



Helping parents and carers with Parent-Infant Psychotherapy

By Ailsa Lamont, Senior Parent-Infant Psychotherapist NorPIP, and Jinny Sumner, Senior Parent-Infant Psychotherapist NorPIP

“Therapy has helped me to understand my baby’s feelings and my feelings and emotions, helping us to reconnect”

(Mother of baby returned to her care following a period of time in foster care)

Babies arrive in the world ready to interact with others. They are attuned to the feelings in people around them and are particularly sensitive to the emotional tone of interactions with the people who care for them. After the first few weeks, during which babies and parents are getting used to each other, babies simply want to relate to their carers and in turn be related to. This forms the basis of what is called secure attachment and is the foundation for being able to regulate emotion and empathise with others. It is also linked to physical health and wellbeing in later life.¹

The situation is not always straightforward, however, as a variety of feelings, thoughts, beliefs and expectations can get in the way of this earliest

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relationship between the baby and her primary carers. When this happens, it can threaten the vital bonding process that is essential for early development and building a secure attachment. One effective intervention available on referral for carers and babies is parent-infant psychotherapy (PIP), which aims to promote a baby's development through the essential relationship with their earliest caregivers.

When should parent-infant psychotherapy be sought?

If the infant's carer is struggling emotionally — beyond a mum's early 'baby blues' for example — and her emotional state is getting in the way of responding to her baby's needs, then this is a signal for help. There may be many reasons including: a traumatic labour or delivery; a previous stillbirth or other bereavement; previous history of depression or psychotic breakdown; current relationship difficulties; feeling anxious; an inability to tolerate the baby's cries; feeding difficulties that can't be resolved with the midwife or other health care professionals; or issues from the parent's own childhood stirred up by the arrival of a baby.

One of the aims of PIP is to help primary carers to imagine what the baby is thinking and feeling and to understand that the baby's behaviour is meaningful and communicates what is in the baby's developing mind. This capacity is linked to secure attachment and also to resilience in the baby and young child.² PIP is a dyadic therapy in that it works at the level of the relationship between parent and baby to bring about change. The baby is an active participant in the therapy. Therapy takes place on a playmat on the floor at baby's level, in weekly sessions of 50 minutes, with a few simple and old-fashioned toys as the tools of therapy. All of this provides a safe structure for parent and baby to engage in therapeutic work. The sessions are usually in a local children's centre but can also be in the family home. Although the carer is usually the mother, fathers are encouraged to take part because they play a vital role during this earliest stage of life. The amount of therapy sessions is not fixed but eleven sessions are the current average for NorPIP.

"I have found it a little easier to open up about everything and I feel the bond between my baby and I has strengthened."

(Parent who found parent-infant-psychotherapy useful.)

Therapeutic Approach

Therapy takes place within the evolving relationships in the room, namely between the therapist, mother, partner and baby. It is within this new relationship setting that the therapist helps to facilitate change. The therapist's emotional and thinking capacities provide the 'container' within which change becomes possible. Parent-infant psychotherapists' training is based on psychoanalytic theory including 'ghosts in the nursery'.³ It entails a variety of approaches including 'Watch Wait and Wonder'⁴ and 'Video Interactive Guidance' (VIG).⁵ Parent infant therapy groups can also be helpful for some babies and parents.⁶

'Ghosts in the nursery' occur when old experiences from parents' own childhoods are stirred up in the present and interfere with the carer-baby

relationship. Linking the past with the present only occurs once a trusting relationship with the therapist is established. Becoming aware of negative repetitions from the past can enable a parent to reflect and change, and to separate out past losses and their early difficulties from the relationship they have now with their baby.

'Watch, Wait and Wonder' is a simple arrangement of sitting back and watching the baby on the playmat for about five minutes. There is no physical interaction unless baby gestures in some way to be helped, to be played with, or talked to. The idea behind this approach is to allow the baby the 'space' to explore, to develop imagination and make sense of experiences through play, in the presence of an attentive parent. The psychotherapist supports the parent to watch carefully and think about what the baby may be thinking and feeling and how the parent feels about herself. It is a very powerful technique and can be helpful for parents who feel that they should always be actively playing with baby or for parents who struggle to know how to play with baby. What follows is a clinical example of a mother and baby referred for PIP, written by the parent-infant psychotherapist. Names have been changed to provide anonymity.

Jenny and baby Sam

Jenny was referred to NorPIP when her baby, Sam, was two weeks old. Jenny was concerned that she could not stop crying and she worried that *she* could not soothe Sam when he cried. Jenny had experienced a complicated delivery with Sam and there were some difficulties in establishing feeding. Jenny told me that when she was pregnant she was worried that her baby would not love her and she feared that this was now being confirmed. Jenny and Sam came for weekly PIP sessions at their children's centre for six months. We sat together on the floor, with no fixed agenda, working with what was coming up for mother and baby to support Jenny in her understanding of herself in relationship to Sam and to support baby Sam to communicate with his mother.

Initially, Jenny was able to explore her mixed emotions about becoming a mother and to work through feelings around Sam's traumatic birth. In her relationship with Sam, we could begin to think about the difficult feelings in both of them, as Jenny struggled with a sense of rejection by her baby, and conversely the more she tried to get his attention, the more he turned away. We introduced the technique of 'Watch, Wait and Wonder' to allow some space for us to follow Sam's lead for a few minutes. Jenny was able to reflect on her difficulty in allowing for this space and she linked this to an absence of her own. When she was little, she said, her mother had not spent time with her in this attentive way. This was a 'ghost in the nursery'. Understanding this, and reflecting on the feelings around this early absence, helped Jenny to allow space for Sam. Sam responded by smiling fully at his mother and they became more engaged in turn taking and a more playful relationship. This absence was an unresolved and painful issue from the past that was getting in the way of responding to the baby in the present.

As therapy progressed, Jenny told me that people had commented that Sam was developing well and that she was a good mum, but she did not feel it inside. We agreed to introduce some sessions of 'Video Interactive Guidance'

Jenny's growing confidence led to more attuned moments of playful interactions between mother and baby.

where mother and baby are filmed for a few minutes. Afterwards, the edited film footage was used to show Jenny that Sam was not scared of her, as she had thought, and it enabled her to understand what it was that she was doing that was helping him to feel a good connection with her. In the film clips Jenny was deeply moved to see herself connecting well with her baby. The filming helped to shift the negative view she had of herself as a mother. The therapeutic relationship also helped Jenny to understand that feeling not good enough could be linked to her childhood experiences, when her own needs had not been met with understanding. Jenny's growing confidence led to more attuned moments of playful interactions between mother and baby and Sam became more actively expressive in his relationship with his mother, further increasing the bond between them.

At the close of therapy Jenny's growing self-awareness enabled her to be more emotionally available and responsive to baby Sam. Their relationship had become 'good enough' in the sense that Sam was more able to communicate his needs to his mother and she was more able to respond with understanding.

Key points

- Parent-infant psychotherapy can help develop a parent's capacity to reflect, change and separate out past losses and difficulties from the relationship with the baby in the here and now.
- Babies are hungry for communication with their parents; they are active participants in parent-infant psychotherapy and help to bring about change in the mother-baby relationship.

Tips for practitioners

- Practitioners can support new parents to understand their babies' earliest communications to promote the developing relationship between them. For example, when a baby turns away from her mother, the baby may be self-regulating after being in eye contact, but sometimes a parent can experience this as rejection leaving the parent feeling bad about herself.
- Help to normalise ambivalent feelings in parents and babies and support parents to put these feelings into words, as this can help parents and babies to enjoy their relationship more fully.
- Support parents to notice and think about what the baby may be communicating, thinking and feeling, as this is linked to secure attachment and emotional resilience in babies and young children.

Northamptonshire Parent-Infant Partnership (NorPIP) is a charity offering psychotherapeutic support from conception until infants are aged two years. Our work focuses on the developing relationship between parents (primary carers) and their babies. There are other PIPs around the country offering similar services, e.g. Oxfordshire (OxPIP), Liverpool (LivPIP), Newcastle (NewPIP), Enfield (EnPIP), and Brighton (BrightPIP). This article relates to all primary carers of infants, including mothers, fathers, grandparents and foster carers. For descriptive convenience, the article frequently refers to mothers and parents. More information can be found on the website www.norpip.org.uk

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