Weathering the storm: How parent-infant psychotherapy can facilitate transformative communications of maternal distress

A hermeneutic literature review

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A dissertation submitted to AUT University in partial fulfilment of the requirements for the degree of Master of Psychotherapy

2021

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Abstract

This study explores the way in which an infant may experience communications of maternal distress. Through work with parents and infants in a specialist psychiatric ward, I have become aware of the ways that the infant's experience is difficult to consider alongside the mother's unwellness. Within parent-infant psychotherapy, it is possible for mother's sadness, guilt, and grief over their ruptured relationship to be communicated authentically to the baby. However, what is the infant's experience of their mother's difficult communications? Is it in the infant's best interests to keep content 'safe', 'appropriate', and in some ways false, or is there a transformative element inherent in these contained, painful admissions?

Utilising a hermeneutic literature review methodology, I hope to investigate more closely an aspect of the infant's experience and participation in psychotherapy. By analysing the ways in which infants' communicative apparatus appears to be finely tuned to perceive nuanced communications, further implications for infant psychotherapy can be elucidated. The relevance of authenticity and emotional congruence is also analysed in relation to infants and their communicative abilities.

What emerges is a discussion about the interplay between infant, therapist, and parent and the unique landscape of relational intersubjectivity that is formed and altered over time. Moments of emotional authenticity, in which a thought is able to be communicated with an infant in a form that is experienced as congruent with its underlying affect, appear to contribute to therapeutic change. These moments appear to exist within a broader communicative framework consisting of implicit relational knowings formed over time. Novel, authentic moments appear to assist in the adjustment of stuck relational patterns when occurring in the context of an established therapeutic relationship. Further implications for study include more closely investigating triadic communications and the role of authenticity with infants.

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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.

Monique Rachael Hiskens

Signed: _____

Dated: 26th April, 2021

Acknowledgements

I would like to express overwhelming gratitude to my family and friends for their patience and support which has allowed me to complete this piece of work. To Dr Kerry Thomas-Anttila, for her containing supervisory guidance which has helped to gather my jumbled thoughts into something semi-coherent. To Dr Peter Slater, who arguably kick-started my love of psychoanalytic thought. To Dr Steve, who has patiently assisted with my own personal search for the right words.

Finally, to my friends Shabba and Reuben. I have come to learn how to make friends, but not yet how to lose them. Moe mai ra e te hoa.

Chapter 1: Introduction

In this study I will be exploring the phenomenon of authentic communication between mother and baby in the context of maternal depression. The methodology I have chosen to utilise is a hermeneutic literature review because of the way in which it allows understanding to gradually develop and expand, whilst acknowledging and valuing the place of subjectivity in the research process.

My initial interest in this topic was sparked in therapeutic work with a mother-baby couple at Auckland's mother-baby psychiatric inpatient unit. I had left a particular interaction with this dyad feeling conflicted by a relationship that felt as though it rested upon a fine line between breakthrough and breakdown.

The Clinical Picture and the 'Moment'

Mother was severely depressed following a traumatic birth and post-partum period with her now 7-month-old twins who had been born very prematurely. During their stay at the mother-baby psychiatric inpatient unit, I conducted parent-infant psychotherapy sessions with the mother and infant son to assist with their relationship and attachment. Mother found connection with her son particularly distant, feeling as though he were not her own, and often wondered aloud if he may be "better off in the care of another family".

The impact of mother's depression and traumatic birth upon the male child were clear. The infant was gaze avoidant, difficult to engage with, and behind on developmental and relational milestones. Utilising the attachment grading assessment outlined by Main and Solomon (1990), the infant appeared to display aspects of a disorganised attachment style. Mother's approach to the baby likewise contained elements of frightened and frightening parental responses, which can be linked with disorganised attachment in infants (Bronfman et al., 1999; Lyons-Ruth & Spielman, 2004; Lyons-Ruth et al., 1999; Main & Hesse, 1990).

The phenomenon I have chosen to research arose in an interaction which seemed to precede a number of relational improvements for the dyad. The interaction itself had left me feeling emotionally stirred as I felt both touched and upset by what I had witnessed. After a tense beginning to our session, mother and baby appeared to be predictably restless, uncomfortable, helpless, and exhausted by their ongoing hospital stay. Mother became tearful in our session and manoeuvered baby to face her on her lap.

I reflected to mother the baby's body language and recognised the ways she was trying to adjust her holding to allow him more comfort. I wondered aloud what the infant may be making of her upset today and how he might have experienced some of the preceding events that day. I described some of the ways he was responding and moving in the session, attempting to create links with the affect present in the room. Mother looked down upon her baby for some time and spoke to him in a tone I had not heard. It was not the faux-joyous, baby-whisper I had come to expect; nor was it the hopeless, helpless adult-voice she used when she spoke to me. She sounded resigned, almost pained, and told him how sorry she was. Her eyes welled with tears. "It feels so hard to love you. I really want to try but this is so, so hard".

His body slowed and he turned toward his mother. Their eyes met, and a calmness fell over the room. Mother was sad. This information was not new; but it seemed that for the first time the infant had entered directly into the conversation with us. She spoke to him about the two of them together. The hairs on the back of my neck stood up. The silence was taut and fragile. Their connection had a similar quality. As quickly as it occurred, it broke again and they looked away from each other. However, something in the atmosphere had changed and felt worth noticing. In the current research, I will refer to this description of interaction as 'the original moment'.

I thought about this interaction for some time afterwards. I was desperately curious to know how and why they had managed this moment of connection at such a difficult time. This communication felt experimental; like cautiously stepping through uncharted territory with a mixture of interest and fear. What was being communicated felt comfortingly authentic, despite the words themselves containing painfully loaded affect. My expectations

of what connection between mother-baby should feel like remained challenged, as this moment did not feel warm in the same way that witnessing a moment of traditional maternal reverie does. Their connection in that moment was undeniable and seemed to spur a series of similarly slight changes between the pair, as though a door had been opened a crack and they could now delicately peek through to one another. The connection between the two felt so rare, and my wonderings about what had occurred in that moment began.

The phenomenon in this moment appeared to be some form of authentic communication facilitated by the dyadic psychotherapy work. When deciding to undertake this research and investigate existing perspectives in the literature, I noticed an undeniable emotional pull towards understanding the communicative process that had occurred here, indicating a possible personal resonance somewhere within this phenomena. Upon further exploration through writing and personal psychotherapy, I noticed a number of fore-understandings which appeared to be propelling me to investigate this phenomena further. What was, at first, felt to be simply a deeply interesting and powerful interaction between a mother-infant dyad, I now understand to be an enactment of an interaction with unconscious personal significance.

Coming to terms with my own personal fore-understandings and how they may be managed when undergoing the research process has been of key consideration. Although the research question has been structured in a way which seeks to investigate the perspectives of others, this is perhaps a revision of an original question which existed within me long before I was consciously aware of it. That is, for myself, a wondering about whether or not I may have found life easier as a child if the adults around me had been able to explain effectively what was happening in difficult times. A life long sense of discomfort had grown from what I was 'too young' to understand, yet lived amongst with a level of awareness for many years. Then, in my professional work, I witnessed the repetition of this inauthentic dynamic in which difficult, terrible, distressing things happen within families. Yet, it is expected that the infant or child perceives very little. This incongruence felt as though it existed in conflict with my growing clinical pre-understanding of infants and

children as perceptive participants in their familial contexts.

Eventually, landing upon the personal roots of my research question was a painful process as it felt as though I was arriving at a station I had been unaware I was travelling towards. My interest in the topic felt as though it was piqued naturally by my workplace setting. However, upon closer inspection, I was able to locate a very personal root. Yet, by consciously acknowledging the existence of these personal underpinnings my pre-understandings are able to be integrated into the hermeneutic process. By acknowledging this initial horizon from which I approach this topic, I am able to more consciously acknowledge that there will be many directions into which it can expand.

My Position

A number of key fore-understandings related to personal experience and clinical psychotherapy training inform my position as I begin this research. The assertion that the infant's experience is rich and acutely complex has a long history in psychotherapeutic thought. It dates back to the foundational observational work of Melanie Klein (1940) and, later, Esther Bick (1964) as they endeavoured to better understand the experience of the infant. Without this theoretical underpinning, considering an infant's perception of authenticity or inauthenticity is not possible. Alongside my clinical psychotherapy trainings exists my own experience as both an infant and mother, as I recall distinct moments of wise, astounding, and curious early interactions which seem incongruent with the sometimes common assertion that infants know very little or are in someways not yet aware.

Furthermore, my personal life and clinical training informs my fore-understanding that an infant posesses a powerful ongoing awareness and drive towards development, communication, relationship, and curiosity. Much like the previous point, this distinction feels deeply important to recognise as I undergo this research because it is tempting in some ways to assume this is the commonly held perspective. However, clinical experience in multidisciplinary teams suggests that an attitude towards infants pervades in which it is assumed that the infant "does not notice" what is occurring around them, simply requiring feeding, changing, and settling to sleep appropriately. Frequently, in team meetings at the

mother-baby psychiatric inpatient unit, I have found myself quietly wondering why the infant's experience is rarely discussed despite both mother and baby being admitted patients of the same psychiatric unit. There is an assumption that as long as the infant is physically well, there is little to be discussed about them. My fore-understanding which maintains the existence of a more complex, internal, infantile world appears to exist in conflict with a more widely held medical perspective.

Initial Literature Review

After reading "*Ghosts in the Nursery*" (Fraiberg et al., 1975), I was moved by the way in which an observational framework could be applied in a therapeutic manner. Developing from this text, I came into contact with a core piece of literature which has stimulated my thinking on my research topic. Cohen (2003) painfully highlighted the difficulties of working and being with young babies in helpless distress. She illustrated the ways in which she finds and loses her way in being with these infants and families amongst a medical facility. Her writing resonates with my own experiences of working in such an environment.

I used search engines such as Psychoanalytic Electronic Publishing (PEP-Web) and Google Scholar to find literature which had cited Cohen's work. Coming across Judith Arons' (2005) work, I was struck by her account of parent-infant psychotherapy with an extremely vulnerable and depressed mother and the powerful way in which she describes the changing of mothers' internal representations to assist the family in even the most dire of situations. Internal representations contain patterns of relational engagement which are first formed in the early childhood of the parent, later projected out upon the new baby. These can contain negative associations, aptly summarised by Fraiberg et al (1975), as they summarise the returning 'ghosts':

> …intruders from the parental past may break through the magic circle in an unguarded moment, and a parent and his child may find themselves re-enacting a moment or a scene from another time with another set of characters… They appear to do their mischief according to a historical or topical agenda… depending upon the vulnerabilities of the parental past. (pp. 387-388)

Altering internal representations through parent-infant psychotherapy involves integrating the representations stemming from the parental past with the newly developing experiences with the infant in the present. “The therapeutic attention moves between representing symbolically past repetitions in order to facilitate affective working through, and the current laying down of non-symbolic, emotional-behavioural procedures for being with the other” (Baradon, 2010, p. 10).

My identification with the challenges of psychotherapeutic work in high-risk settings was ignited and I wondered further about how to uderstand and think about my work in an inpatient unit. In reading Cathy Urwin’s (2002) writing on the psychoanalytic view of language delay, I was faced again with considering ways in which the function of language operates in child-parent psychotherapy. In Urwin’s approach, she gradually enables the parents to increase their ability for mentalization, symbol formation, mental space and, eventually, separation-individuation. In turn, the children are offered a reparative experience of containment and ability to discover language. Gradually, Urwin suggests, ways are found to think about and express unthinkable thoughts.

Navigating further into the research, I discovered contemporary perspectives which highlight the need for further infant-focussed research (Norman, 2001; Salomonsson, 2013). These perspectives bring the ‘missing’ infant into focus. Although infants are typically very much present in the literature, their wordless, terrifying experience can at times be subjugated underneath the mother’s experience, due to a focus upon mother as the verbal conduit of change. Revisiting further research undertaken in Newborn Intensive Care Unit (NICU) settings revealed similar sentiments. Vanier (2018) questioned:

> Going in to one of these units is not straightforward for an adult, so how will a child react? Should we reply to their questions, or not? Will the child be overwhelmed? Traumatised, even? What thoughts will pass through the mind of a child on entering this place where life and death are so closely intertwined? And in any case, aren’t these children too small to understand? (p. 102)

There remained a clear discrepancy between the work that occurs in NICU and the work that occurs in mother-baby psychiatric inpatient units. Although a different population,

these similarly vulnerable babies felt inextricably linked by this medicalised, terrifying, wordless experience so often clinically missed.

In reviewing the literature, I was led towards a clearer vision of my eventual research question: how can parent-infant psychotherapy facilitate authentic communications in the context of maternal distress ? There is a predominant temptation to 'protect' the infants from their mother's depression, but is it possible that this avoidant response creates further, painful fantasies within the infant? When a painful step towards understanding is able to be taken, in which mother can acknowledge and verbalise her longing and dread (Arons, 2005) to her baby, are we placing the infant at further risk? What does psychoanalytic literature understand of these difficult, authentic moments between mother and infant?

Defining Terms

In this research I will generally use male pronouns for the imagined infant and female pronouns for the mother figure to allow for writing clarity. However, these are not phenomena which strictly occur between male infant and female mother.

Authentic communications

In this writing, I will use the term 'authentic communications' to encapsulate both verbal and non-verbal instances of communication between mother and infant that is felt to be emotionally congruent in a given moment. It is a communication within which there appears to be an intersubjective genuineness that matches with the related affect, tone, and verbal expression present.

Maternal distress

The term maternal distress is used in place of diagnostic terms such as maternal depression, anxiety, psychosis, or low mood. In this context, maternal distress encapsulates a range of difficulties locateable within mother, which is impacting upon her ability to relate to and engage with her infant effectively. The purpose of using a broad phrase, such as maternal distress, is related to a conscious effort to concentrate less upon the specifics of mother's

experience or diagnosis, and more upon the ways in which she is experienced by her infant in difficult times. It is clear that a range of mothers and caregiving figures will experience degrees of difficulty, distress, and mental illness throughout their time parenting and, as such, it feels most useful to investigate the ways in which parent-infant psychotherapy can assist in facilitating connections in times of distress.

Exclusions

To boundary the scope of this study, research primarily regarding the outcomes of infants living with a depressed mother are not examined. This appears to be an ever-expanding, wide area of research spanning a number of disciplines which exists separately from the research used in this study. Similarly, I will be excluding research primarily focussed upon the outcomes or experiences of the depressed mother. I will be generally concentrating upon psychoanalytic and psychodynamic literature, as this appears to be most relevant to my clinical practice. Due to the interpretive nature of infantile experience, much of this analytic literature is conceptual and based upon infant observation techniques, involvement with parents, and long-term dyadic work.

Chapter 2: Method and Methodology

To address my research question—how can parent-infant psychotherapy facilitate authentic communications in the context of maternal distress—I have decided to work within the qualitative paradigm. The method I have selected is a hermeneutic literature review as it aligns effectively with the hermeneutic methodology and interpretive research. The links between hermeneutics and child psychotherapy appear in abundance and will be explored in this chapter, as well as a brief exploration of the philosophical underpinnings which inform hermeneutic research. The hermeneutic method has been selected because it encourages the researcher's engagement in a range of identified texts as well as an ongoing phenomenological dialogue, offering the opportunity for the initial research question to develop alongside expanding understandings (Boell & Cecez-Kekmanovic, 2014). It provides a framework that is open to continuous, dynamic development as it seeks to discover a range of understandings that may address the complexities of my chosen phenomenon. This mode of enquiry thus appears to reflect my personal and professional ontological and epistemological perspectives. Interpretive research seeks to understand the human experience by looking toward meaning made by people to understand their experiences (Grant & Giddings, 2002). As I endeavour to better understand the complex unconscious experience of the non-verbal infant of a distressed mother, this meaning-making process is perhaps an effective way of attributing meaning amongst great uncertainty.

The Early Methodology Selection Process

When I began to think further about researching this topic, I noted my dual experience of great curiosity existing alongside a great difficulty in articulating anything about it. For this reason, I first spent time attempting to find ways to explain the phenomenon better by discussing my topic with peers and supervisory staff. Consistently, however, I found myself struggling to explain my research intentions, and became increasingly concerned about the ways in which it would be difficult to translate it into written research. Boell and Cecez-Kecmanovic (2010) noted this challenge, suggesting that any topic may be described using an "indefinite number of expressions" (p. 132), creating an instant difficulty in effectively capturing each of the relevant threads. Furthermore, it seemed that researching the non-

verbal experience of the infant would always remain a considerable struggle. This is a well-documented difficulty within the psychoanalytic literature, in that finding ways to describe an infant's nonverbal experience encoded within "imagistic, acoustic, visceral and temporal" (Beebe & Lachmann, 1994, p. 131) senses is perhaps beyond the function of language. My initial positivist fore-understandings about what my research must be—answerable, measurable, complete—felt almost unachievable in relation to this topic.

Given this initial difficulty, I felt clear in my decision to work within the qualitative paradigm to allow adequate space for a narrative, interpretive research method that aims to develop further understanding instead of attempting to measure a phenomenon. However, I decided to consider alternate research topics in an attempt to avoid climbing the hill of infant research. I felt determined to land on a research question that felt defineable, one in which I might be able to somehow formulate some answer to an existing problem. Exploring other areas of curiosity in an attempt to locate other threads to follow involved a return to reading more broadly, and reconsidering other areas of interest. I looked towards literature in areas such as working with infants in NICU or language delay research. I found this literature invigorating in moments where it appeared to relate to my originally proposed topic. However, what ensued was an exhausting internal struggle with what felt like a rip tide, as the faster I tried to 'paddle away' from the original topic regarding authentic communication, the more I found myself embedded within it.
For this reason, as is when one is found caught in a rip, it felt most appropriate to relax into it and give way to a process which was already carrying me somewhere towards further meaning-making.

Heidegger noted that in the instance that a particular object (i.e., phenomenon) has salience for the subject (i.e., researcher), there must be an acknowledgement of the pre-understandings which provide the active foundation for meaningfulness (Barrett et al., 2011). That is to say, as an inclination towards a text is experienced, it is corresponded by contextual pre-understandings of the researcher. Heidegger (1992, as cited in Smythe & Spence, 2012) spoke about the sense of 'inclining toward', suggesting that "we truly incline toward something only when it in turn inclines toward us" (p. 369). This early experience of inclination back toward, alongside advice from my supervisor, appeared to lead me toward

the hermeneutic literature review process. Hermeneutic scholars, such as Gadamer, have also described this as a process of "grace" in which the researcher must "hand themselves over to await the coming of thought whilst at the same time being an active player in seeking new thoughts" (Smythe & Spence, 2012, pp. 19-20).

The immersive, interpretive hermeneutic methodology allows for both critical thinking and a parallel drifting curiosity which works to counteract the desire to rush ahead and predict outcomes. There is an acknowledgement of it as a methodological approach that lacks binding stages of method, instead inviting the researcher to engage curiously in a process that notes the gradual developments and changes in understanding (Crowther et al., 2017). The decision to remain in this often uncomfortable position of 'not-yet-knowing' linked clearly to my experience of working in psychotherapy. In this work, the practice of maintaining an open and curious approach in the frequent instances of uncomfortable, conflicting, unpredictable, anxiety-provoking questioning has been an ongoing challenge. Tolerating these ambivalent feelings in both research and practice has involved a conscious acknowledgement of the difficulties alongside an immersion into the process as well as utilisation of supervision.

Psychoanalytic and psychodynamic literature has historically sought to contemplate concepts which are difficult to understand or articulate, such as the unconscious, and thus it felt appropriate to look back toward the literature to attempt to find ways to think about and articulate my chosen phenomenon more creatively. For this reason, it felt fitting to select the hermeneutic methodology, to allow space for meaning-making, and incorporation of the personal experience alongside the reviewing of literature. Smythe (2005) described hermeneutic research and the associated process of thinking as "situated and responsive" (p. 234), suggesting that the research process closely involves the current context it occurs within as well as a temporal, historical revisiting of previous lines of thought. These attributes also feel appropriately linked to the inquisitive nature of psychotherapy practice, wherein the practitioner aims to remain non-judgemental, whilst acknowledging the ever-present influence and significance of their personal history in any given encounter. Bion (1967) described this interaction between unconscious forces and interpretation, inviting the analyst to "cultivate a watchful avoidance of memory" (p. 137). In the same paper,

however, Bion recognised the centrality and temporality of the analyst's unconscious contribution, inviting the analyst to resist seeking conscious awareness and instead remain within the psychic reality of the present moment (Ogden, 2015).

This approach, which attempts to integrate the perspectives of the analyst whilst maintaining a sense of openness and non-judgemental approach appears to best reflect my own epistemological position. A scientific endeavour which removes, as far as possible, the perspectives of the researcher feels as though it misses an important contribution. As I seek to research a phenomenon which is of interest in a deeply personal way, the opportunity to integrate my own perspectives with those found in the literature may provide a unique insight.

Hermeneutic Origins

Analysing texts using a hermeneutic approach has been consistently linked with historical analysis of scriptures, religious texts, and legal documents (Rennie, 2012). As it became clear that there are abundant possible interpretations, applications, and translations of biblical texts, factions began to form which argued for varying philosophical approaches that inform methods for interpreting data. Schleiermacher, a German philosopher, called attention to the fundamental role of the reader in this process, first acknowledging the way in which interpretation involves circular engagement process between author and reader (Barrett et al., 2011).

Scholars, including Heidegger and Gadamer, further developed this philosophical approach to provide a conceptual framework which challenged traditional interpretivist assumptions that valued measurable outcomes (Boell & Cecez-Kekmanovic, 2014). Crowther et al. (2017) aptly summarised the differences between the two approaches: "hermeneutic phenomenology is an ongoing, creative, intuitive, dialectical approach that challenges pre-determined rules and research procedures, thus freeing us from dichotomous "right" and "wrong" ways of doing things" (p. 827).

Heidegger sought to question the assertation that thinking and interpretation must involve a cognitive, detached process to produce data. Instead, suggesting an alternate

ontological viewpoint which seeks to acknowledge the holistic, socio-historical context of the interpretation and the ways this is certainly influenced consistently by pre-understandings and one's historicality (Barrett et al., Laverty, 2003). Gadamer further developed these ideas, drawing links between hermeneutics as a methodology and a wider ontological perspective of understanding. Kafle (2013) suggested that these scholars primarily directed their pursuits towards examining the *essence* of a given phenomena. Gadamer also introduced ideas about the ways in which interpretation involves a "fusion of horizons" (Laverty, 2003, p. 25). As the interpreter is able to recognise the horizon from which they are first approaching the literature, a dynamic process ensues. This initial vantage point may be narrow, indicating limited understanding. Through interaction with texts and questioning, the interpreter is engaged in a horizon-expansion process in which new understandings are able to emerge (Boell & Cecez-Kekmanovic, 2014).

Incorportating these philosophical underpinnings allows for a research process in which the concept of a definitive interpretation is considered potentially unreachable. Understanding is considered as "dynamic and contextual" (Smythe & Spence, 2012, p. 13). However, to engage in the act of research in this manner is to seek to achieve new horizons and thus new lines of questioning, with the use of new integrated understanding. This dialogical, interactive process appears to share epistemological and ontological views with the psychotherapy field, in that the value is inherently recognised in the ever-developing and ongoing process. The sometimes microscopic observational lens of psychotherapy that encourages the therapist to take note of subtleties and nuance echoes within the hermeneutics in its invitation to "reveal aspects of phenomena that are rarely noticed", to "illuminate essential, yet forgotten dimensions" (Crowther et al., p. 827).

My Personal Fore-Understandings

In Chapter 1, I briefly explored aspects of my own personal fore-understandings in the initial stages of research. Gathering an initial awareness of these prior to engagement with the hermeneutic process was fundamentally important to clarify the horizon from which I would be approaching my research. Namely, my professional position which asserts the existence of a rich, unconscious, active, relational world within an infant. Without this assertion,

further curiosity about the experience of the infant may not have been possible. In the sometimes observed clinical perspective of other disciplines that an infant is a passive, confused, fragmented being, thinking about their possible emotional experiences is unlikely to occur. As has been consistently asserted by psychoanalytic infant research, however, I have come to accept the presence of the infant's complex internal world (Baradon, 2010; Music, 2017; Waddell, 2002). The impact of this fore-understanding is that my research lens primarily focusses upon literature that echoes this sentiment. Psychoanalytic and psychodynamic literature likewise takes this concept as a given, despite its unfalsifiability. Thus, my research and the literature selected operates collectively within this fundamental assertion.

This is also considerably influenced by my own experience working clinically and first hand as a mother. In a multidisciplinary workplace I have experienced many instances of feeling taken aback by the clinical decisions made on behalf of the infants and their families. One example which stays in my mind involved an infant who in the preceding months had experienced considerable trauma; resuscitation, separation, extensive and often painful medical treatments. When presenting with feeding difficulties, all manner of medicalised approaches were employed to address his resistances to food; strict timetabling and dosage, extensive feeding procedures, medications and often contradictory pieces of advice which supplemented mother's distress around the topic. During discussions about this case, however, very little space was created to consider the ways in which the infant's internal experiences and emotional world was impacting his engagement with this new stage. Interventions were discussed as something which may be imposed upon the infant briskly and with strict adherence, instead of constructed in collaboration with his family and at a pace matching his capacity. It is difficult to aptly summarise these clinical perspectives without extensive exploration case by case. However, my own training experience of engaging in a two-year long infant observation also contributed to this fore-understanding.

By consistently engaging with a mother-infant dyad over a significant period of time, I came to appreciate the extensive range of interactions possible between mother and infant. The deliberately slowed, detailed observational lens allowed me to experience a shift in my approach towards infants. I gradually came to appreciate the richness of material

produced in a single hour each week observing an infant. At first, I had been unsure what could possibly arise in the process of watching an infant almost microscopically for this length of time. I recall a great anxiety about what I could possibly write up of these observations to present at the seminar group. What ensued, however, were often multiple pages of detailed information which changed and expanded each week. The gradual unfolding of the infant's communicative and connective abilities was truly fascinating. This arguably cemented my own perspective that the infant contributes greatly throughout this intensive developmental period.

By engaging with the research method, I also became aware of a fore-understanding that considered research to involve primarily positivist values which measure outcomes and data. Unpicking this understanding involved an immersion in hermeneutic literature and philosophy which challenged the ontological and epistomological viewpoints asserted by the positivist paradigm. Moving towards an acceptance of the largely unstructured hermeneutic approach involved establishing a more thorough understanding of its origins as well as a continuous process which drew links between research and psychotherapy practice. I have come to value the unfolding, embodied experience of psychotherapy practice, which acknowledges its position of not always clearly knowing alongside close consideration of the role of the therapist and the dynamic nature of understanding. In drawing these parallels with hermeneutic research, I was able to more clearly frame my gradual understandings of the hermeneutic process prior to engaging with the hermeneutic circle.

The Hermeneutic Circle

Boell and Cecez-Kecmanovic (2014) outlined a semi-structured hermeneutic circle process which I utilised in my initial stages of research and began with a process of searching for literature using specific search terms. I used terms such as "post-natal depression", "mother-infant", "infant's experience", "maternal distress", "maternal mental illness", "infants", "infant communication", and "infant-parent psychotherapy" in varying combinations on databases such as PEP-web and PsycINFO. I also utilised the 'cited by' and 'related articles' features on Google Scholar which created many links to related, but potentially missed, literature which was not originally captured by my search terms. This

method assisted with working forwards in time, as articles were usually cited by newer research. Finally, as articles were selected I endeavoured backwards in time by seeking out source material used by other authors.

These initial database searches often returned an average of 50-100 results. My selection process involved reading titles, abstracts, and often the conclusions of the research paper to deem the relevance of the article to my research. However, I found that by searching on PEP-web and PsycINFO, the results often included research which concentrated on outcomes for infants of depressed mothers on attachment and development, as well as psychoanalytic inquiry about the unconscious processes of maternal mental illness. These were quickly identified as existing within an exclusion zone of my research. It appeared more difficult to locate literature which explored the infant's perspective of his mother's illness which did not seek to outline the pathology involved. I found myself increasingly curious about literature that explored more closely the infant's lived experience of maternal distress and unwellness through observation and parent-infant psychotherapy, as well as the moments in which dyadic psychotherapy was able to assist the parent and infant in a process of reconnection.

Once a few articles had been identified as relevant to my research, I underwent a process of reading these in close detail—printing them in hard copy and taking annotated notes using the OneNote programme. My notes consisted of personal process and responses, as well as highlighting potentially relevant quotes or citations worth revisiting. Once I had completed an article, I would store it in one of several folders which indicated whether or not it may be more or less useful to revisit. Next, I would return to refine and revisit the searching process, utilising alternate search terms stimulated by the articles. My second attempt at gathering literature involved using search terms such as "knowing", "not knowing", "authenticity", "authentic", "-k", "child psychotherapy", and "emotional communication"; as well as integrating search terms previously utilised. I also engaged in alternate searching and sorting processes by browsing through libraries in child and infant psychotherapy sections. Furthermore, I revisited seminal articles which had sprung to mind in the initial reading process. Through supervision, I was encouraged to keep an awareness of my chosen phenomenon, as at this stage I felt the net of my research beginning to bulge

more widely, resulting in a personal confoundment about what exactly I was searching for. By continuously returning to my proposed research question, I was able to guide myself back within a more manageable realm whilst challenging whether or not the research questions adequately encapsulated the newly gathered understandings.

I made the decision to end the search and leave the hermeneutic circle when I had gathered approximately 20 relevant articles and had begun to notice themes emerging. Furthermore, when revisiting articles I had initially set aside to re-read at a later date, I began to notice how many of them appeared to be defining or attempting to define similar concepts or referencing articles which I now felt more familiar with. This did not indicate a definitive end to the gathering process, as my literature review feels in no way exhaustive. However, a clear emergence of linking and the generation of new understandings was occurring within the selected pieces of literature I had identified. Throughout the reading process, my initial horizon from which I approached the literature had begun to expand.

Boell and Cecez-Kecmanovic (2010) suggested that a sense of 'saturation' indicates an appropriate time to step out of the hermeneutic circle. This occurs as new texts make only a marginal contribution to understanding the chosen phenomena due to familiarity with key concepts and pieces of literature. Smythe and Spence (2012) proposed that a sense of 'synthesis' indicates an appropriate time to leave the hermeneutic circle, in that new understandings are no longer contradicting or expanding pre-understandings. That is, new pieces of literature appear unable to grow the researcher's horizons any further. I felt unclear that I had definitively reached this point; however, I felt it useful to acknowledge that what I had gathered may be indeed enough to offer a starting point appropriate for the scope of this research paper.

Chapter 3: Findings

Part 1: Communication

Post-natal health is an area of great concern to many heathcare practitioners. It is a uniquely life-changing time for families, and marks the beginning of a rapid period of development for the newborn infant. Adults and infant are propelled into a very challenging time, coloured by experiences from the past and hopes for the future. The implications of healthcare outcomes for mother, baby, and whānau are widespread, and require specialised healthcare practice that is able to flexibly attend to the separate, yet inextricably linked, health needs of all involved. Difficulties in the early parent-infant relationship are similarly vast, and have been linked to an array of long term difficulties for both mother and infant which, if not effectively resolved, make the domain of parent-infant health a "major public health concern" (Boath, 2001, p. 217). Many approaches have been developed to address mother-infant difficulties; yet, it seems no clear form of optimal 'best practice' has emerged due to the many variances in context, culture, and historicity present within each family (Liekerman, 2003).

Psychotherapy researchers have offered a unique array of conceptualisations and treatment strategies for therapeutic work with mothers and their infants. Much of the most useful research, however, has focussed upon the mother's experience of the infant's primitive projections and the ways in which these projections interact with the mother's internal objects. Fraiberg and her colleagues (1975) famously illustrated the links between the 'ghosts' of parental past and the ways these are awakened in the experience of becoming a parent. They suggested that these ghosts manifest as a force which interferes with the day to day life of the parent-infant couple in an unconscious enactment, as the parent is "condemned to repeat the tragedy of his childhood with his own baby in terrible and exacting detail" (Fraiberg et al., 1975, p. 388). This concept is perhaps of great interest to clinicians practising in Aotearoa New Zealand, as we acknowledge the history of the subjugation and oppression of Māori alongside the current statistics which evidence poor mental and physical health outcomes for tamariki and rāngatahi Māori. In a seminar presenting her doctoral findings, Mikahere-Hall (2016) aptly suggested that "trauma has a

whakapapa", a concept which acknowledges the considerable challenge for whānau Māori in the post-natal period.

Yet, a concentration in the literature upon mothers' experience remains. Despite many acknowledgements of the infant's active, participating awareness, it appears difficult to conceptualise the wordless, sometimes fragmented and rapidly developing experience of the infant. Infant observation, first formulated by Bick (1964), has contributed towards some clinical curiosity about the moment-to-moment experiences of the infant, spurring a range of research that looks towards what observers can countertransferentially glean from the subtle communications of an infant. Contemporarily, this has been applied in a range of settings, including neonatal intensive care units (Cohen, 2003; Vanier, 2018), mother-baby psychiatric units (Calvocoressi, 2010); in work with non-verbal children and adolescents (Magagna, 2012); as a research method (Rustin, 2012) and many others, often included in the *International Journal of Infant Observation* established in 1997. There remains a gap, however, between the rich understandings gathered through infant observation techniques and infant-parent therapy methods. Although significant impact appears to occur in the context of the observational relationship that develops over time, there appears to be a positivist wish for measurable, implementable, treatment procedures—the ongoing challenge for psychotherapy. The Watch, Wait and Wonder programme (Cohen et al., 1999) is perhaps the most well-known contribution to healthcare practice that appears to effectively straddle this gap.

It seems, however, that space still remains between the unique understandings brought about through infant observation and parent-infant psychotherapy practice. The development of the Watch Wait and Wonder programme can be considered a great success in this regard; yet, it appears clear that in work with infant-parent dyads there is a range of contexts in which infants and parents will present with difficulties. That is to say, it is unlikely that a single approach is the upper limit of what can be developed as an effective, child-centered intervention for the struggling post-natal couple. In my own research, informed by infant observation literature, I felt it apt to return to the observational experience to investigate what occurs at salient, pivotal moments in the therapeutic process. Acknowledging the multitude of literature that concentrates upon the mother's

experience, it felt imperative to instead challenge myself to explore and grow the body of literature related to the infant's conceptualised experience to better understand a more balanced dyadic approach whilst upholding an infant-centered viewpoint.

When my interest in this phenomenon was first piqued, I was aware that what I had witnessed between mother and baby, as described in my introduction in Chapter 1, was some kind of shift in communication. Some part of that interaction had prompted a moment of connection between them which I had not previously witnessed. My curiosity lay within a wish to understand clearly what had occurred between the two. Mother had been openly aware of her difficulty in 'reaching' her son, and I often witnessed her trying to 'catch' his gaze, stimulate him with song and forced brightness; yet, he turned away from her and seemingly retreated further into himself. In this moment of therapy, however, some part of what was shared by mother was able to be received by her infant, and I hoped to investigate what the contents of that communication were made up of. What was the role of myself, the therapist, in facilitating that moment and how could I continue to support them to reach it again?

Most obviously observable was a clear physical change—mother was holding baby comfortably, cradling him sitting up towards her on her lap. Achieving this position had been consistently difficult due to his array of oxygen and feeding tubes, alongside the physical discomfort it stirred in the pair which resulted in the infant's restless arching and squirming. As such, in this moment, mother and baby were able to gaze at each other, an occurrence which was particularly rare for the couple. It seemed something allowed both mother and infant to slow down enough in this moment to 'catch' each other, to enter into a moment where something was shared together. In thinking further about this moment, beyond the physical change, I felt that a key difference between this and other interactions in which I had seen them, was the authentic content of her words, as though the infant was able to receive something which made sense to him in a way previously unobtainable. Mother described something of their lived truth, a very sad state, which appeared to stimulate some kind of recognition in the baby; similar to hearing a familiar language amongst a crowd of foreign tongues. I wondered what of mother's lexical content, tone, pace, affect, and possibly even her wairua that the infant was able to recognise and register

in this moment in a more tolerable way. I also wondered what the role of therapy was facilitating in this moment.

The Infant's Experience of Communication

In my preliminary literature searches, I came across Salomonsson's (2017) writing which explored the function of language in parent-infant psychotherapy. This piece of writing gave me perhaps the first sense of spark, confirming that my interest in this topic was in fact potentially able to be researched. In Salomonsson's paper, a number of psychoanalytic and neuroscientific concepts relating to conscious and unconscious communications which occur between mother and infant, whilst analysing the purpose of the therapist within this matrix, were outlined. Salomonsson described a particular interaction between a mother and infant daughter, whom mother is trying to settle to sleep, utilising an array of methods to do so. He noted that the infant settles to sleep very quickly after mother firmly tells her in a final address that she must go to sleep because mother has important work that needs to be done. Following, Salomonsson posed three important questions in an attempt to explore what may have prompted the infant to settle to sleep as mother instructed. First, was there a shift in the components of mother's unconscious, emotional, non-verbal communication? Second, was the infant able to note something of mother's internal shift in priority? Third, was the infant able to grasp something of mother's lexical content in her explanation of important work that needed to be completed elsewhere?

These questions related closely to similar questions posed in my own research topic. At the same time, however, I wondered if it were at all necessary to investigate these questions separately when they in fact appear so bound together as parts of a whole communication. Assessing the ways in which infants are able to engage communicatively has been investigated in depth by psychoanalyst researchers, most notably Ed Tronick and Beatrice Beebe. Tronick famously participated in the development of the 'Still Face experiment', which demonstrated the perceptive ways in which infants as young as four weeks old communicate their aversion to contradictory changes in their caregiver's facial presentation (Cohn & Tronick, 1983; Tronick et al., 1978). The Still Face experiment worked to simulate maternal depression by requiring non-depressed mothers to interact with their infants as they usually would, followed by a period of time in which they were to remain

blank, unresponsive, and still. All of the infants responded in a fairly similar way, and could be seen attempting to first stimulate mother, as if to rouse her from her state, before withdrawing from the interaction by turning away (Tronick et al., 1978). This experimental structure has provided a vast and valuable research model which has been repetitively modified, reworked, and altered to investigate a range of situations and outcomes (Mesman et al., 2008).The implications of this experiment include an assertion of the reciprocal nature of the infant-mother relationship, demonstrated in the infant's attempts to reconnect with mother by altering his communicative displays. Furthermore, this experiment demonstrated how perceptive infants can be in instances of nonreciprocity, indicating a sharp awareness of change and contradiction of relational expectations. The work highlights the ways in which the infant appears to possess a nuanced, individual lexicon of non-verbal communicative knowledge.

Field et al. (1988) furthered Tronick et al.'s (1978) work by exploring the responses to the 'Still Face' experiment when conducted with infants of depressed mothers and non-depressed strangers. The purpose of this study was to investigate whether or not the infant's depressed presentation continued in instances of interacting with non-depressed adults. A control group of 'non-depressed' infants was included to manage participant bias. Outcomes of this study demonstrated a clear generalisation of the infant's depressed style of interaction with non-depressed adult. Furthermore, there appeared to be an unexpected, strong reciprocal component in that the infant's depressed style of communication elicited depressed-like behaviour and less optimal performance in the participating adult.

The above research provides a foundation upon which I am able to further think about my chosen phenomenon. Within Tronick's (1989) assertion that the infant can be observed as a goal-directed, active participant in its communication system, a wondering forms about the infant's active experience of the therapeutic process. Furthermore, the centrality of countertransference to psychotherapeutic work with infants begins to emerge, in the observation of the effect which interacting with an infant of a depressed mother appears to unwittingly have upon the observer. More specifically, to my research, there also appears to be an acknowledgement of *contradictory messages* and the impinging effect this may have upon the infant. In Tronick et al.'s (1978) research, the infant produces an adverse

response following a change from 'happy' mother to 'blank' mother. Similarly, Field et al.'s (1988) research observes the infant's adverse response following a shift from 'blank' mother to 'happy' stranger. Both experiments appear to produce results which suggest there is a contradictory component to the communication which is difficult for the infant to manage. Tronick et al. suggested that in this instance, mother is communicating "hello" and "good-bye" simultaneously. The infant, because of his capacity to apprehend this display of intent, is trapped in the "contradiction" (p. 11). I am reminded here of another moment I became interested in this phenomenon; as I took note of my visceral discomfort when observing the infant of a depressed mother and his adverse response to her attempted bright engagement through song.

Beatrice Beebe has also contributed significantly to the field of infant communication research, notably conducting microanalyses which have advanced understandings of non-verbal processes, whilst asserting that infantile communication involves a dyadic system between mother and infant. She writes: "…procedural representations are a mutually organized and mutually understood code in which any role implies its reciprocal, and neither role can be represented without the other" (Beebe, Jaffe, Markese et al, 2010, p. 17). The dyadic systems view establishes that self-regulatory and interactive aspects of communication occur consistently and dynamically between mother and infant in a series of second-by-second transmissions of information (Beebe, Jaffe, & Lachmann, 1992). In this model, the baby is an active participant in communicating, and is biologically prepared to detect regularity and shared affective states. Again, this research appears to contribute towards understanding the value of my research topic. In recognising the sharp receptivity of infants in comprehending and participating in moment-by-moment communicative interactions, it appears clear that it is useful to investigate the most effective modes of supporting and participating in meaningful communication when working with infants and mothers.

The viewpoints of these contemporary researchers appear to be based upon several classical perspectives. Namely, Klein's (1940) writings of the infant's rich, complex internal world. Also, Bowlby's (1969) assertions about attachment and goal directed behaviours of infants. Finally, there is reminiscent sense of Winnicott's (1960) famous assertion that there

is “no such thing as an infant... that whenever one finds an infant one finds maternal care, and without maternal care there would be no infant” (p. 587). With these three fundamental perspectives underpinning further research, we come to view the baby as an active, contributing, composite, changeable part of a similarly dynamic family system in which the infant’s experience is both uniquely distinct from, and yet inextricably bound up with, the experience of those around them.

Parent-Infant Psychotherapy or Infant-Parent Psychotherapy?

In my initial stage of writing, I found myself interchangeably using the terms parent-infant psychotherapy and infant-parent psychotherapy, as well as sometimes interchanging the terms ‘mother’, ‘parent’, and ‘whānau’. I hold in the back of my mind a task to complete later—to go back through my writing and choose a definitive version of each to use consistently through my writing. However, another question arises, is there in fact a clear and discernible difference between these approaches or terms? In the literature it seems there has been a growing and deliberate use of the term ‘infant-parent psychotherapy’ to delineate the growing field of infant-centered therapeutic approaches, and the alternate ‘parent-infant psychotherapy’ to indicate the more commonly practiced form of psychotherapy. Although this is sometimes the case, there is still no definitive definition of each of these practices, nor do they appear to have any clearly distinct categorisation. These terms remain unclear in the literature and, as such, appear to be reflected in my own writing. Therefore, I will endeavour to indicate the intended ‘subject’ of the therapy; that is, the primary driver of therapeutic direction by listing either ‘parent’ or ‘infant’ first. I will also attempt to describe and critique the two approaches briefly.

The commonly practised approach of parent-infant psychotherapy seeks to alter unconscious maternal representations, facilitate communicative rupture, and repair and increase maternal ability for accurate mentalization (Cohen et al., 1999; Fonagy et al., 2018; Fraiberg et al., 1975; Lieberman & Van Horn, 2008; Stern, 1985). Baradon et al. (2016) suggested that in changing the parent’s internal representations, the infant is relieved of doing so. Lieberman and Van Horn (2000) posited that within parent-infant work, the therapist comes to understand how the parents’ historical context shapes their perception of their infant’s communication, illustrating how and why certain interactions generate

certain responses in the parent. Yet, questions remain about the infant's active experience within parent-infant psychotherapy, which seeks to acknowledge their goal-directed organisations that propel them towards development and containment. Viewing the infant, rather than mother, as the subject in psychotherapy is an area of growing interest, as it seeks to recognise the possibity of therapeutic relationship emerging between therapist and infant.

Norman (2001) detailed his accounts of infant-parent psychotherapy and the ways in which the gradual therapeutic acknowledgement of the "emotional storm" (p. 90) occurring between mother and infant contributes towards re-establishing emotional links. He argued that regarding the infant as a subject involves an acknowledgement of four key understandings; namely, that the infant posesses an ability to form therapeutic relationships, an infant posesses a rudimentary sense of subjective self which seeks containment, an infant's ego is able to flexibly alter basic experiences and unconscious representations, and finally, that an infant is able to process some aspects of language. These basic understandings encourage the therapist to address the infant with verbal formulations and non-verbal expressions whilst observing the emerging affects in the present moment. There is a silmutaneous relational interaction which occurs between mother and therapist, reminiscent of parent-infant psychotherapy, yet the key difference in this approach appears to be the assertion that communication between therapist and infant is valid in and of itself.

In his case study descriptions, Norman (2001) writes of how both mother and infant can remain locked in "mutual avoidance" (p. 90), paralysed by the pain and rejection of the other. Of the therapeutic method, however, he proposed that the presence of the therapist can create an alive space in which authentic acknowledgements may support some sense of internal shift in the face of great stuckness:

> The analyst's own sincerity is critical for the concordance. The analyst is saying something that, at least for the moment, seems to be true, and this may sometimes be painful for the analyst to formulate. But even the most horrible things that go on between mother and child lose some of their destructive force when formulated,

> sincerely, in words. Children are seldom surprised by the truth when they already have intuitively grasped what is going on. (Norman, 2001, p. 96)

In my first reading of this paper, I was particularly struck by this quote and the way it felt as though it descibed a concept I had not yet come across in the literature. There was a sense of relief and overwhelm, as though I was hearing the lyrics of a song from a dream that I had not previously felt able to remember. I put this paper away for some time and diverted my area of reading before returning to the paper. I felt aware that this was only the perspective of one author, and yet the concept of the writer's emotional sincerity began to illuminate itself far more frequently in case study descriptions and other articles. Although in the original moment I had witnessed the phenomenon I have previously described; that is, an apparent shift between mother and infant, it had not been the therapist's sincerity but mother's emotional sincerity that appeared to be communicated to the infant. Until reading this article, I had struggled to define exactly what had felt unique in that interaction; yet, at this stage of research, I felt as though I was beginning to find words for an emotional experience that is difficult to translate. Furthermore, this quote appeared to capture the way in which it can be incredibly difficult to acknowledge and formulate the pain that occurs between infant and mother, yet within a solemn or difficult moment can be a sense of relief. The description of a moment that can occur between infant, mother, and therapist which feels all at once poignant, painful, salient, sad, and moving was incredibly encouraging.

Salo (2007) explored this approach further, similarly suggesting that an infant-led approach seeks to intentionally engage with the infant, and the parent, in the presence of difficult emotions. In doing so, the therapist's communication simultaneously impacts the infant's internal representations and demonstrates a mentalising ability to the parent. There is a dual process which occurs, as the therapist attempts to enter into and understand the infant's internal experience and then explore this understanding with the parent, utilising developmental frameworks, countertransference, and observational skills as outlined by Bick (1964). This to-and-fro approach appears to mirror aspects of the Watch Wait and Wonder programme (Cohen et al., 1999), in which the therapist shifts from observer to reflecter, all the time maintaining a sense of containment, taking close note of what can be

noticed and experienced within the session. Salomonsson (2017) pondered about the use of addressing the infant in its relation to communication systems, wondering if perhaps the role of the therapist involves introducing the infant to a new form or communication distinct from that of the mother. He writes:

> Do the therapist's words only work via the *mother* to increase her comprehension of the dynamics behind the distrubance – and/or via the *baby* who interprets our verbal address on an iconical and indexical level and feels contained by it? ... might they also convey to the infant that the analyst is using the symbolic order in a different mode than the one he is used to from his mother? Could it be that her use of words has been obfuscated by conflicting affects that she does not dare to acknowledge? (Salomonsson, 2017, p. 1602)

The questions posed are complex and stimulating; yet, in both my first and repeated readings, I was curious about the wish to separate and categorise the aspects of communication into parts, rather than thinking about the ways in which any and all of these aspects may be occurring simultaneously. Perhaps the relationship stimulated between infant-therapist is not unique to the dyad, but instead exists as an extension of mother, in which both mother and infant are able to project upon and test alternate versions of themselves, integrating or rejecting the parts which feel helpful/harmful. There is potentially a projective space for both mother and infant, which acts like a sieve or electrical transformer.

Further questions emerge about best practice when working with parents and infants. Whose role is it to initiate change or reach out across a relationally depressed void? Is it reasonable to expect an infant to be an active participant in a therapeutic process? It seems likely that the ethical answer to these questions is clear; it is the role of the parent, not the infant, to work towards altering their internal representations and create space for healing to occur within the relationship. Yet a further question follows; is it possible to protectively prevent the infant's active engagement and experience in therapy? The answer to this question is less clear. The infant's active role in relationship, complex capacities, and intrinsic motivation for development appears agreed upon psychoanalytically (Beebe & Lachmann, 1992; Tronick, 1989; Tronick & Beeghly, 2011; Stern, 1985). However, there is a

sense of resistance in acknowledging the opportunities these may produce within therapeutic work.

The Appearance of Authenticity in Child Psychotherapy

What also began to emerge throughout my reading was consistent, but subtle, acknowledgements of authentic communication, as well as a demonstration of the difficult atmosphere which arises in instances of dyadic inauthenticity or incongruent communication. What was less clear, however, was a unifying acknowledgement of these concepts as being of central significance. Terms such as 'sincerity', 'salience', 'truthfulness', and other similar phrases were used to capture what appears to be similar descriptions of the same phenomenon. These were more frequently described as being incidental moments, or 'par for the course' in treatment. The consistency of this theme appeared abundant in parent-infant psychotherapy, suggesting some acknowledgement that moments of authentic connection are noted as occurring in clinical treatment, countertransference responses, and research. The following examples outline instances in which the theme of authenticity began to illuminate more clearly.

Salomonsson (2017) noted the therapist's accurate identification of "*conflicting affects*" that mother "*does not dare to acknowledge*" (p. 1602) as being a key aspect of therapeutic work. This appears to suggest that Salomonsson advocates for a sharp awareness of the aspects between mother and infant which appear to exist in conflict for the purposes of bringing into awareness a more authentic view of what is occurring. In a case study examining language use with infants, Salomonsson (2007) noted the nature of his infant client's difficulty; "not that her mother's face is still, but that she cannot fuse what mother conveys consciously and unconsciously... she registers those shifts in mother's voice that I experienced as insincere, when her wording and its affect did not match" (p. 140). Norman (2001) wrote of "the analyst's own sincerity" (p. 96) as being crucial to the therapeutic setting. Arons' (2005) case study of a depressed mother and her infant detailed how in the early stages mother's behaviour involved disorganised communications: "Mary's eyes spoke volumes of her fearful inner world, but her narrative tone was one of disorienting cheer" (p. 109). In the same piece of work, the writer describes important therapeutic shifts which appear to involve the welcoming of affect which is more congruent

with context; mother's "softening of tone and defensive stance... signaled her readiness to let me into her confusion about how to interact with baby" (Aron, 2005, p. 113).

Bollas (1987) wrote of the trapping effect of contradictory affect communications between mother and infant. He suggested that the non-verbal, bodily aspects of communication are explicitly conveyed with the infant through mother's aesthetic or 'style' of handling him. That is, that the infant's experience of relief from distress is dependent upon the facilitative mother, and the infant is sensitive to how the content and form of her communications coalesce:

> In the beginning of life, handling of the infant is the primary mode of communicating, so the internalization of the mother's form is prior to the internalization of her verbal delivery… Bateson's notion of the double bind, where message is contradicted by mode of delivery… formulates the conflict between the form as utterance and the content as message. The infant is caught between two contradictory experiences. (Bollas, 1987, p. 17)

Lieberman and Harris (2007) outlined their approach of addressing trauma directly with tact and timing when working with both verbal and pre-verbal children, in order to provide a space in which the terrible aspects can be brought forth and acknowledged. This is succinctly captured by a child patient; "the psychiatrist felt himself unable to bring up the topic because of strong countertransference responses to speaking about the abuse. When he finally was able to do so, the child asked him: "What took you so long?"" (Lieberman & Harris, 2007, p. 225). Magagna (2012), in her exploration of work with non-verbal children, wrote of what affects remain 'unspoken' by the family and thus become a heavy unconscious weight upon the child; "hiding painful issues from awareness, not thinking about them and using distraction gradually became forceful eradicating mechanisms through which the child can lose parts of his capacity to be mindful and the ability to speak about emotional experiences" (p. 34). These consistently appearing descriptions of the impact of emotionally congruent communications upon both the therapeutic scene and the mother-infant dyad felt compelling.

It is at this juncture that my exploration of the literature appeared to shift. I began to feel myself into a language that felt as though it better represented what I was looking at. After supervisory encouragement to continuously refer back to my research question, my ability to read and select became more refined. I began to sense my own horizons expanding, opening up curiosity into alternate areas of research I had not previously considered, as well as noticing different references and points in pieces of literature I had read before. I had previously felt lost in terms of finding ways to accurately describe my phenomenon prior to the immersive reading process. I wondered if the phenomenon I had chosen was too brief, too fleeting to warrant my own extended concentration. I felt disheartened at the thought that if it had not been explicitly concentrated on, despite the many threads I felt I was able to gather, then perhaps the moment was of less significance than I anticipated.

As I began to increasingly note the appearence of authentic moments being described in case material, I eventually noticed several mentions of the the work of the Boston Change Study Group and sought out their research. This group sought to closely analyse exactly what of psychotherapeutic work contributes to change, the "something more than interpretation" (Stern et al., 1998, p. 903). The Boston Change Study Group developed a range of useful analytic terms such as 'real relationship' (Morgan et al., 1998), 'moments of meeting' (Stern et al., 1998), and 'implicit relational knowing' (Lyons-Ruth et al., 1998). The introduction and useage of these terms appeared to offer some unifying concepts that could assist me in defining the moment I had witnessed between mother and infant. Furthermore, they discussed some of the underpinning unconscious dynamics present in such moments, and how they can be therapeutically useful in contributing to meaningful change. By integrating some of these concepts, I was able to begin re-reading case material and consider my own clinical experience with new knowledge and understanding, in a back and forth manner. As much as this brought about a considerable shift in my research, it also spurred many further lines of questions, as I will discuss in the second part of this chapter.

Part 2: On the Authentic Moment

In Part 1, I discussed ways in which infants can be thought of as possessing a wide range of communicative tools and goals, propelling them towards active participation in communication. I also discussed ways in which it appears that the infant's communicative apparatus is finely tuned to a range of non-verbal aspects of communications, suggesting a nuanced ability to decipher what is occurring emotionally at any given time regardless of the spoken dialogue. One of these non-verbal aspects—the authenticity or emotional congruence of the adult—appeared to illuminate itself repetitively in the literature (Arons, 2005; Bollas, 1987; Lieberman & Harris, 2007; Magagna, 2012; Norman, 2001; Salomonsson, 2007, 2017). In this second part of the chapter, I will endeavour to look more closely into this aspect of non-verbal communication as it relates most closely to my research question of investigating the ways in which parent-infant psychotherapy can facilitate such authentic communications in the context of maternal distress.

Returning again to that original clinical moment between mother and infant son, given the understandings broadened in Part 1, I began to consider it again in a slightly different light. When first wondering about what had occurred in that moment, I had considered the idea that the infant was able to receive something of mother's words which felt familiar or reassuring, allowing them to connect. At first I wondered about what of mother's lexical content was the infant able to understand, and thought perhaps this is where the key communicative difference lay. Yet, what appeared to be emerging in the research was instead a noticing of the way in which the infant was impacted less by lexical words and instead by the moment of authentic communication which aligned with the infant's internal experience. Within this, something of the communications from a containing presence were received and translated more effectively. It seemed that an interchangeable approach was able to be taken; one in which the therapist was able to either assist the mother in more accurately mentalising and communicating her thoughts, or otherwise demonstrate to the mother this mentalising presence by speaking directly to the infant with communications informed by observation and counter-transferences.

It is at this stage that it started to become more clear that there was little distinction between the approaches of parent-infant psychotherapy and infant-parent psychotherapy respectively. That is to say, the distinction of who was being 'worked upon' or concentrated on in the therapy was fluid, as opposed to intently fixed. Thus, I became curious about what may be occurring between the three participants (infant-parent-therapist). What can be learned about these nuances of communication that could perhaps inform a triadic approach, in which each participant is able to be considered dynamically? The work of the Change Process Study Group became my next area of focus, after noticing three articles and various new concepts continuously appearing in my literature searches and reference lists.

What Stimulates Relational Change?

The Boston Change Process Study Group comprises of psychoanalytic infant researchers who sought to investigate more closely what elements of psychoanalytic treatment contribute toward meaningful change. The group observed that "something more" (Stern et al., 1998, p. 903) than interpretation appears to happen in the analytic situation which contributes towards change, and attempted to detail what this comprises of. The group observed great parallels between what occurs in the infant-parent relationship and the therapist-client relationship, which felt as though it aligned with my emerging observations of infant research. The parallel was particularly noticeable when considering the way in which implicit relational knowing accounts for patterns that form in intimate relationships, such as these, and how shifts in those implicit knowings appear to contribute toward meaningful growth and change. A recognition was given to the asymmetrical nature of the therapist-client intersubjective space, which also applies in the infant-parent relationship. Both participants are considered active in the co-construction process; however, there is a structural, necessary imbalance in terms of whose emotional needs are being attended to, who posesses a greater range of ability, and who is able contribute more towards scaffolding the shared understandings (Morgan et al., 1998).

The concepts explored in these papers appeared to be significantly relevant when considering my research question, which I will explore in more detail throughout this section. However, the unregarded area of this research is the implications these concepts may have upon triadic work (infant-parent-therapist) which I will also attempt to explore by

bringing in aspects of the communicative understandings established in Chapter 1. I have chosen to use the term 'triadic' to encapsulate the way in which it appears that relational, transference, and communicative links are able to be constructed simultaneously between infant-therapist and parent-therapist. Triadic interactions have been noted as possible and of clinical significance in the case of infant-mother-father work; however, the data that examine the triadic communications of infant-parent-therapist appears more limited (Daws, 1999; Palacio-Espasa & Knauer, 2007).

Types of Change

The contributions of the Boston Change Process Study Group can be broadly grouped by several concepts which require clarification before proceeding. The first is the distinction made between types of knowledge; declarative and procedural. Declarative knowledge is described as explicit, able to be represented symbolically and verbally. Transference interpretations attempt to make conscious, alter, and adjust declarative knowledge (Stern et al., 1998). The other, procedural knowledge, is a non-symbolic, implicit form of knowledge which informs our more automatic ways of operating yet is not necessarily considered dynamically unconscious as it is not defensively excluded (Stern et al., 1998). The procedural knowledge that informs ways of being with others is constructed in the earliest life stage through initial experiences in relationship, and is termed here "implicit relational knowing" (Lyons-Ruth et al., 1998, p. 284) . A distinction can be made between implicit relational knowing and internalised object relations to emphasise the co-constructive process which occurs in the intersubjective and individual forming of implicit relational knowlege, as opposed to the sense of taking in from the outside as is in the case of object relations (Lyons-Ruth et al., 1998). Evidence of implicit relational knowings have been observed in young infants within their expressions of anticipation of particular relational patterns from a known caregiver, distress when these expectations are violated, and generalisations of interactive patterns (Cohn & Tronick, 1983; Field et al., 1988; Stern, 1985; Stern et al., 1998; Tronick et al., 1978):

> Implicit relational knowing encompasses normal and pathological knowings and integrates affect, fantasy, behavioural and cognitive dimensions. Implicit procedural representations will become more articulated, integrated, flexible, and complex under favourable developmental conditions because implicit relational knowing is

> constantly being updated and "re-cognized' as it is accessed in day-to-day interaction. (Lyons-Ruth et al., 1998, p. 285)

When considering the concept of implicit relational knowing, I returned to thinking about the depressed mother-infant dyad and particularly the ways in which the long-term implications are extensively negative and that observing the interactions are often difficult to bear. The normal developmental process is described in great detail as a model for therapeutic contact, suggesting that the accuracy and specificity of the caregiver's micro-recognition of the infant's ever-shifting states will contribute toward a greater degree of internal coherence for the infant (Tronick, 1989). This requires an ability to repetitively and persistently tolerate the experience of "struggling, negotiating, missing and repairing, mid-course correcting, scaffolding" (Stern et al., 1998, p. 907) interactions with the infant in the general process of "moving along" (Morgan et al., 1998, p. 325). In the case of a depressed mother and her infant, however, the ability to accurately and continuously perservere in this often exhausting process may be significantly compromised. The effect of failed reparation upon the infant involves an ongoing state of wariness in their sense of self and disorganisation which compromises their meaning-making ability, complexity, and internal flexibility (Banella & Tronick, 2019; Tronick & Beeghly, 2011).

In this sense, perhaps by deepening an understanding of what is occurring in effective mother-infant moments of contact, the therapeutic process can become able to assist mother-infant dyads in reconnecting with a developmentally responsive, personalised flow of reciprocal communication. This concept provides a framework in which the gradual, repetitive, difficult aspects of infant-parent treatment are able to be regarded as contributing toward a slow return to the 'moving along' process, for the purposes of renegotiating negative implicit relational knowings. As the communications from mother (and infant) appear to be supported to become less contradictory, it seems a gradual, developmentally-paced process of locating one another is able to resume.

The discussions of implicit relational knowledge also appear to encapsulate a necessary acknowledgement of the infant's active (though lesser) participation in the 'depressed relationship'; in that both mother and infant's implicit understandings and

expectations of one another become increasingly more fixed and locked over time in the absence of intervention.

This perhaps accounts for some of the 'stuckness' I feel I am consistently facing when working clinically with unwell mothers and their infants. Even the most loving attempts at connection, which take a considerable generation of energy, are often rebuffed and missed by either mother or infant, leaving a sense of despair and hopelessness remaining in the relationship. There remains, however, a possible clinical application of these concepts when considering the way in which research has suggested alterations in implicit relational knowing can contribute to change in the therapeutic relationship, based upon understandings gathered through parent-infant research. Importantly, for infant work, and unexpectedly, for myself, this appears to consist of predominantly non-verbal aspects; "implicit relational knowledge becomes the arena for the occurrence of changes outside the semantic sphere" (Morgan et al., 1998, p. 328).

The Novelty of New Relational Space

When considering the process of therapy, several components are described to locate the areas of change as distinct from the usual therapeutic proceedings. 'Moving along' has been briefly described, and appears to encapsulate the more gradual, everyday processes of infant-parent work with depressed mothers; encouraging and demonstrating an ability to mentalise the infant's expressions, observing baby in free play or communication, acknowledging the parents' past experiences and exploring how this may be impacting the current relationship, creating a therapeutic alliance with the family. However, I felt I had experienced with my described mother and baby dyad a moment more significant than that of the foundational moving along process. A moment of definitive shift, uniqueness, tension, presence. It felt distinct from other witnessed instances with other mothers and babies in loving reverie; and yet, the quality of connection was in some way similar. Furthermore, it appeared to spur on some internal, novel, open space that allowed for the possible introduction of new experiences such as mother's wish to bath baby for the first time the following day. I looked again toward the literature for assistance on understanding this moment.

Stern (1998) and the Boston Change Process Study Group further detailed ways in which shifts in implicit relational knowing are experienced and the relevance this may have upon further relational change. They proposed that a "moment of meeting" (Morgan et al., 1998, p. 325), in which a newly altered intersubjective environment is ushered in, precipitates change for both individuals involved. The moment of meeting is comprised of both co-constructed understanding, spontaneous individual contribution and "specific recognition of the other's subjective reality" (Lyons-Ruth et al., 1998, p. 286). There is an active, intense, authentic presence of all involved within a moment that is uniquely singular, spontaneous, fleeting and, perhaps, unremarkable. Emotional congruence between those involved is in ascendance, as what is being communicated is absorbed, communicated, and understood with mutual fittedness. There is a sense of shared understanding of shared past experiences existing together alongside a present acknowledgement of "what is happening, now, here, between us" (Stern et al., 1998, p. 908). Work or interaction is able to then continue, albeit with new depth. As Stern (2004) noted, *"*After a successful moment of meeting, the therapy resumes its process of moving along, but it does so in a newly expanded intersubjective field that allows for new possibilities*"* (pp. 370-371).

There is a concentration upon authenticity rooted in this concept. Morgan et al. (1998) detailed the way in which moments of meeting must occur within the context of a "real relationship" (Morgan et al., 1998, p. 325). However, this concept relates more to the way in which the moment of meeting occurs only in the case of shared, authentic experience as opposed to relational contact dominated by past representations. There is an acknowledgement that in adult therapeutic settings contact can arguably never be devoid of past influences. Gotthold and Sorter (2006) described the frightening implications of the term real relationship in a therapeutic context, concluding that this pertains more to the sense of "authentic engagement" in an "operative form of implicit relational knowing" where it is possible to access a "profound sense of knowing and being known" (p. 112). There is also an emphasis made on the movement forwards in time, in which therapeutic interactions are less domainated by ghosts of the past. Instead, there is a concentration upon the affect in the present moment. Those involved in the therapy are able to operate within implicit relational knowings they have constructed together.

> What is experientially prominent in the here and now is the past that the patient and therapist share together, rather than the past they share with other people... the therapeutic exchange is a dialetic between transference influenced interactions and real relationship interactions. (Morgan et al., 1998, p. 326)

In terms of my clinical work with the mother-infant example given, the idea of bringing their relationship into the 'here and now' as a therapeutic step felt particularly interesting. In previous sessions with this mother and infant, we had spent considerable time discussing their surrounding context; what had occurred prior to and throughout conception, pregnancy, birth, and early infancy. These contextual details were entirely relevant in the process of building an effective therapeutic alliance as well as deepening my own understanding of the presenting family. However, the "moment of meeting" appeared to occur in a brief encounter in which mother and infant were in some ways freed of this external narrative, now concentrating upon one another in the present moment. Despite the necessary acknowledgement of their, and our, shared past, there was a sense that the three of us were acknowledging "what is happening now, between us" (Stern et al., 1998, p. 908).

This perhaps also accounts for my own countertransference experience in the moment as if the affect of the room was fragile or delicately balanced in time. It felt as though the breaking out of this connective moment could happen at any time. I remembered a sense of goosebumps travelling over me, and felt aware that I was in the presence of something very unique. Although much of what was being verbally communicated was arguably sad or painful, it was indeed authentic and emotionally accurate at that point in time. I wondered about whether or not what I had witnessed and taken part in was an experience of maternal reverie (Bion, 1962) in an alternate form. I had certainly not witnessed the clinical prototype for this; the warm, containing mother gazing into her cradled infant's eyes. Yet, there was an unmistakeable loving, connective quality within this moment, reminiscent of a moment of reverie, in which mother appeared to authentically express her desire for connection, opening avenues for this to further occur.

Three Principles of Salience

Lachmann and Beebe (1996) noted three principles of salience which contribute significantly toward effective regulation, representation, and internalisation which are based upon infant research with further applications to adult treatments. These are: ongoing regulations, disruption and repair, and heightened affective moments, and have been identified as the key modes of dyadic regulation. It could be suggested that 'ongoing regulations' relates to the concept of moving along (Morgan et al., 1998), whilst 'disruption and repair' appears to correspond with Tronick's (1989) writings about the necessity for continuous reparation between mother-infant as well as Stern's (1985) concepts of negotiating and tolerating relational struggles. The variance in terms which appear to describe the same or similar concepts was noted by the authors.

The third, 'heightened affective moments', however, is described here as moments in which a "powerful state transformation" (Beebe & Lachmann, 1994, p. 147) can occur, referring to changes in arousal, affect and cognition (Lachmann & Beebe, 1996). This concept was first introduced by Pine (1981) in which he described "affectively supercharged" (p. 24) moments in which the infant experiences a sense of gratified merger and heightened arousal following the satisfying experience of hunger being effectively satiated. Conversely, the supercharged moment may also occur in the instance where similarly intense negative arousal occurs in the absence of such gratification. Pine suggested that these polarised experiences of momentary positive or negative arousal states in the infant have a lasting developmental impact. Beebe and Lachmann (1994) expanded these ideas, suggesting that a heightened affective moment is only able to occur in the context of "ongoing regulations" (p. 128) and "disruption and repair" (p. 129) providing a foundation in which the dramatic experience of heightened affect can appear as a novelty within an established relational framework. The authors echo Pine's proposal in the assertion that the heightened affective moment can produce the experience of either a disruption or repair, expanding the view that this experience is limited to the experience of satisfaction from hunger by mother.

Lachmann and Beebe (1996) also proposed that these principles of salience are relevant in the work of adult psychotherapy, suggesting, in particular, that heightened

affective moments work to usher in a broader relational scope and new experience of shared intimacy. There is limited explanation, however, about how the experience of moments such as these may occur in infant-parent psychotherapy, or directly detailed explanations of what these moments consist of. As I became familiar with the concepts of 'heightened affective moments' and 'moments of meeting', I found myself noticing more often case study literature that unwittingly appeared to contain descriptions of such moments.

The Power of a Moment

I was curious about the continuous concentration upon these brief 'moments', in the way that these concepts are constructed around an arguably fleeting point in time which could perhaps, at other times, be easily missed. However, this may be understandable in work with infants whose internal states can be shifting rapidly developmentally. There was a sense of reassurance in this continuous acknolwedgement of the power of the moment, as I had begun to worry throughout my research that perhaps I was looking too microscopically at a single point in time. Through further reading and research, however, I began to understand this moment as placed within a much larger relational context, with many prior moments contributing towards its illumination.

One example, located in Woodhead (2010), detailed parent-infant psychotherapy work with a traumatised refugee dyad. At the conclusion of their work, Woodhead described a sense in the room following a moment in which the therapist describes some of the paradoxical push me-pull you conflict occuring between mother and infant. Mother is then able to authentically communicate her curious enquiry with her infant – 'are you upset?':

> ...to speak, in affect-laden words, of how upsetting the conflict was for both of them enabled mother to empathize with her daughter and ask her a direct question about her feelings... A movement had taken place from expression of anger, to sadness, to mutual difficulty, and this allowed affection to enter. (Woodhead, 2010, p. 57).

I have selected this example as I recall it stood out to me on first reading. Woodhead's writing depicted a reasonably tense scene between mother and infant, as infant arches her back and protests against receiving her bottle. Despite the tension, there is a sense of mother's growing curiosity in her infant's experience as modelled by the therapeutic experiences gone before. By utilising the established therapeutic alliance and shared relational understandings, both mother and therapist are able to perservere in relationships with the infant at a tense moment which may have previously created disconnect and further rupture. Directly following mother's enquiry, the therapist (Woodhead) feels able to suggest to mother that 'we' remove the offer of the bottle, suggesting the presence of a mutual process. Following, a moment of loving intimacy and further connection occurs between mother and infant.

The relevance of a case example such as this is the way in which each moment can be considered separately and as parts of a whole. The more tense 'moment of meeting' described above in Woodhead's work was, in and of itself, relevant; however, without the relational context it may be less so. Furthermore, this more tense moment ushered in relational space for loving closeness and connection in which both infant and mother were primed and ready by the prior accumulation of moments. Authenticity also appears to be a component of this case study description. For the therapist, in her ability to take note of her countertransference discomfort with the continuous offer of the bottle. For the mother, in her eventual verbal enquiry with her infant. For the infant, in her bodily expressions of discomfort and later, engagement and disengagement.

Case studies, such as Woodhead (2010), offered a significant new perspective to my original clinical moment. In the beginning of this research, I had been curious to dissect exactly what had occurred in that moment that was both connecting and difficult to witness. There was a wish, perhaps, that by understanding the 'ingredients' of this connection it could continue to be replicated elsewhere therapeutically. I wondered if the 'ingredients' were in fact the specific words used, or similar, hence my initial searches which looked towards the function of language. However, now, considering that this moment perhaps occurred as part of a much larger relational context, I have gained a very new perspective. In the preceding therapeutic sessions conducted with this whānau, they and I

had endured extensive relational struggle, hopelessness, and discomfort which felt as though it was arguably of little use to any of us. Each session for me had felt overwhelming, terrifying, and as though I was part of an incompetent clinical machine which had repetitively failed this family.

However, what was gradually forming were shared relational understandings in which they and I were able to come to expect how things might feel or how they might go. There was a sense of relationship which continues despite these feelings. Considering the powerful relational trauma, we were able to reclaim small instances of going-on-being (Winnicott, 1965). I was able to gradually come to understand parts of their experience in non-verbal and verbal forms, both past and present. As this shared basis was formed with each session, eventually we were faced with enough sense of containment and shared perspective to then attempt something novel and authentic as experienced in my described clinical moment. There occurred also a gradual movement through time, in which the mother-infant relationship was able to move from being dominated by past experience (e.g., birth trauma), into a relationship between the three of us which could be experienced in the present moment. It therefore seems that my research question becomes something of a 'chicken or egg' wondering: which comes first, a sense of emotional authenticity which helps to build intimate relationship? Or the relationship which welcomes in space for authenticity?

Chapter 4: Discussion

Summary of Findings

In this chapter, I will briefly summarise the findings of the research, highlighting further implications for psychotherapeutic research and practice. Furthermore, I will discuss the ways in which my initial position has been altered over the course of the research. Finally, I will outline the strengths and limitations of the study. I began this research with an initial question in mind; how can parent-infant psychotherapy facilitate authentic communications in the context of maternal distress? In both Parts 1 and 2 of Chapter 3, I have explored the similarities and differences between varying psychotherapeutic approaches to compromised mother-infant dyads whilst examining the role of authenticity in their communication. Specifically, I have highlighted the ways in which infants appear to respond to and participate in the therapeutic process in an attempt to detail the infants' experience of therapeutic change. By examining the links between therapist-patient and mother-infant interactions, further understanding can be developed about the ways in which psychotherapy can be conducted with mothers and their infants. What has emerged is a discussion about the function of ongoing therapeutic relationships, and the way in which they may serve as both a model and a platform for the beginning traces of relational change. Additionally, further research questions have been stimulated throughout the process, indicating potential opportunities for extending this research in future.

The significance of exploring these concepts as it relates to my research question is that it establishes the idea that infants posess an active ability to participate in therapeutic engagement and communication, via their parent and the therapist. In parallel, further questions are raised about what exactly the infant experiences of therapy, and of the therapist. Furthermore, an examination into the most efficient means of establishing useful therapeutic connection remains a topic for further enquiry. The exploration of the role of authenticity, as it relates to infant psychotherapy, may also provide an area for further enquiry, as it is only briefly discussed in this research. It appears that communication which accurately aligns with the emotional content being experienced is arguably valuable to the compromised relationship between mother and infant (Morgan et al., 1998; Norman, 2001;

Salomonsson, 2017; Stern et al., 1998; Tronick, 1989). This is consistent with some aspects of infant research as well as case study material; yet, does not appear to be examined in depth as a free-standing concept. It is also arguable, that in order for space for authenticity and accurate mentalization to occur, a foundational relationship must be established in which the emotional space for it to be communicated and received must first be constructed (Beebe & Lachmann, 1994; Lyons-Ruth et al., 1998).

The interplay between the authentic, connective moment and the continuous building and rebuilding of implicit relational knowings appear to lie at the heart of this research. As mentioned at the conclusion of the previous chapter, this is arguably a 'chicken or egg' scenario in which both contribute towards the ongoing construction of the other. The idea that expansions in implicit relational knowing occur with the introduction of new or 'novel' experiences, be that with mother or therapist, further contributes to the idea that change is indeed possible whilst relational approaches are being formed. That is to say, despite the long-standing effect that early representations may have upon an individual, it remains possible to extend and grow those experiences beyond the distresses that may be unfolding within the first year of life. Assisting mothers and infants in reaching a relational state in which they are able to begin considering "what is happening, now, here, between us" (Stern et al., 1998, p. 908), is perhaps one of the clearest concepts which can be taken from this research.

The implications of such a shift into the here and now of the unique relationship allows for a significantly individual, yet relational, process to occur over a timeline appropriate for all involved. As a movement in the relationship occurs, each individual is able to shift from interactions hindered by the restraints of previous connections. What opens, is a space in which each member is able to know something of the self and other while trialling new ways of being together. This is arguably separate from the categorisation of happy moments equalling positive, and sad moments equalling negative. Instead, there is a recognition of the importance of coming to acknowledge something that is true for us, together, at this time. In the case of parent-infant interactions, this research suggests that such a moment may comprise of varying forms of communication; both verbal and non-verbal.

Implications for Psychotherapy

The implications of this research for the psychotherapy field include opportunities for further research and practice. The most pertinent area of research involves a closer exploration of the construction of triadic implicit relational knowing in infant-parent psychotherapy. This may involve a micro-analysis which charts communications between therapist and infant, parent and infant, as well as therapist and parent. By more closely investigating what occurs in these communications, a more in-depth understanding of how relational structures contribute to change and reconnection may be established. Furthermore, another research opportunity may involve an extensive exploration of the function of authenticity in the context of infant-parent psychotherapy, as well as an investigation of what occurs in its absence. Furthering research which focusses upon the infant's experience of maternal mental illness appears to address an existing gap in the psychotherapy literature. Research that explores the effect of psychotherapy in a mother-baby psychiatric unit may also be of benefit to the literature, as this form of post-natal care appears to support attachment principles at an exceedingly difficult relational time. Investigating the strengths and limitations of parenting in very difficult circumstances from a psychoanalytic perspective may shed light on the nuances of workplace and family dynamics which occur in this setting. Each of these research opportunities has the potential to further knowledge of best practice, in turn carrying potential for bettering outcomes for infants and their families.

The research implications of this writing may also exist in an exploration of the converse situation; that is, what is occurring when authentic communication feels unachievable or blocked? Several writers have explored this topic in their discussions of Bion's (1962) concept of K and -K as it pertains to the role of curiosity and the epistemophillic instinct. This topic, in turn, relates to the psychotherapeutic experience of wanting to know more, and allowing for the experience of being known (Brady et al., 2012; Fisher, 2006). Creating connections between some of these concepts and parent-infant work also remains an area for further research.

The research presented in this study may have implications for clinical practice; for instance, through careful recognition of the way in which relationship with an infant and

parent is carefully constructed over time, eventually allowing space for potential change. These concepts paint the gradual 'moving along' process in new light, through acknowledgement of the challenging and sometimes hopeless experience within the countertransference. By regarding this as part of the 'moving along' process, in which relational knowledge is being constructed, a new sense of direction emerges. That is, to be able to bear with the initial stages of disconnect and rupture, a perservering relationship can begin to emerge. By continuing with therapy through these times (weathering the storm), it appears possible for 'moments of meeting' to later occur and catalyse connections.

Furthermore, through the investigation of the infant's response to the presence of the therapist in Part 1 of Chapter 3, there is a supporting sense that the infant may experience a sense of containment through the course of therapy. In reinvigorating the sense that each therapeutic connection can be valid, useful, and leading towards authentic, meaningful change, there is a revitalised sense of its purpose. For myself, as the potential therapist in these encounters, I believe it is necessary to locate ways of maintaining a sense of hopefulness in the therapeutic process. This sense supports my ability to maintain positive regard for struggling families, whilst holding a sense of 'aliveness' in a space which can be described as deadening or a "black hole" (Arons, 2005, p. 101).

Strengths and Limitations

The strengths of this study lay at the heart of the methodology in its invitation to immerse oneself in the research process. By both investigating the existing perspectives in the literature while consistently evaluating the effect this has had upon my broadening knowledge, I have personally experienced shifts in perspectives and furthering lines of questioning. In the process of 'letting go' of the idea that my research will result in a singular, succinct answer, I have instead found myself opened to varying stimulating lines of enquiry. The openness of the hermeneutic approach has also allowed for different research areas to be incorporated, creating links and connections which had not previously existed.

The research process involved immersing myself in a consistent evaluation process in which I attempted to consider my own personal horizons as well as the contexts from which the authors may be coming. This approach has allowed for a sense of integrated learning, in which I feel the concepts have been thoroughly investigated. I have simultaneously learned about myself, theoretical viewpoints, and modes of practice. The hermeneutic process has also allowed for some of my personal pre-understandings to be challenged, eventually re-evaluated, or discarded. This feels as though it is an important strength of hermeneutic methodology, as it has invited me to pay attention to these initial standpoints instead of unwittingly holding steadfast to them throughout the research.

Conversely, the limitations of this study also lay within what can be viewed as part of its strength. Positivist research structures advocate for reliability as a hallmark of stable and consistent research, which are perhaps unhelpful measures of the hermeneutic approach. The personal and interpretive nature of this research suggests it cannot be replicated. However, these measures are perhaps less relevant to this form of research, which instead invites the reader to engage with the thoughts presented to form their own lines of questioning.

This research is also limited by its scope, in that there were many lines of enquiry that I felt I could not include, due to time restrictions, which perhaps may have been helpful in building a more robust picture of the chosen phenomenon. This may have included further clinical examples of instances in which authenticity or inauthenticity can be observed, and the effect this had upon the relational sphere.

Conclusions and My Evolving Position

Entering this research involved a careful investigation of my own pre-understandings which informed my research position. From the outset, I became aware of a deeply personal root related to my experience as a child (and likely, as an infant),which drove my initial interest in this research. I began to recall feeling acutely aware of a sense of unease, tension, and imbalance in my family; yet, at the same time, felt excluded from any explanation about what this may mean from the adults around me. Reflecting now, as an adult myself, I feel

that this earlier experience resulted in many years spent internally constructing (both consciously and unconsciously) explanations for these feelings which perhaps had little relation to the external reality. Throughout these times, the internally constructed explanations perhaps coloured my interaction and understanding of the world, creating an ongoing sense of difficulty and disconnect. What eventually ensued in my professional practice was an unwittingly loaded striving for upholding the voices of children, to find ways to assist them with finding understandings I had felt unable to reach. In the described clinical moment, I arguably became acutely aware of a moment in which something of the infant's difficult external reality was able to be accurately translated to him through his mother within the therapeutic setting. The aliveness of that moment that I recalled perhaps related in many ways to my own countertransference wish to receive a kind of magical, clear explanation which explained away the wordless unease I carried for a very long time.

By investigating the understandings present in the literature about what may be occurring in a moment such as this, I have gradually found ways to alter my own position into one which is more able to regard the surrounding therapeutic relationship as being as potentially valid as the moment itself. Through the reading and researching process, I have located language which begins to accurately depict and describe the ways in which the gradual moving along process can eventually contribute towards a moment of meeting, in which the infant is able to take in and express aspects of the whole communication. My initial position, which wondered purely about the function of mother's words in that moment, has expanded to include not only the words and non-verbal aspects of communication present in that moment, but the many other interactions preceding and succeeding this moment. That is to say, the communicative 'ingredients' I hoped to locate, exist outside of generalisable cataloguing and instead remain as pieces of an individual, contextual, relational puzzle.

There appears to be an uncanny link between my intital thoughts and feelings at the outset of this research and my sense as I come to the end of this piece. As I began, feelings of uncertainty, difficulty in explaining, stuckness, and wordlessness prevailed, leaving me with the sense that the topic was much too difficult and vague to be researched. This seems to be closely bound up in the infantile experience and, perhaps, in the experience of the

distressed mother, feeling unable to reach her baby. However, after engaging in the hermeneutic process, it seems that the value emerges gradually throughout the process, rather than in a singular, distinguishable result. Again, this appears closely related to the gradual relational experience which occurs between mother and infant, in that the clarity and closeness emerges over time through persistance, assistance, and establishing an ability to continue going-on-being (Winnicott, 1965). I am reminded of an excerpt from a favourite poem, which I feel aptly contributes to the concluding thoughts of this research.

Here or there does not matter
We must be still and still moving
Into another intensity
For a further union, a deeper communion
Through the dark cold and the empty desolation,
The wave cry, the wind cry, the vast waters
Of the petrel and the porpoise. In my end is my beginning.
(Eliot, 1940, p. 129)

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