapter five I also considered Vygotsky's (2001) concept of 'zone of proximal development' whereby the mother becomes an active participant in the child's construction of the world. Later, I discussed Sherkow's (2001; 2004) concept of 'watched play' where she describes the mother as being fully engaged with the child by virtue of her sitting and watching and not engaging in any other activity. I consider that the

dyad will mutually regulate their interactions and that at different times, according to both their needs, the mother may be reliably present but involved in another activity (as in the above vignette) or actively involved (Vygotsky, 2001) or inactively involved but not engaging in any other activity (Sherkow, 2001; 2004). As discussed in earlier chapters, a prerequisite of play is the mother's creation of the holding environment and protection of going-on-being, transitional experiences that grow out of the mother-infant relationship (Price, 1974). I consider that play and the capacity to be alone develops from the empathy the mother has for her baby and the subsequent mother-infant relationship.

### **Clinical synthesis and Implications**

This dissertation weaves together and validates several psychodynamic concepts as well as mother-infant developmental research and a mother-infant observation.

This research has highlighted the importance of the 'good enough mother' (Winnicott, 1971) who can influence both attachment (Bowlby, 1979) and separation-individuation (Mahler et al, 1975) of the developing child. My research and observations have supported Object Relations theorists by highlighting the significance of an infant's internal representations that develop in early life and act as a model and perceptual filter in future relationships. I have demonstrated that the capacity to be alone develops within a dyadic relationship, in which the mother's ego-support is eventually internalized by the young child. The ability to play and be alone reflects the synthesis of various developmental aspects ; biological maturation, level of cognitive and sensorimotor skill, state of object relatedness and the stage of intrapsychic emotional organisation (Nover, 1985). The discussion on the early relationship matrix supported Stern's concepts of 'attunement', 'mutual interaction' and 'sustained alert states'. In addition I have drawn on Beebe & Lachmann's (1988) work on the minute interactions of the mother and baby and the dynamic process of reciprocal adjustments.

The clinical implication for child psychotherapists is that this dissertation further validates the way in which we work with children in long term reconstructive therapy. In this alternative dyad child psychotherapists concentrate on the early deficits and disturbances in an infants development; disturbances of self and other in the pre-oedipal stage. I consider that vital therapy occurs within the potential space between child and therapist which supports the child to begin to play and 'be alone in our presence'.

### **Strengths, limitations and further areas for research**

It is my opinion that by triangulating observational material (inferential reasoning) with normative empirical findings and with psychoanalytic theory this research has added a further dimension to the understanding of the development of play and the capacity to be alone. I argue that the inclusion of material from a naturalistic observational setting enriches the research material because we focus on the dynamics of mother-infant pairs over many observations so that generalizations can be drawn and tested. In addition, if we accept that human beings are uniquely programmed to be sensitive to social cues, and to unconscious processes, then a naturalistic observation has a place in adding to our knowledge of infant development (Davidson, 1992).

A limitation of this dissertation is that due to the intensity and commitment of a long term mother-infant study I was only able to use data from one mother-infant couple. In addition it was beyond the scope of this paper to consider the all-important relationships with other significant others such as siblings, fathers, grandparents and caregivers and consider their influences on the development of the capacity to be alone and develop play. A further limitation and avenue for research is to research the further development of the toddler into oedipal and latency years as well as the possibility of any differences due to the gender of the baby.

### **Importance and relevance**

The importance of this research is that it provides empowering information for improving the way parents, early childhood professionals and caregivers

support a child's emotional and social development. This study is relevant because I consider individual and mutual influences which are applicable to all mother-infant dyads as well as other caregiver or clinical dyads.

### **Concluding remarks**

Based on the preceding summary on the findings and discussion of this dissertation, several conclusions can be drawn. Firstly I conclude that the individual qualities of the mother such as her early history, intrapsychic world and her actions all influence the baby's emotional development. Secondly I conclude that the individual qualities of the baby such as his in-utero and early experiences, temperament and development influence his capacity to be alone and develop play. Finally I conclude that the quality of the dynamic interaction between the mother and baby and the fate of the potential space between them is the most important determinant of the baby's capacity to develop the ability to be alone and play.

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Appendix A



## MEMORANDUM

### Auckland University of Technology Ethics Committee (AUTEC)

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To: Anne McDermott  
From: **Madeline Banda** Executive Secretary, AUTEC  
Date: 4 June 2008  
Subject: Ethics Application Number 08/104 **How does the quality of the mother-infant relationship influence the baby's capacity to be alone and develop play?**

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Dear Anne

Thank you for providing written evidence as requested. I am pleased to advise that it satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC) at their meeting on 12 May 2008 and that I have approved your ethics application. This delegated approval is made in accordance with section 5.3.2.3 of AUTEC's *Applying for Ethics Approval: Guidelines and Procedures* and is subject to endorsement at AUTEC's meeting on 16 June 2008.

Your ethics application is approved for a period of three years until 4 June 2011.

I advise that as part of the ethics approval process, you are required to submit the following to AUTEC:

- A brief annual progress report using form EA2, which is available online through <http://www.aut.ac.nz/about/ethics>. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 4 June 2011;
- A brief report on the status of the project using form EA3, which is available online through <http://www.aut.ac.nz/about/ethics>. This report is to be submitted either when the approval expires on 4 June 2011 or on completion of the project, whichever comes sooner;

It is a condition of approval that AUTEC is notified of any adverse events or if the research does not commence. AUTEC approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are reminded that, as applicant, you are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

Please note that AUTEC grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to make the arrangements necessary to obtain this.

When communicating with us about this application, we ask that you use the application number and study title to enable us to provide you with prompt service. Should you have any further enquiries regarding this matter, you are welcome to contact Charles Grinter, Ethics Coordinator, by email at [charles.grinter@aut.ac.nz](mailto:charles.grinter@aut.ac.nz) or by telephone on 921 9999 at extension 8860.

On behalf of the AUTECH and myself, I wish you success with your research and look forward to reading about it in your reports.

Yours sincerely



Madeline Banda

**Executive Secretary**

**Auckland University of Technology Ethics Committee**

Cc: Jill Rosalind Buchanan [jill.buchanan@ihug.co.nz](mailto:jill.buchanan@ihug.co.nz)

Appendix B:

# Participant Information Sheet



**Date Information Sheet Produced:**

10 April 2008

## **Project Title**

How does the quality of the mother-infant relationship influence the baby's capacity to be alone and develop play?

## **An Invitation**

Your participation in an observation of a mother and infant has been written up in a non-identifiable form and used in small group discussion for learning purposes during 2006 and 2007. Your continued involvement is entirely voluntary and you have the opportunity to withdraw at any time prior to our agreed completion date.

As an extension to my study I am now requesting written permission to use the data previously collected in my dissertation. I will use the data in the form of illustrative vignettes of a developing mother-baby relationship. Permission to use this observational data already collected is entirely voluntary and you may, at any time withdraw without any adverse consequences.

The following questions and answers may help you decide whether you wish yourself and your child to be involved in the study. If you are interested in participating, you are requested to sign the enclosed consent form.

## **What is the purpose of this research?**

The aim of this project is to use the observational data already collected to inform my dissertation on the influence of the quality of the mother-infant relationship on the baby's emotional development, in particular his capacity to be alone and develop play.

## **What will happen in this research?**

The first stage of 'data collection' has already occurred during 2006 and 2007, so I will not need to come to your home for any further observations. The second stage involves my research using the observational vignettes alongside the academic theory to explore my chosen topic on child development. My final stage will be to meet with you to give you an opportunity to read what I have written and discuss any of the information, before submitting my final paper.

### **What are the discomforts and risks?**

It is possible that you may feel that I have included some observational data that you would prefer me to not include in the dissertation.

### **How will these discomforts and risks be alleviated?**

Should you feel uncomfortable with any observational data that I have chosen to put into the dissertation, I will discuss this with you and remove any data that you would prefer was not included in the research.

### **What are the benefits?**

The benefits to the wider community would be that psychotherapists and professional mental health care workers could use this knowledge to support new mothers in the way that they interact with their infant and thus support healthy emotional development of the child.

### **How will my privacy be protected?**

Neither your name nor your child's name or any identifying information will be used when writing up the observational data.

### **What are the costs of participating in this research?**

There will be no financial costs and no further time required as I have already collected the data from the observations. I will arrange an informal meeting towards the end of this year to discuss the vignettes that I would like to use in the dissertation.

### **What do I do if I have concerns about this research?**

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Carol Shinkfield 921 9999 ext. 7219.

Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTECH, Madeline Banda, *madeline.banda@aut.ac.nz*, 921 9999 ext 8044.

### **Whom do I contact for further information about this research?**

#### **Researcher Contact Details:**

Jill Buchanan. Student Masters in Health Science, Child Psychotherapy. Auckland University of Technology. 021 0657535. email: *jill.buchanan@ihug.co.nz*


#### **Project Supervisor Contact Details:**

Anne McDermott MHSc (AUT), Supervisor, tel: 921 9999 ext. 7211, Auckland University of Technology. Email: *anne.mcdermott@aut.ac.nz*

Provide the name and all relevant contact details. Note that for personal safety reasons, AUTECH does not allow researchers to provide home addresses or phone numbers.

**Approved by the Auckland University of Technology Ethics Committee on 4<sup>th</sup> June 2008.**

Appendix C:

<h2 style="text-align: center;">Parent/Guardian Consent Form</h2> <p>For use in conjunction with either an appropriate Assent Form when legal minors (people under 16 years) are participants in the research or a Consent Form when involving participants aged 16-20 years whose age makes them vulnerable as concerns consent.</p>	 <p><b>AUT</b> UNIVERSITY <small>TE WĀNANGA ARONUI O TAMAKI MAKAU RAU</small></p>
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*Project title:*                    ***How does the quality of the mother-infant relationship influence the baby's capacity to be alone and develop play?***

*Project Supervisor:*        ***Anne Mc Dermott***

*Researcher:*                    ***Jill Buchanan***

- ☐ I have read and understood the information provided about this research project in the Information Sheet dated 10 April 2008.
- ☐ I have had an opportunity to ask questions and to have them answered.
- ☐ I understand that I may withdraw my child and myself or any information that we have provided for this project at any time prior to completion of data collection and research, without being disadvantaged in any way.
- ☐ If my child and I withdraw, I understand that all relevant information including tapes and transcripts, or parts thereof, will be destroyed.
- ☐ I agree to my child and myself continuing to take part in this research.
- ☐ I wish to receive a copy of the report from the research (please tick one):  
Yes ☐ No ☐

Child's name :

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.....  
.....  
.....

Parent/Guardian's signature:

.....  
...

Parent/Guardian's name:

.....  
...

Parent/Guardian's Contact Details (if appropriate):

.....  
.....  
.....  
.....

Date:

***Approved by the Auckland University of Technology Ethics Committee on 4<sup>th</sup> June 2008 AUTEK Reference number 08/104***

*Note: The Participant should retain a copy of this form.*

