Paper 18 (2021)

How novel interactions in parent–infant psychotherapy can contribute to change in a depressed relationship between mother and infant: Reflections from a hermeneutic literature review

Monique Hiskens and Kerry Thomas-Anttila

I (Monique) first became interested in this topic while working with a mother and her infant within a psychiatric ward. My role at the time had involved supporting mother with her attachment to her son whilst they were admitted to the unit for the purposes of providing psychological input alongside psychiatric treatment. My stance was informed by psychoanalytic infant observation and wider psychotherapy principles. Over the course of my work with mother and infant, a particular moment between the dyad stood out as unique and, as such, invited further enquiry. In the dissertation I wrote in my final year of the psychotherapy Master's programme at Auckland University of Technology, I sought to investigate the 'ingredients' that had contributed to this moment, in order to better understand what had occurred between us in the room.

This paper is inspired by my dissertation research, which took the form of a hermeneutic literature review. It does not, however, serve as a complete summary of the ideas available in the literature. It is, instead, a reflection upon a key learning from the literature reviewed for the dissertation, alongside a reflection of how this learning has since informed my clinical practice. I begin with reflections from my clinical work with the mother and her infant. Identifying details have been disguised to protect their privacy.

Origins

At the time that I first met the mother infant pair, they had experienced significant environmental disruption which appeared to precipitate mother's eventual mental health crisis and the lack of formation of an effective attachment relationship. Mother described a perpetual inability to think, indifference towards her infant, chronic exhaustion, deep despondence, and acute suicidality. The infant presented with many medical difficulties and at seven months of age interacted in a lifeless, empty, gaze-avoidant manner. In sessions with the dyad, the predominant countertransference responses I experienced involved debilitating helplessness, loneliness, impotence, and low-grade nausea in the pit of my stomach. I often stumbled over my words and frequently lost my own ability to concentrate on either mother or child, slipping into a similar formless dissociation that appeared to present in the infant. Our sessions together frequently involved a painful witnessing of mother and infant taking turns in their rejection and indifference toward each other, and I felt unable to helpfully assist the dyad.

Finding a way to hold them in mind as they struggled had felt impossible, and I became aware of a strong aversion to being together that seemed present within the three of us. This also appeared to frequently echo within the wider teams (i.e., paediatrician, dietitian, nursing staff, occupational therapists) that worked with this dyad, who often endeavoured to offset this discomfort by insisting on ways the mother and infant should alter their interactions with one another. This came in the form of giving instruction, advice, or making demands about how and when things such as feeding, holding, settling to sleep, or communicating should be done. There were many opinions about what this dyad 'needed'. At times, this was experienced by the family as forceful and confusing due to the conflicting information which pushed and pulled the family in different directions. It also resulted in both mother and infant being unwittingly reminded of how dysfunctional things between them had become, as those around them sought to consistently alter them. There was a realistic driver to these interventions; it was clear that the infant was failing to thrive both in his physical and social development. However, the unfortunate and unexpected side effect of the consistent encouragement to do things differently was the perpetuation of the distance between mother and son.

In the instances where mother attempted to employ aspects of the advice given by health professionals, she would reach out to her child through song, touch, or eye contact. He would respond by drifting away, appearing to slip into a frozen, limp state as though his connection to the world dissolved in that moment. When observing these interactions, I experienced mother as inauthentic—trying to force jumpstart a liveliness that was not present within her nor between them. This appeared to have a repelling effect, despite mother's best intentions and the best intentions of those encouraging mother to interact with her baby in this enthusiastic manner. These moments felt heartbreaking and sad, due to the truth that mother took from this each time; he does not need me, nor does he want me, and why should he? Similarly, there were very few instances where I witnessed the infant spontaneously signalling to his mother to have his needs met. It was, in fact, quite difficult to ascertain what his needs were due to his general under signalling. However, there were moments where he demonstrated his social capacity with his au pair, turning towards her voice with a brief sense of animation. This, too, would serve as a painful injury to mother, who also noticed his ability to show interest in the au pair. We continued in this manner for many sessions.

The moment

The phenomenon I chose to research arose in an interaction which seemed to precede several 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 manoeuvred her baby to face her on her lap. He was often physically uncomfortable while being held and would fight off being cradled by arching his back or squirming. I reflected to mother some of her 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 from her; nor was it the hopeless, helpless adult voice she often 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 was speaking to him about the two of them together. The hairs on the back of my neck stood up. The silence felt 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. During my research, I referred to this interaction as ‘the original moment’; it was always present in my mind as I searched and read the literature for resonances and understanding.

On authenticity

Infants can be thought of as possessing a wide range of communicative tools and goals, propelling them towards active participation in communication (Banella & Tronick, 2019; Baradon et al., 2016; Music, 2017; Salomonsson, 2017; Tronick & Beeghly, 2011). 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, 2017; Lieberman & Harris, 2007; Magagna, 2012; Norman, 2001; Salomonsson, 2007, 2017). I endeavoured to look more closely into this specific aspect of non-verbal communication. This aspect appeared to relate to my research topic; investigating the ways in which parent–infant psychotherapy can facilitate authentic communications in the context of maternal distress.

When first wondering about what had occurred in that moment between mother and infant, 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 pondered what of mother’s lexical content the infant was able to understand and thought perhaps this is where the key communicative difference lay. My wondering initially focussed on the words used by mother in this original moment. Yet, what appeared to be emerging in the research was a noticing of the way in which the infant was impacted less by the verbal content and instead by the moment of authentic, emotional communication which aligned with the infant’s internal experience. Within this, something of the communication from a containing presence appeared to be received and translated more effectively. There was somehow more to this dynamic, however, as mother had been authentically sad and distressed many times before in other sessions which had not appeared to permeate with the infant in the same way this moment had. Authenticity was identified as one key feature in the original

moment, but it felt pertinent to examine what other parts had contributed. I was drawn towards literature that discussed the process of psychotherapeutic change, as three key articles had continued to illuminate themselves throughout my engagement with the hermeneutic process.

Something more than interpretation

The Boston Change Process Study Group comprises psychoanalytic infant researchers who seek 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. They attempted to detail what this "something more" comprises. The group observed great parallels between what occurs in the infant–parent relationship and the client–therapist relationship. This 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 and how shifts in those implicit knowings appear to contribute toward meaningful growth and change.

Recognition was given to the asymmetrical nature of the client–therapist intersubjective space, which also applies in the infant–parent relationship. Both participants can be considered active in the co-construction of relational patterns. However, there is a structural, necessary imbalance in terms of whose emotional needs are being attended to, who possesses a greater range of ability, and who is able contribute more towards scaffolding the shared understandings (Morgan et al., 1998). In the client–therapist relationship, we would imagine that it is the client bringing their unconscious content to be worked upon. However, there remains an unavoidable component of the relationship which the therapist contributes to in their own way via the countertransference. This is a theoretical development which moves beyond the classical psychoanalytic approach in which the therapist is assumed to be at all times objective and emotionally neutral (McWilliams, 2011). In the infant–parent relationship, we would imagine that the parent takes predominant responsibility for most of what occurs in the relationship, as the cognitive driver of familial patterns. However, the infant brings their primitive self and uniquely participates in the construction of the relationship.

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 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). 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 knowledge as opposed to the sense of taking in from the outside, as 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 specific relational patterns from a known caregiver, distress when these expectations are violated, and generalisations of interactive patterns (Banella & Tronick, 2019; 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)

These concepts emphasise the uniqueness of all relationships. That is, we can observe that there are some generalisable ideas about the ways relationships are formed or participated in which can offer useful structure in understanding where a dyad’s struggle may be developmentally located. However, alongside remains a web of unique implicit relational knowings which continuously inform all relationships and contribute to a messy co-constructive process within the therapy. Psychotherapy with infant–mother couples invites us to acknowledge that "at the base of relational uniqueness are inherently sloppy microtemporal communicative processes expressing relational intentions, affects, and knowings that are then further elaborated, repaired, and apprehended by co-creative processes” (Tronick, 2003, p. 478). Cooper (2015) describes the juxtaposition of both relational singularity and the often repeated generational themes: “Relationships have a level of plasticity, uniqueness, and an embedded indeterminacy, even as one braces for one’s tendencies for repetition” (p. 337).

The normal developmental process is described in great detail as a model for effective 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 parenting experiences 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 persevere 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). There is a need to assist mother and infant to re-find their ability to continue moving along. This involves a reformulating of the difficult moments as part of a necessary process, feeling able to approach these moments with curiosity and resilience as opposed to experiencing them as a devastating confirmation of hopelessness.

In this sense, perhaps by deepening an understanding of what is occurring in effective mother–infant moments of contact, the therapeutic process can become more 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 can 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 can resume.

The co-creation of a depressed relationship

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'. Both mother and infant's implicit understandings and expectations of one another can become increasingly more fixed and locked over time in the absence of intervention. Acknowledging the process of co-creation in the depressed relationship was a helpful learning, as it supported my observations of this mother and infant in which the infant himself participated in the depressed style of interaction. In my own interactions with the infant, I had found myself often tempted to rouse him from his depressed, limp state due to the discomfort it produced in me. Alone with this infant, the countertransference felt empty and bleak. Unable to access natural bonds through playfulness and interaction, I found myself feeling distant in our relationship as though he had become wholly unwilling and uncurious about the world around him. This dynamic certainly appeared to reflect in the relationship between mother and infant, as in her moments of attempting to connect with him she often found herself feeling disappointingly rebuffed. Between them both, the pattern of helpless interaction continued. This perhaps accounts for some of the 'stuckness' I feel I am consistently facing when working clinically with unwell mothers and their infants.

By coming to understand that the infant, too, unwittingly participated in this relational style, he (and mother) could begin to be approached compassionately. Counteracting the predominant senses of helplessness, hopelessness, and stuckness, the therapist can hold in mind a faith that gradual alterations to implicit relational knowing can contribute to change in the therapeutic relationship. 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 continual and sometimes painful experience of moving along, can be conceptualised as an important foundational time in which the therapist is coming to understand the background of the dyad's subtle implicit relational knowings. There is space

within this for the therapist to find a way to accept the mother and infant as they are, to join with them from the point at which they are beginning. With a depth of understanding from this viewpoint, the therapist can begin to observe occurrences of tenuous novelty; the creaking open of a door to let in new light.

How novelty invites 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, thus gradually creating a therapeutic alliance with the family. However, I felt I had experienced with my 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 bathe baby for the first time the following day. I looked again toward the literature for assistance on understanding this moment.

Stern et al. (1998) and the Boston Change Process Study Group further detail ways in which shifts in implicit relational knowing are experienced and the relevance this may have upon further relational change. They propose 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 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 and understood with mutual fittedness. There is a sense of joint understanding of shared past experiences existing 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) notes, *"*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).

Similarly, Lachmann and Beebe (1996) note 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. The three aspects listed 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 principle, 'heightened affective moments', however, is described 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 gratifying 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 suggests that these polarised experiences of momentary positive or negative arousal states in the infant have a lasting developmental impact. Beebe and Lachmann (1994) expand these ideas, suggesting that a heightened affective moment is only able to occur within the context of "ongoing regulations" (p. 128) and "disruption and repair" (p. 129). This provides a foundation in which the dramatic experience of a heightened affective moment can appear as a novelty within an established relational framework.

Lachmann and Beebe (1994) echo Pine's (1981) proposal in the assertion that the heightened affective moment can produce the experience of either a disruption or repair. This expands the view that the heightened affective moment is limited to the experience of satisfaction from hunger by mother. Instead, they suggest that the heightened affective moment can include moments which usher in a broader relational scope and new experience of shared intimacy. There is a psychical feeding that takes place, similar to an experience of satiation.

Links to the original moment

The descriptions of heightened affective moments and moments of meeting certainly fit my experience of the original moment. The moment in itself was unremarkable if not for an awareness of the emotional impact that had occurred within it. Through an observation of my own countertransference experience, the moment could be recognised as singularly novel in its affect, highlighting itself as a moment of meeting. My wonderings about this time have included a consideration that without the prior experiences of the painful "moving along" of the therapy, made up of the many empty and fruitless interactions that had preceded it, this moment could have been easily missed. The therapy, in many ways, resumed its normal process of moving along, with many more difficult interactions to follow. However, an organic hopefulness had entered my mind as the therapist, with a witnessing of this authentic connection where both mother and infant attuned to each other in a painfully touching way. Reflecting upon this moment now, I am struck with an image of the first delicate wisps of smoke rising up from a fire as attempts are made to kindle it with the repetitive, frustrating rubbing together of two sticks. This moment certainly did not indicate a lit fire, but instead gave the participants a brief moment in which

the fire could all at once be imagined again as a real prospect.

There is a concentration upon authenticity rooted in this concept. Morgan et al. (1998) detail the way in which moments of meeting must occur within the context of a "real relationship" (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) describe 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 on the movement forwards in time, in which therapeutic interactions are less dominated 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 dialectic between transference influenced interactions and real relationship interactions. (Morgan et al., 1998, p. 326)

In terms of my clinical work with the given mother–infant example, the idea of bringing their relationship into the 'here and now' as a therapeutic step felt particularly valuable. 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 able to acknowledge "what is happening now, here, 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 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 communicate her desire for connection, opening avenues for this to further occur.

Taking these concepts forward

Since undertaking the initial dissertation research, I have maintained an interest in recognising moments of meeting, as well as accessing an internal sense of patience whilst navigating the initial stages of the moving along in therapy. This has served as a kind of antidote to my repulsion of stuckness, allowing me to remain in paced step with a family or dyad throughout these early stages of therapeutic engagement. It is not to say that the natural repulsion present when bearing witness to disconnect between mother and infant is no longer in existence. Rather, I allow myself to take some reassurance in this broad categorisation of the movement of therapy; now more able to map our travels with both an individual openness to the intersubjectivity alongside a sense of vague direction.

Finding myself trapped in the relational stuckness of a family in which unhelpful patterns continue to be acted out no longer feels as though we are drifting directionless through space. Instead, I am grounded by the idea that we may very well happen across a moment of meeting in which something different enters the therapy. This reassurance assists me in resisting the temptation to fly into action or suggest interventions or exercises we could try to stimulate their attachment. The drive to 'do something' was present throughout my work with this family (and other families), as I was aware of the very present risk posed to the infant's social, emotional, and physical wellbeing as he attempted to develop within this emotionally barren landscape. The idea of remaining as a bystander to the possible effects upon him was utterly unbearable. However, colluding with this hopelessness was no more reassuring as it perpetuated mother's own suicidality.

Although there may be times where direct intervention is useful, my sense with this family was that they were often bombarded by the perspectives of health professionals, leaving no room for mother's instinct or desire to emerge. All aspects of feeding, sleeping, and interacting had been already colonised by myriad other well-meaning health professionals. Mother, in turn, felt utterly spare to the equation. Her utterances of "these are not my babies", alongside her felt inability to think, could be well understood in this context. I would suggest that this mother was not left with any sense that her relational contribution with this infant had felt 'good enough' in the Winnicottian sense (Winnicott, 1965). Instead, what pervaded was the prominent idea that she must find ways to do more, do differently, and interact in a way which felt incongruent with the emotional reality of their situation at the time.

In the original moment, however, the shift witnessed had involved an authentic recognition of the difficulties in their relationship. Mother had been able to recognise negative feelings within herself and name these accurately in the present moment. Furthermore, she was able to accurately express her wish to remedy their connection. In a sense, this was the authentic, loving component of the communication which perhaps prevented the moment from being altogether overwhelming for the infant. The good mother can be described as a mother who is able to acknowledge and tolerate her feelings of hatred and aggression within herself (Parker, 2005). Margot Waddell (2018) writes:

> Those experiences that make sense do so because they are underpinned by emotional authenticity. They are therefore the ones that can be learnt from. Those experiences which do not make sense have to be either artificially accommodated in the personality or extruded elsewhere, coming to hinder rather than to foster growth. (p. 42)

The chapter invited me to investigate closely the unique contribution offered by psychotherapy in the field of parent–infant work. The observational lens allowed me, as a practitioner, to look beyond the initial painfulness of the moment to understand in greater depth what had occurred. As Bion (1962) aptly described, the work involves a transformation of unthinkable beta-elements into more cohesive alpha-elements which can be reflected upon or integrated more effectively.

The co-creation of relationship between infant and mother has been described as an ongoing, messy process formed continuously through the give and take of affect and expression (Banella & Tronick, 2019). The contemporary relational approach advocates strongly for a co-constructive therapy process in which there is an emphasis upon the progression of intersubjective discovery within therapeutic relationships (McWilliams, 2011). The particular strength of psychotherapy, in this sense, is the recognition of the uniqueness of relationships due to implicit relational knowings, as well as the ongoing momentariness of relational states. This applies to both client–therapist and infant–mother. Psychotherapy invites the gathering in of both joyous and difficult moments of connection present in all forms of relationship. Regarding each of these types of interaction as potentially significant invites a unique process of moment-to-moment discovery. That is to say, there is every likelihood that this clinical moment could have been missed, dismissed, altered, or impinged upon in another time or setting.

As I take these ideas forward into my work with children, adolescents, and their parents, I find myself patiently open in different ways to what is bought into the therapy room. Most notably, I find myself interested in moments of spontaneous novelty, in which something within the countertransference, the dialogue, or the affect is felt to be moving into a territory not yet explored. The need for spontaneity is perhaps accounted for in the discussion of authenticity. That is to say, the spontaneous action must be underpinned by an emotional authenticity to allow for effective correspondence between the perceived need and the response activated. If a response is carried out by a mother due to the external direction from another (i.e., when she is given instructions), it could be understood as in some way incongruous or inauthentic within her—she had neither perceived her infant's need nor constructed the response to give. However, in the spontaneous action, something within mother occurs authentically, prompting her salient response.

By viewing spontaneous, authentic novelty as an important ingredient of change, I have found myself in practice to be more receptive to locating the moments in which it seems to occur. A clinical example includes a time of feeling more able to receive feedback from a previously people-pleasing adolescent. Their criticism of the therapy sessions and of me as their therapist had been unexpected. Yet, on reflection I found myself feeling more able to view this painful feedback as an important movement forward in this young person's ability to state their own needs and expectations. Another example includes an adoptive parent admitting to me that their relationship to their adopted child felt distinctly different to their

relationships to their biological children. I had experienced a level of grief upon hearing this; and yet, it appeared to free both parent and child from a burdening expectation which had prevented the authentic development of their unique relationship. In each of these moments I had experienced an initial level of uncertainty which had also been present in the original clinical moment centred in this paper. There was a clear sense that we were, all at once, navigating something different which existed outside of our therapeutic norm and that had been constructed over the preceding sessions.

Conclusions

In this paper, I have reflected upon psychoanalytic literature which draws understandings from psychotherapeutic work with clients as well as observations of the infant–parent relationship. What is suggested is that facilitating effective, co-created, meaningful change involves at first establishing a moving along process, in which the therapist comes to understand, in a felt sense, the subtle and specific ways an infant and their parent interact together. There is a concentration upon the implicit relational knowings at play. Following, maintaining an open receptivity to authentically spontaneous or novel moments invites the couple to move gradually beyond their stuckness. In the context of some established emotional safety within the therapeutic relationship, there becomes room to step beyond the established way of interacting. There is a sustained concentration upon "what is happening now, here, between us" (Stern et al., 1998, p. 908). I feel that this delicately put phrase by Stern encapsulates, with both simplicity and depth, the attentiveness to the ongoing experience of relationship held within this form of psychotherapeutic work.

References

Arons, J. (2005). In a black hole: The (negative) space between longing and dread: Home-based psychotherapy with a traumatized mother and her infant son. *Psychoanalytic Study of the Child, 60*, 101–127. https://doi.org/10.1080/00797308.2005.11800748

Banella, F., & Tronick, E. (2019). Mutual regulation and unique forms of implicit relational knowing In G. Apter, E. Devouche, & M. Gratier (Eds.), *Early interaction and developmental psychopathology* (vol. 1, pp. 35–53). Springer. https://doi.org/10.1007/978-3-030-04769-6_3

Baradon, T., Broughton, C., Gibbs, I., James, J., Joyce, A., & Woodhead, J. (2016). *The practice of psychoanalytic parent-infant psychotherapy: Claiming the infant* (2nd ed.). Routledge. https://doi.org/10.4324/9781315751016

Beebe, B., & Lachmann, F. (1994). Representation and internalization in infancy: Three principles of salience. *Psychoanalytic Psychology, 11*(2), 127–165. https://doi.org/10.1037/h0079530

Bion, W. (1962). *Learning from experience.* Heinemann.

Bollas, C. (2017). *The shadow of the object*. *Psychoanalysis of the unknown thought.* Routledge. https://doi.org/10.4324/9781315437613

Cohn, J. F., & Tronick, E. (1983). Three-month-old infants' reaction to simulated maternal depression. *Child Development, 54*(1), 185–193. https://doi.org/10.2307/1129876

Cooper, S. (2015). An elegant mess: Reflections on the research of Edward Z. Tronick. *Psychoanalytic Inquiry, 35*(4), 337–354. https://doi.org/10.1080/07351690.2015.1022477

Field, T., Healy, B. T., Goldstein, S., Perry, S., Bendell, D., Schanberg, S., Zimmerman, E. A., & Kuhn, C. (1988). Infants of depressed mothers show “depressed” behaviour even with nondepressed adults. *Child Development, 59*(6), 1569–1679. https://doi.org/10.2307/1130671

Gotthold, J. J., & Sorter, D. (2006). Moments of meeting: An exploration of the implicit dimensions of empathic immersion in adult and child treatment. *International Journal of Psychoanalytic Self Psychology*, *1*(1), 103–119.

Lachmann, F., & Beebe, B. (1996). Three principles of salience in the organization of the patient-analyst interaction. *Psychoanalytic Psychology, 13*(1), 1–22. https://doi.org/10.1037/h0079635

Lieberman, A. F., & Harris, W. W. (2007). Still searching for the best interests of the child: Trauma treatment in infancy and early childhood. *The Psychoanalytic Study of the Child*, *62*(1), 211–238. https://doi.org/10.1080/00797308.2007.11800790

Lyons-Ruth, K., Bruschweiler-Stern, N., Harrison, A. M., Morgan, A. C., Nahum, J. P., Sander, L., Stern, D. N., & Tronick, E. Z. (1998). Implicit relational knowing: Its role in development and psychoanalytic treatment. *Infant Mental Health Journal, 19*(3), 282–289.

Magagna, J. (2012). *The silent child: Communication without words.* Routledge. https://doi.org/10.4324/9780429483196

McWilliams, N. (2011). *Psychoanalytic diagnosis: Understanding personality structure in the clinical process*. Guilford Press.

Morgan, A. C., Bruschweiler-Stern, N., Harrison, A. M., Lyons-Ruth, K., Nahum, J. P., Sander, L., Stern, D. N., & Tronick, E. Z. (1998). Moving along to things left undone. *Infant Mental Health Journal, 19*(3), 324–332.

Music, G. (2017). *Nurturing natures: Attachment and children’s emotional, sociocultural and brain development* (2nd ed.). Routledge.

Norman, J. (2001). The psychoanalyst and the baby: A new look at work with infants. *The International Journal of Psychoanalysis, 82*(1), 83–100. https://doi.org/10.1516/MFNV-9KKF-4AJT-8RC1

Parker, R. (2005). *Torn in two: The experience of maternal ambivalence*. Virago.

Pine, F. (1981). In the beginning: Contributions to a psychoanalytic developmental psychology. *International Review of Psychoanalysis, 8*, 15–33.

Salomonsson, B. (2007). Talk to me baby, tell me what's the matter now': Semiotic and developmental perspectives on communication in psychoanalytic infant treatment. *The International Journal of Psychoanalysis, 88*(1), 127–146. https://doi.org/10.1516/04p3-fuer-0u41-lln8

Salomonsson, B. (2017). The function of language in parent-infant psychotherapy. *The International Journal of Psychoanalysis, 98*(6), 1597–1618. https://doi.org/10.1111/1745-8315.12666

Stern, D. (1985). *The interpersonal world of the infant: A view from psychoanalysis and developmental psychology* (1st ed.). Routledge. https://doi.org/10.4324/9780429482137

Stern, D. (2004). The present moment as a critical moment. *Negotiation Journal, 20*(2), 365–372. https://doi.org/10.1111/j.1571-9979.2004.00029.x

Stern, D., Sander, L., Nahum, J. P., Harrison, A. M., Lyons-Ruth, K., Morgan, A. C., Bruschweiler-Stern, N., & Tronick, E. (1998). Non-interpretive mechanisms in psychoanalytic therapy: The 'something more' than interpretation. *The International Journal of Psychoanalysis, 79*, 903–921.

Tronick, E. (1989). Emotions and emotional communication in infants. *American Psychologist, 44*(2), 112–119. https://doi.org/10.1037/0003-066x.44.2.112

Tronick, E. (2003). “Of course all relationships are unique”: How co-creative processes generate unique mother-infant and patient-therapist relationships and change other relationships. *Psychoanalytic Inquiry, 23*, 473–491. https://doi.org/10.1080/07351692309349044

Tronick, E., Als, H., Adamson, L., Wise, S., & Brazelton, T. (1978). The infant’s response to entrapment between contradictory messages in face-to-face interaction. *Journal of the American Academy of Child Psychiatry, 17*(1), 1–13. https://doi.org/10.1016/s0002-7138(09)62273-1

Tronick, E., & Beeghly, M. (2011). Infants' meaning making and the development of mental health problems. *American Psychologist, 66*(2), 107–119. https://doi.org/10.1037/a0021631

Waddell, M. (2018). *Inside lives: Psychoanalysis and the growth of the personality*. Routledge. https://doi.org/10.4324/9780429475979

Winnicott, D. W. (1965). *The maturational process and the facilitating environment: Studies in the theories of emotional development* (vol. 64). The Hogarth Press and the Institute of Psycho-Analysis. https://doi.org/10.4324/9780429482410