

# Mindful Parenting: a group approach to enhancing reflective capacity in parents and infants

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**Abstract** Fonagy (1998a) has suggested that the core of prevention of psychopathology in early childhood should be the enhancement of mentalizing. To that end, this paper introduces Mindful Parenting, an innovative psychotherapeutic group designed to promote reflective functioning in parents and their infants/toddlers. The interdisciplinary underpinnings of this group work, including the utility of applied infant observation, is followed by exposition of the structural components of Mindful Parenting. Evocative moments from the group experience are interwoven, in an effort to make plain the ways that Mindful Parenting seeks to restore, cultivate, and sustain the most basic, verbal and nonverbal, affective contacts between parent and child. The paper concludes with clinical material on the birth of a thinking couple.

**Keywords** Parent-infant group; reflective functioning; Mindful Parenting; infant observation; wonder.

## Introduction

The Maple Counseling Center, a large, non-profit community mental health agency, is the site of an Infant Mental Health Service and Training Program presently in development. The pilot project of this programme is *Mindful Parenting*, an innovative, therapeutic parent-infant group, which I have developed and currently facilitate. Mindful Parenting, which began in July of 2001, is an experimental work-in-progress that evolved out of my interest in the clinical possibilities for interplay between contemporary psychoanalysis, infant observation, attachment theory and research, infant and brain research, affect regulation theory, and related areas of study, as well as the experiential, non-clinical parent-infant group format known as RIE (to be discussed later in this paper). My intention here is to make explicit the design and offer some preliminary thoughts on the utility of this therapeutic group work.

Starting from the assumption that (1) a secure attachment bond is the foundation for adaptive infant mental health (Schore, 2001); (2) that the security of a child's attachment is strongly predicted by mother's capacity to reflect on her child's affective

experience (Slade *et al.*, 2001); and (3) that the core of prevention of psychopathology in early childhood should be the enhancement of mentalizing (Fonagy, 1998a); the Mindful Parenting group intervention aims first to create the conditions that allow parents to experience, cultivate, and practice the art of wonder—wonder about what goes on in one's own affective mind-and-body experience as well as in that of the infant.

In this paper, I will first present the interdisciplinary underpinnings of our group work, including the utility for clinicians and parents alike of observing infant life. The creation of Mindful Parenting, including the structural components of our group experience, will follow, along with thoughts on infant-led and parent-led therapeutic facilitation of parent-infant interactions. Finally, I will present clinical material on the birth of a thinking couple.

When all goes well between a parent and infant, what transpires is at once a very ordinary, yet affectively complex flow of information leading towards higher states of joyful play. From time to time throughout this paper, I will interweave descriptions of unadorned moments from our group experience as counterpoint to the theoretical commentary, to make plain the ways that Mindful Parenting seeks to restore, enhance and sustain the most basic, verbal and nonverbal, affective contact between two human beings. I intentionally will not take up discussion of these group moments, so that readers may let the images resonate in their minds.

### *Clinical vignette no. 1*

Jenny, a 16 month old toddler girl, approaches me alone at the start of group snack time, and sits just in front of me, facing left. Oddly, no other toddlers join her for snack on this day. I present her with a warm, wet washcloth, and she offers me one tiny hand, then the other, to wash. I next peel a banana and offer her a small piece. Jenny accepts the banana and holds it in her open palm, her eyes cast downward. Then, as if in slow motion, she lowers her head to her chest, in a gradual slump towards her lap. She does not move then, nor do I. After about 20 motionless seconds, I slowly bend over beside her, hoping perhaps to glimpse the expression on her face, or to catch her gaze. Without returning my look, she then runs to her mother and clambers onto her lap. After a long pause, I say slowly and gently, mirroring her sad expression, 'Snack is not the same when you're by yourself,' at which point Jenny turns and meets my gaze, then walks back and sits just beside me. Her feet are bare, and she extends one foot and begins to slowly noodle me with her toes, playfully kneading the exposed skin of my leg and foot in a loving, connected way. She then takes a piece of banana from me and now eats, sharing glances with me and mother, eating some more, running back to mother, then back to me, and finally nestles into my lap, where she finishes her snack before returning to play.

### *An interdisciplinary lens*

In the fields of attachment theory and research and the newer attachment-informed therapies, ever more specific questions are being asked about what mediates the link

between the quality of a parent's earliest attachment relationships and the quality of an infant's attachment experience with that parent. Main's (1991) finding that a child's security of attachment is predicted by a mother's ability to articulate a coherent narrative about the quality of her own early relationships has led to finer and finer examination of the underlying mental mechanisms that might be able to produce such narrative clarity. Fonagy (1996) found that mentalization, or reflective functioning, that is, the capacity to meaningfully reflect on states of mind in self and other, is correlated with narrative coherence and adult attachment classification, and is a strong predictor of child attachment security. Current research shows promise that maternal reflective functioning may serve as a mediating link between the mother's attachment organization prenatally and the infant's attachment security in the second year of life (Slade *et al.*, 2001).

Bion's (1962, 1967) concepts of maternal reverie, alpha function, and containment, Klein's (1946) projective identification, Winnicott's (1956) primary maternal preoccupation, and Stern's (1995) primary relatedness, are all efforts to capture the subtle, elusive, and mostly intuitive process by which one human being can meaningfully grasp what is inside another. Psychoanalysis has long considered questions about the impact of the early relational environment, the interpretation and introjected experience of that environment, and the power of these early internal and external experiences to shape the course of intrapsychic and interpersonal events throughout the lifespan (Freud, 1923; Klein, 1946; Bion, 1962; Winnicott, 1965; Kohut, 1977).

Efforts are currently being made to refine and expand our understanding of the interpersonal, intersubjective mechanisms that mediate meaningful mother-infant and therapeutic relationships. The Boston Change Process Study Group continues to explore ever-subtler pathways of mutative intersubjective exchange (Fonagy, 1998b; Beebe, 1998), utilizing concepts such as Stern's 'ways of being with' (Stern, 1985) and Lyons-Ruth's 'implicit relational knowing' (Lyons-Ruth *et al.*, 1998) to illuminate the underlying, non-conscious relational processes that may be powerfully altered through accumulated 'moments of meeting' (Sander, 1995). Sander states that in this model, an increasingly specific, adaptive, positively affective fitting together of two minds occurs, where 'awareness of one's own state and intention, within awareness of the field of intentions of the other, begins the reorganization of consciousness' (Sander, 2000).

Questions likewise abound from infant and brain research and kindred sciences, including exploration of the optimal psychoneurobiological and regulatory conditions necessary to promote a trajectory of lifelong mental health. The ways in which two individual minds and brain-body systems move together to produce something resonantly larger than the sum of their parts are reflected in explorations of affect synchrony (Feldman *et al.*, 1999) as well as in Tronick's (Tronick *et al.*, 1998) 'Dyadic Expansion of Consciousness Hypothesis.' Schore (2002b) calls attention to the synchronic interplay between mother and infant, where a rhythmic, affective dialogue unfolds, and where each matches the other's temporal and affective patterns, recreating in the other their own inner psychobiological states. Tronick's hypothesis likewise states that

... each individual, in this case the infant and mother or the patient and the therapist, is a self-organizing system that creates his or her own states of

consciousness (states of brain organization), which can be expanded into more coherent and complex states in collaboration with another self-organizing system (Tronick *et al.*, 1998: 292).

Continuing efforts to further dialogue between converging scientific domains, Schore (2002a,b) applies his interdisciplinary ‘binocularly’ (Bion, 1962) to the commingling of theory, research, and practice—such as taking up affect regulation theory alongside a ‘neuropsychoanalytic perspective.’ He makes the point that recent advances in developmental- and neuro-psychoanalysis shift the centre of psychic life from the verbal left to the highest levels of nonverbal and non-conscious right hemispheric function, where primary body-based self system functioning occurs. Most importantly, he notes that incorporating interdisciplinary data with psychoanalysis extends and expands the idea of the ‘talking cure’ into the more encompassing ‘communicating cure’ (Schore, 2002b: 472).

### **The utility of active observation of infants for parents and clinicians**

Infant observation as a training device has a rich history, including the Esther Bick (1964) method of formal observations of ‘normal’ parent-infant dyads and families. This more passive, non-intervening observation of infants, introduced at the Tavistock Clinic in the 1940s, has for years been utilized in analytic and child psychotherapy training at many institutions as an important tool for developing the therapist’s intuitive equipment and capacity for tolerating primitive anxieties (Hansen, 2002). In this method, an observer meets weekly with a family for 1 hour visits following the birth of their baby, as a means of studying the development of the infant and mother-infant relations through the patterns of behaviour that emerge and shift over time. Visits continue over a 1–2 year period, with the observer making richly detailed descriptive notes after each meeting. These visits are supplemented with weekly group seminars, where four to six observers gather with a more seasoned clinician-observer to reflect on the experiences of both the observer and the observed. While there is no intent to offer clinical intervention in this method of infant observation, it may provide an essentially unseen alpha function (Bion, 1967) for the parent-infant couple (McCaig, 2001) through the reflective, containing activity of both the thinking observer as well as the larger seminar group.

Less formal versions of infant observation—shorter, less rigorous, more active in relation to the infant, or perhaps without accompanying group processing of the observational experience—are incorporated into many child development curricula. Along these lines, the experiential, non-clinical parent-training groups known as RIE, an acronym for Resources for Infant Educators, utilize observation of infants as a tool for promoting respectful interactions between caregiver and child.

RIE was developed in 1978 by child development specialist Magda Gerber (Gerber, 1998) and colleague Tom Forrest, MD, building upon the work that her mentor, Hungarian pediatrician Emmi Pikler, did with orphaned infants in group settings (Roche, 1994). Working with small groups of ordinary parents and infants, Gerber created an experiential parent training format for learning respectful parenting practices.

The RIE philosophy places primary emphasis on the unhurried, sensitive observation of infants. RIE suggests that when a caregiver offers full, undivided attention to, respect for, and communication about the infant's unique needs, especially during caregiving routines, the groundwork is laid for the infant's trust in the caregiver. When this caregiver is patient and responsive enough to allow time for the infant to actively participate in caregiving routines as well as in their own discovery of the world, this makes room for the emergence of an authentic self and a sense of competence. RIE stresses natural gross motor development, that is, allowing each infant to reach motor milestones at their own pace, without interference – e.g. RIE discourages propping to sit. RIE also emphasizes the parent's communications prior to interacting with the infant, e.g. 'I'm going to pick you up now,' and the parent's patience in waiting for the infant's response before proceeding. RIE continues to have a devoted following through local and national parent-infant groups facilitated by RIE associates and through application in group caregiving environments such as infant care centres and preschool settings.

As a participating member of a RIE parent-infant group for 2 years with RIE associate Harriet Grebler, I experienced first hand the application of RIE's principles of respectful, thoughtful attention to the practical, physical care of infants and toddlers. Grebler, who has led RIE groups for 14 years, is also trained as a Waldorf teacher and has modified the RIE method to include greater attention to the aesthetic environment, nonverbal modes of communication, and rhythm and song as pathways for developmentally-sensitive learning.

To no small effect, what RIE does best is place trust in the infant's inherent competence in navigating physical and social development – consequently, giving the infant a tremendous amount of room to manoeuvre development at their own pace and in their own particular way. While a participant in these RIE groups, time and again my attention was drawn to the subjective, affective experiences of the parents and children participating. However, I found that articulation of the attachment relationship and the complex inner life of infant and parent was limited and unsatisfying. Anxiety, or any affect for that matter, was seldom explored as a pathway for making meaning of any particular interaction. I also felt that RIE's primary emphasis on the infant's self-directed activity and self-regulatory capacity tended to overlook the healthy background presence (Grotstein, 2000) and the accumulated experiences of satisfying mutual regulation necessary to ensure that the infant's exploratory strivings are not a defensive auto-regulatory response to an inadequate relational environment. In other words, an infant's healthy outward exploration is by necessity born out of a mutually satisfying attachment relationship, and a parent's mindful, containing emotional presence is vital to ensure that a child's exploratory behaviour is not defensive or anxiously inhibited. My sense is that RIE would benefit from more equal and developed emphasis on attachment, exploration, and associated affects.

Nonetheless, RIE's respectful parenting principles, unhurried observation of infants, and experiential group format have potential in clinical applications. Likewise, components of Esther Bick's observational methods have further potential in clinical use – in particular, the mindful attention to microscopic details of infant life and the unseen containing functions of infant observer and seminar group that passively impact the parent-infant couple.

## Creation of a group experience

In juxtaposing interdisciplinary ideas, I began to explore the creation of a therapeutic parent-infant group that would provide an experiential arena where parents and infants could play and learn and simply be together in body-and-mindfulness. This group experience would create a kind of a potential analytic space (Winnicott, 1951), where the emotional and spatial ebb and flow of attachment and exploration could be attended to with equal regard, where participants' affective experiences could be mindfully reflected upon, and where the parent-infant couple could explore and deepen how they know and feel about each other and the world. The facilitator would serve to create and support the conditions that allow this unfolding to occur and to offer both parent and infant direct experience with a reflective mind.

Since July, 2001, we have served 16 adults and 11 children in two ongoing groups composed of a culturally and economically diverse mix of primarily mothers with infants or toddlers, but occasionally also including fathers, grandparents, and extended family members. Parents have been attracted to these groups while searching for an active alternative to traditional 'mommy and me' classes – longing for a setting that enriches the parent-child relationship, offers meaningful experiences of social contact for the infant, and opportunities for the parent to grow in parental competence. Group members thus far have been primarily low to moderate risk, with some families intact, others negotiating divorce and thorny custody issues, some stay-at-home mothers, others working full or part-time, and some struggling with anxiety or depression. Many parents, consciously or unconsciously, are grappling with troubling psychic remnants – pockets of unmentalized affective experience – from their own early attachment relationships.

I believe that there is profound bi-directional, relational and regulatory utility in strengthening a parent's capacity to come as close as possible to a child's subjective, affective experiences, and so our group work first of all attends to the enhancement of reflective capacity and deep empathy – both in verbal and more body-based, nonverbal forms. This process is initiated through the parent developing an active observational stance, through the accumulated practice of directing quieted, patient, curious, alive attention to both child and self, and through learning to respect and follow the child's lead in contact-seeking and exploratory behaviours. The parent's activity of simply slowing down enough to notice serves an empathic function. Thus, the infant's 'unadulterated' capacity to see, feel, venture into, experience, and eventually think about the textural, dimensional properties of their world – hard/soft, close/far, in/out, fast/slow, etc. – is brought to the foreground of the parent's mind for reflection. What are the properties of this chair, that ball, this child, that mother? Likewise, how might I make use of these objects? And, how does contact with them make me feel? These same questions can also be applied to each new affective moment, each 'temporal feeling shape' (Stern, 1995).

Thus, through the window of each infant's specific developmental trajectory, parents have the opportunity to wonder together about how it is that we come to know the landscape of human experience – the physical and psychic, temporal and spatial, sensory and emotional, subjective and co-constructed. The verbal and nonverbal facilitation of this interactive flow of energy and affective information from parent to child to parent

and back, *ad infinitum*, forms the basis of our preventive intervention in Mindful Parenting.

### **Structural components of the group experience**

Mindful Parenting consists of ongoing weekly meetings of one and a half hours each. After an initial interview, parents make an 8-week commitment, after which they may continue for as long as they find the experience useful for them and their children. Infants are grouped developmentally, with rarely more than 4 months' difference in age, and no more than four to six infants with parents per group. While I currently serve as lead facilitator for the groups, there are also two interns that observe and assist in each group for the purposes of clinical training and education. Groups may begin with infant members as young as three months and continue up until the children are two and a half or three years of age. When two groups were launched in 2001, the first began with parents and their infants from 6 to 9 months old, and the second with toddlers 13 to 16 months old. Both groups currently contain some original members. Since the groups' inception, the average length of stay for a parent-infant couple has been 6 months, with over one-third of the members staying longer than 6 months.

The groups take place in a 325 square foot gated area of a larger conference room. The décor is spare and toys are minimal with the youngest of infants, and increasingly challenging as the children develop. Pre-mobile infants meet with their mothers on a large blanketed area of the room, and when they are settled in and ready, they are placed initially on the floor on their backs, facing their mothers and the facilitators, who are sitting on the floor in a circle around them. As infants grow older and begin to roll, crawl, and sit, they are given more room, the variety of toys increases, and the circle of observers around them grows wider. As crawling gives way in time to cruising, then walking, the parent circle gives way to a semi-circle of chairs at one end of the room where the parents ordinarily sit, leaving the greater part of the room for the toddlers to explore and play in.

The play environment is aesthetically engaging and developmentally challenging, based upon the needs of attending babies. A silk canopy spans the centre length of the room, protecting infant eyes from overhead lights and providing billows of pastel colour to gaze at. For the youngest, the play materials may be as simple as a few wooden teethers and visually interesting cloths to study. These are placed with some in reach of an infant's grasp and some invitingly just beyond reach. As the babies' interest, attention, and motor coordination expands, a more varied assortment of simple toys is gradually introduced, thoughtfully placed about the room alongside low wooden platforms and step units to climb and explore.

The toys chosen are intentionally uncomplicated, have multiple uses and are mostly of natural materials. A toy's textural features provide the infant opportunities for contact with and expression of such experiences as hard and soft. The toys frequently take on emotional weight or serve as links to significant affective moments, or may be utilized as tools in making social contacts. Simple cloth dolls and animals; wooden teethers, blocks, and lacing beads; miniature wooden vehicles; balls made of felt, yarn, or rubber; woven baskets of all sizes and shapes; large and small pillows to rest or nurse on; text-free board

books and wooden books; colourful silk and cloth scarves; and found objects such as gourd rattles or reflective stainless steel bowls comprise the majority of the play materials.

The group time is organized around the ebb and flow of observation, reflection, and live interaction. After participants make an initial transition into the play environment, there is a formal period of quiet observation, lasting from 20–30 min. During this time, the infants are in the perceptual foreground, the group work is more infant-centred, and parents and facilitators sit back quietly, following the infants' lead with patient curiosity about what may be presented on this day. Observations are usually silently noted, though the facilitators may assist in the development of parents' subtler observational skills by drawing special attention to micro-events that occur among the babies and adults.

Parents are encouraged to slow down inside to the pace of infant life, so they may notice the tiniest details of their baby's experience—and tease apart their own as well as their baby's emotional responses. While this first observation is ordinarily a period of silent focused attention in the group, the parents and facilitators always remain responsive should some assistance be required. In moments of greater complexity—such as when an infant grows socially curious and begins to explore another's face with her hands, or when twins attempt to scale mommy from front and back simultaneously—the facilitator may move in close to assist verbally or nonverbally, if needed, in moving through a situation of particular vulnerability for the participants. There are times when parents may rush in anxious and reactive, leaving behind the possibility for experimentation with containment (mutual regulation) or an exercise of competence and resilience (infant self-regulation). The effect of facilitation with parents and infants in moments such as these is to discourage hurried action and to offer mindfulness in its place. Through suspension of memory, desire and premature understanding (Bion, 1962) and through employment of bare attention (Epstein, 1995), the inner and outer aspects of each moment may be observed as if for the first time.

After the initial observation, the group then has an opportunity to reflect on what was seen. The facilitator will generally begin the reflecting period with a question such as 'What did you notice today?' or 'What were your impressions?' at which point each participant has an opportunity to present their thoughts about what they noticed both in the babies and in themselves. The dialogue may include references to how a particular sequence of activity *felt*—either for the infants involved or for the parents as active participants or as witnesses. At this point, the parents' internal experiences move into the perceptual foreground of the group, and the group work is, for a time, more parent-centred. The infants' activity remains further back but still alive in the group's attention—for as parents refine their powers of observation, the subtler moments of infant life will be revealed, and what, if any, action is needed will be more readily apparent. A lively dialogue often occurs as parents and facilitators compare notes about what was seen and how it was experienced.

Although we videotape almost every session, our ability to capture singular events for video microanalysis and feedback (as in the work of Beebe and Lachmann, 1998; McDonough, 2000, and others) has been restricted by the technical limitations inherent in working with a large group moving in a sizeable area. But as Mindful Parenting is an

experientially-based group intervention, the immediate exploration of each group member's unique point of view presents the opportunity to consider sequences of subtle events from various perceptual and affective angles and often serves as its own kind of microanalysis.

The flow of observation, reflection and interactive experiencing continues throughout much of the balance of the group meeting, with parents and infants alternately brought to the foreground for mindful consideration. The group's focus is somewhat akin to how a sensitive mother might respond to her large family: moving as needed based on where the action is, with different family members shifting in and out of the foreground, while still others are tracked in the background of her mind. The reflective group mind that emerges creates a container for anxieties associated with encountering the unknown in self and other, and a similar, albeit separate, layer of containment occurs when facilitator and interns meet outside of the group to further digest the experience in a reflective supervision process.

Finally, two structured activities are introduced during the last half hour with older toddlers. Near the beginning of the child's second year, when developmentally ready, the facilitator will offer a snack time to the toddlers while the parents relax and observe. This structured time provides opportunities for parents to observe: (1) how patient waiting for children to enter into new experiences at their own pace allows for greater interest, autonomy, and cooperative interactions; (2) how food may be offered in ways that promote positive, respectful interactions between caregiver and child; and (3) how the use of comforting rituals may ease navigation of daily caregiving routines. This also provides one of the few opportunities in our relatively expectation-free group environment for children and parents to see and experience the joys and challenges of navigating structure and turn-taking in a social event (e.g. washing hands, putting on bibs, sitting down, eating while sitting, removing bibs, and washing hands again).

Finally, when developmentally appropriate, an informal circle time is offered just prior to closure of the group time. The parents and facilitators form a circle and toddlers are invited to join in for two or three repeating short songs or finger plays or they may continue independent activity. Much of the time the children look forward to this special musical and rhythmic group contact and are intently and happily engaged throughout. Trevarthen (2001) notes the close attention paid by infants to the ordering of elements in simple melody or poetry, and cites research indicating how the musicality of mother's happy voice is important for supporting mutually satisfying communication with an infant. A closing song brings the group time to an end, and parents experience the power of ritual and song as tools for times of transition.

### Elements of group play in a potential space

The most basic elements of human experience are pondered and played with in our groups. Overlaid with various affects, accumulated experiences of time, space, causality, intentionality, and reflection inform the beginnings of an inner world. Consider how one's perception of time may be altered from within or without. For example, how *long* time can feel: when a baby is anxiously aroused, or perhaps dulled with disappointment, how an hour, or even a few minutes, might be experienced as excruciating, sometimes

interminably long. *Or*, when a baby feels in intimate and loving union with her mother, how a few brief moments might be felt as a delicious stretching out into an experience of infinite time—as if time were stopped and this singular moment would go on pleasurable forever.

### *Clinical vignette no. 2*

Seven month old Chandra, in her fifth group meeting, engages me with a simple coo. I respond in kind and a prolonged conversation evolves from looks and gurgles. This gives way later to group reflection about the nonverbal, nonlinear, musical nature of playful communications with infants, and the cycles of connection, failure and repair (Tronick, 1989) that define these early proto-conversations. Two meetings later, Chandra and her mother are the first to arrive for group. They settle quietly into the play area and Chandra is placed on her back, facing her mother. In previous meetings, there has been a sense of an as yet untapped connection between the two—Chandra, a pleasant, cooperative, easygoing baby, is in fulltime daycare while her single, divorced mother works. In group, Chandra seems content to gaze in long, sweeping moments at the silk canopy, rarely interested in toys or motility and only occasionally participating in more contactful experiences with mother—and even then, in an undeveloped way. There is a sense that Chandra's temperament could put her at risk due to the impression that all is right with her, always. She does not appear entirely cut off at this point, but might she eventually lose touch with or miss opportunities altogether for more passionate contact? In this seventh group meeting, Chandra directs a coo toward her mother, and today, mother responds in kind, with greater interest than previously seen. Chandra then purses her lips, and mother follows. Chandra hums, then mother hums. Chandra hums again and mother replies, and ever so slowly, an intimate, improvisational melody of shared purrs, glances, smiles, hums, touches and coos unfolds. Minutes pass where the delicate beauty of mother and infant coming to know each other lingers on and on... For the observers, the effect of this transient, symphonic moment is breathtaking.

The qualitatively different experiences of time, for children and adults alike, have variable influences. To experience time as foe or ally is in part contingent on one's perceptual experience of the ever-changing physical and relational environment, including one's own states of mind and body in resonance or dissonance with the states of mind and body in others.

In Mindful Parenting, we reflect on, play with, and make use of the element of time, and its dimensional companion, space. As Grotstein states,

Infants develop a sense of space and time virtually from the beginning. At first they might fight the awareness of space and time expansions and limitations, but gradually they learn to accept them, at first transitionally. Eventually, the development of potential or transitional space (Winnicott, 1951) begins to supersede the struggle against time and space awareness in the paranoid-schizoid

position and allows the toddler to experiment or ‘play with’ time and space so as to master them.

(Grotstein, 2000: 94)

The subjective experience of space is also a pondered element in group play, encountered both in the parent’s and infant’s physical and psychic proximity to one another, and in the interaction between these external and internal realms. Consider the experience of being physically near but psychically distant, as in the case of a depressed mother holding a crying infant—perhaps offering her breast to soothe, yet still disengaged from her infant’s longing for a sturdier psychological holding. Here a couple may be bodily together but worlds apart in mind, and a kind of psychic homesickness may ensue. A variation on this theme of proximity would include overt and covert expressions of ambivalence, where mother sends mixed signals about closeness or distance, e.g. physically holding a clinging child while privately wishing them more actively out in the environment.

Conversely, consider the experience of the toddler who, while exploring apart from mother, loses his balance and stumbles. He then looks to mother and she, having receptively felt the fall in her own body, meets his gaze. They hold each other’s eyes in an instant of comforting mutual recognition of the physical slight, then, restored by mother’s sensitive response, the toddler, transformed, now resumes his play. Here, the couple is bodily apart yet in empathic union. In group these events are registered and reflected on as questions about the many ways in which we experience one another.

Causality is yet another play element in our group experience. We orient both parents and infants to sequencing, the way a series of individual moments may string together, and leave ourselves open to wonder about the numerous possible meanings imbedded in any given order of external and potentially related internal events. This gives way to awareness of intentionality and a sense of agency.

### *Clinical vignette no. 3*

Dana, a 13 month old toddler girl who has been walking for less than a month, comes for her second meeting in a preexisting group. She stays mostly near mother and father, venturing only cautiously into the play area to tentatively explore some wooden teethers. She selects one colourful teether that resembles a bracelet and toddles somewhat shakily back toward the adults. Looking pleased with herself, Dana comes to a stop several feet from her parents, and peruses her prized wooden teether. At this point, Lee, a large 14 month old toddler boy, suddenly approaches Dana. Lee, whose tremendous motor agility contributes to a tornado-like physical presence, on this day has spent his group time fearlessly bounding about the room and becoming increasingly aroused. Lee’s father, who at times engages Lee in rough physical play, has on several occasions predicted with certainty that his son will be ‘a bully.’ Dana is gazing at her chosen teether when, without hesitation, Lee plucks the teether out of her hands and walks in my direction. Dana’s mouth begins to quiver and her body to tremble, then a cry bursts from her lips and she

toddles hurriedly to her mother's arms, where she collapses in tears. As Lee passes in front of me with a wild look in his eye, I announce, 'I'm going to pull you close,' and in an unusual gesture I gently but firmly scoop him onto my lap – in an effort to physically slow him and to contain his high arousal. He settles there, stilled for a moment. Calmly and without expectation, I say, 'Dana had the bracelet... then you took the bracelet from Dana... now you have the bracelet... and Dana is crying.' Lee looks at the wooden teether in his hands, pauses for a few moments, then rises, walks over to Dana, and extending his hand, offers it back to her. She looks up at him with a startled expression, then softens and after a moment accepts the teether.

As a footnote, some 3 months later, on the day of his last visit to group, Lee, now 17 months old, begins to search intently early in the meeting through a large basket filled with many wooden teethers. Lee pulls out each teether individually, considers it, then discards each unwanted teether onto the floor. This sequence continues through 8 or 10 teethers. When he finally comes upon the one that resembles a bracelet, he stops his activity, pauses, then immediately takes the teether over and presents it to Dana, who accepts his offering. Later in that same meeting, Dana spontaneously gives Lee an affectionate embrace for the first time, and at the end of the group meeting, after we say our final goodbyes to Lee, he gets up, walks over, and embraces Dana.

Explorations in time (or the experience of now), space (or proximity), and causality (or the sequencing of events), inevitably lead us to intentionality (or agency) and reflectiveness (or body-mindedness). Parents in our groups inevitably do the often painful work of waiting – waiting for both a child's readiness as well as for their own. In this, parents also learn to give and receive respectful, thoughtful attention to both visible physical experience and needs and to less visible shifts in states of mind in self and other, thus strengthening the capacity for alpha (or reflective) function (Bion, 1962). Mindful Parenting is an effort to create a wholesome 'way of being with' (Stern, 1995) and thinking about parent and child, and the complexity of experiences that the couple has when engaged together and exploring apart. The possibility of multiple layers of reflection and containment – from group to infant, parent to infant, facilitator to infant, infant to infant, infant to parent, parent to parent, facilitator to parent, group to parent, facilitators to group, and so on – make this intervention active, alive, creative and flexible to the particular needs of each affective moment.

### **Infant-led and parent-led facilitation of parent-infant interactions**

While not new, the use of infant-led work with parent-infant dyads has grown in recent years. 'Watch, Wait, and Wonder' (Cohen *et al.*, 1999), 'Child-Centered Activity' (DeGangi, 2000), and 'Floortime' (Greenspan, 1997) are three infant-centred interventions utilizing similar observational components where parents follow the infant's lead. During the observational part of these interventions, the parent is on the floor with the infant, observing the infant's self-directed activity, and interacting primarily at the infant's initiative. This may be followed with a parent-centred component, where parent and therapist reflect on the observations, focusing on

developmental or relational themes in the infant's behaviour, the parent's struggles in following the infant's lead, and finally, the links to the parent's early attachment relationships.

Infant-led innovations can also be seen in the work of Paul, Thomson-Salo, Morgan, and Norman (Paul & Thomson-Salo, 1997; Thomson-Salo & Paul, 2001; Norman, 2001). These approaches are notable for the use of active therapeutic work between the therapist and the infant-as-subject. Emotional connections are made with the infant through verbal and non-verbal means, e.g. gaze, touch, talk, or play. The therapist commonly makes use of his or her inner experience of the infant as a link to the infant's internal world. While this work is primarily infant-centred, the therapist's efforts to make contact with the unknown and to contain the uncontained in the infant have a corresponding action on the parent-infant attachment relationship, whether expressed overtly or not.

These approaches differ from the psychodynamic infant-parent psychotherapy approach (Lieberman *et al.*, 2000), where clinical attention is also on the infant, but focused more on what transpires in the parent-infant couple. The subjective experiences of parent and infant are held more equally, though the active work is often parent-centred. Here the mental representations of the parent are the primary target of multimodal intervention, accessed and modified through links to the parent's early and current relational experiences. Lieberman notes that 'corrective attachment experiences provided by the therapeutic relationship' (2000: 474) also serve a primary role in this approach.

Only a few comparative studies examining the effectiveness of infant-parent psychotherapies have included infant-led work, but notably these studies suggest that infant-led interventions where the parent is the facilitator have considerable impact on attachment status ('Watch, Wait, and Wonder;' Cohen *et al.*, 1999) and on inattention and irritability in infants ('Child-Centered Infant Psychotherapy;' cited in DeGangi, 2000). The effectiveness of infant-led work where the therapist serves as the facilitator is an area for further study.

Following the infant's lead, whether by parent *or* therapist, holds further promise as a tool for intervention in the infant-parent relationship. Most importantly, when the therapist moves infant-as-subject or parent-as-subject into the foreground, the remaining other must be held in the background of the therapist's mind. To move solely with infant or parent without regard to the contribution of the other is akin to peering through one lens of a set of binoculars. To apprehend the full range and dimensionality of the attachment relationship, to have maximum impact, one must use both lenses simultaneously, or at least consecutively. This makes work with parents and infants tremendously challenging, thus Lieberman *et al.*'s (2000) assertion that, 'the ability to be evenly attuned to the individual needs of the partners while remaining keenly devoted to their interpersonal experience with each other is a hallmark of the seasoned and skillful infant-parent psychotherapist' (2000: 482).

### **Birth of a thinking couple**

Mary tended to place Lila on her tummy whenever Lila struggled with the effort of rolling over, because Mary could not tolerate Lila's frustrated cries and whimpers. Mary

feared that letting Lila struggle even a little bit would be experienced as abandonment. Thus, Lila had missed many opportunities to experience her physical competence, resilience, and capacity to negotiate ordinary developmental tasks, such as rolling from her back to her stomach.

When beginning the Mindful Parenting group, Mary was anxiously preoccupied with the physical and mental health of her small, sensitive, 6 month old baby girl. She presented concerns such as whether Lila was subject to an increased risk of mental illness because Lila's father was over 40, or whether Lila's efforts to self-soothe by sucking on her forearm might suggest later behavioural problems. Mary's depressed mood seemed to worsen with every perceived misattunement between herself and her infant. Most striking was the absence of creativity in Mary's interactions with her daughter. A potential space for thinking—about the unique relationship between mother and child and the specific contributions of each partner—had yet to be born.

Mary was encouraged in group to experiment with placing Lila on her back during our meetings, and I would come close and attempt to facilitate the interactions between them as they traversed these seemingly dreadful moments of potential growth. Lila would reach out toward objects near her, but would often give up prematurely or become quickly over-aroused with the frustration inherent in the task. This frustration never bolstered Lila toward a creative solution. Likewise, Mary's anxious answer to Lila's struggles was to repeatedly breastfeed. Mary seemed helpless in the face of unbearable suffering in herself and her daughter, perhaps leaving Lila feeling helpless, incompetent, and anxious about the world she found herself in.

Initially, I attempted to help create a thinking space between Mary and Lila by wondering out loud about what would happen if Mary paused to consider all that Lila might be feeling and wanting—or not wanting—before offering her breast. At the same time I would come near and communicate with Lila, verbally and nonverbally, about her experience of desiring an object that seemed so out of reach. Lila seemed to link her struggle to one purple wooden bead that she would labour toward over and over again, week after week—this bead also appeared to stand for a seemingly unreachable mommy. Whenever Lila would grasp the desired bead, or when it was placed too close to her for her taste, she would throw the bead far out of reach—as if she were forever wanting to begin again, savouring each moment of her struggle and the possibility of competent attainment. Alternately, this action seemed to be a futile gesture of remaining stuck in the dissatisfaction of reaching without attainment.

Over several weeks, a potential space was painfully created between Mary and her daughter, but alongside it, for a time, the misattunements and missed connections grew. Mary's breastfeeding answer seemed to be replaced by painful confusion and the dread of having no answer at all, nothing inside with which to respond to her daughter's discomfort. During Mary's period of maximum confusion, she appeared at times increasingly disconnected from Lila and hopeless about what to do with her daughter if she didn't answer her every pain with breastfeeding. On more than one occasion, Mary herself cried out of helpless frustration, afraid and in need of a containing breast-mommy—not to nurse away her pain, but to help her begin to think about her painful situation. During this same period, Lila's physical presence gave the impression of a coiled spring, just waiting—waiting for something essential to happen in her mother and

herself—that would allow her to release the tremendous developmental energy damming up inside her.

At this juncture, I met twice in private consultation with Mary and her husband for ‘sleep issues.’ Mary was terrified of experimenting with letting Lila fall asleep on her own when drowsy after an evening feed, so Mary would routinely nurse Lila to sleep at the breast and then back to sleep at wake ups. This resulted in frequent night waking when Lila awoke to discover the breast was gone. During the consultation Mary described her early relationship with her (now deceased) mother, stating that her mother ‘didn’t have a clue’ about her as a child. I attempted to help Mary begin to tease apart the differences between a ‘doesn’t have a clue’, non-thinking, psychically absent mommy and an ordinary, not-knowing, yet thoughtful mommy—that is, a psychically *present* and very much *alive* mommy. I suggested that she might be mistaking one of the ordinary struggles of motherhood—tolerating the unknown—for her non-thinking, ‘doesn’t have a clue’ mommy. Mary agreed and seemed relieved, and soon after found her own thoughtful and compassionate way to negotiate the sleep issues with her daughter.

At the following group meeting, Lila rolled over for the first time in class, 12 weeks after her first group meeting, at 10  $\frac{1}{2}$  months of age. Not only did Lila roll over, but she then took over the room with her triumphant, competent rolling and scooting, traversing one end of the room to the other, while Mary looked on with pride.

Mary today hardly resembles the mother she presented as at first—her thoughtfulness and attention to detail about herself, her infant, and the interactions between group members is striking. Likewise, Lila has developed into a competent, thoughtful, curious, and spirited toddler who appears able to move freely between more satisfying contacts with mother and with the environment. As Mary has been able to make more space for seeing and appreciating Lila’s lively contribution to their relationship, there is ever more variation and playfulness in their interactions. Mary has grown remarkably tolerant of waiting and not-knowing. For some time, she persevered with practical questions in the group—what to do about this or that struggle—longing for definitive, expert answers that she could then cling to. Indeed, whenever Lila reaches a developmental juncture, Mary looks first for hasty answers to her new areas of concern. Her search for concrete answers is equivalent to her use of the breast as a non-thinking answer to Lila’s distress. Over time, she has come to see that answers are not forthcoming—I simply return her to her questions over and again, to how vastly more important her questions are than any answer. ‘The point is that you are *wondering* about these things,’ I say, ‘not that an answer can be found once-and-for-all and then be done with.’ Ever returning to an active, curious, creative and *alive* state of mind is where we leave this couple.

## Conclusion

In this paper, I have attempted to introduce a novel group approach to enhancing mindful contacts between parent and infant. While the effectiveness of this intervention has yet to be measured, anecdotal group evidence seems to point to a positive impact on the thinking, affective relationship between parent and child. Over the coming year, we will be measuring reflective functioning in pre- and post-intervention interviews, and we hope to offer preliminary findings when available. Mindful Parenting represents the

effort by this clinician to evolve a hybrid group intervention that enhances reflective capacities in parents and infants, promoting both verbal and nonverbal communications. Utilizing elements from various disciplines, the Mindful Parenting Groups strive to positively impact the infant-parent attachment relationship through allowing parents and infants to gain experience with and benefit from unhurried, focused, and bare attention to states of mind and body in self and other. This is the art of loving wonder.

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