The baby has a lot to say and it is incumbent upon us as therapists to try and learn the baby’s language and to listen. Parents, and poets, when all goes well have a natural capacity to see their baby and what she has to say. The above extract from the longer poem, *The Songs of the Sentimental Bloke*, illustrates how the baby in the newborn period is able to communicate with his awestruck parents through voice, gaze, his cry, and the use of his hands, limbs, and body. The “good-enough parent” (Winnicott, 1953) attributes meaning to each of the baby’s activities and, through a complex set of inter-actional behaviours and attributions, builds a picture of their baby as a thoughtful person with capacity for intention and playfulness (Trevarthen, 1998). The newborn has a powerful capacity for imitation and for recognising the intentions of others (Nagy & Molnar, 2004; Reddy & Trevarthen, 2004). Playful imitation each of the other from the moment of birth by both infant and parent is a critical part of the development of a solid and secure set of relationships. From the base of emerging inter-subjectivity (Trevarthen, 1998) the baby and her parents get to know each other. Some family and systemic therapists have looked at the intricacies of the infant-parent relationship, particularly from the perspective of co-parenting and triadic relationships (McHale et al., 2008).

A four-week-old baby had been in neonatal intensive care since just after birth for the treatment of severe congenital problems with the structure of his jaw and upper airway. He required a number of interventions including respiratory support and several episodes of painful surgery to change the shape of his jaw. Tensions between Jeremy’s parents were profoundly increased when they found that their previously tenuous relationship was
threatened by the arrival of a baby who seemed to meet none of their expectations. It was hard for them to see Jeremy as a real person behind the tubes, monitors, his sedation, and their inability to hold him as they had hoped. They argued, and then did not speak, tacitly blaming each other. They did, however, talk of separating. Each of them was concerned about Jeremy’s health, and his survival, and responded to the opportunity of meeting with the therapist at his cot side in the neonatal unit to participate in a structured interactional observation with him, the Newborn Behavioural Observation system, (Nugent et al., 2007). As the therapist spoke with Jeremy, Jeremy’s mother thoughtfully asked whether he could smile. Her tentative question indicated a nascent capacity to think about what he might be thinking and feeling. In the face of all this trauma, she had retained some capacity for “parental reflective functioning” (Slade et al., 2005). Engaging each of the baby and his parents, the therapist moved step by step to share with them Jeremy’s capacity to try to regulate his own level of alertness and responsiveness, his capacity to see and hear, to purposively move his fingers and his arms even though his body overall was immobile. Noticing small movements around his still swollen mouth, we were able to reflect and smile back to him; a faint but noticeable grimace-like smile was flashed back to his parents. His father reached forward and when he placed his finger in Jeremy’s tiny hand he too smiled when Jeremy grasped his father’s finger. The parents looked and tearfully smiled towards each other. A different dialogue started to emerge between them as they saw that their baby was a real person who saw and needed them. They then felt that they needed each other in order to meet his needs (which adds a new twist to our understanding of the therapeutic process) and became what they had hoped to become, a family. Further family work with Jeremy as the key participant was done at the cot-side with both parents, and in the nearby interview room with the couple by themselves.

This clinical vignette illustrates the importance of engaging the baby as a person in the presence of his parents (Paul & Thomson-Salo, 2013), building upon what can be a very fragile capacity for parental reflective function (Fonagy & Target, 1997; Slade et al., 2005). The baby, as a person who can see and think and respond to the intentions of others, can be a most powerful player in helping to build a stronger set of family relationships in the face of sometimes profound trauma and vulnerability. It is imperative for the family and couple therapist to be able to meet the baby in order to help the parents build their own relationship.

With Jeremy a “therapeutic moment of meeting” (Stern et al., 1998) had occurred in the context of the therapist engaging with him and facilitating his communication with his parents. The opportunity arose for the therapist to build on this four-way effective connection to also help re-build the fragile couple relationship.
There is a paradox in our systems of therapeutic interventions in that we aim to help parents become emotionally attuned to each other, and with their children, and psychoanalytic psychotherapists increasingly acknowledge the importance of developing and using a real relationship with their patient; yet we have been very slow to acknowledge the importance of taking the risk ourselves in reaching out to create our own real, emotional relationship with the baby in the troubled family. Effective work with infants in direct infant psychotherapy pulls this paradox apart. The infant psychotherapist needs to be subtly responsive and effectively connecting with the baby and this includes being able to respond genuinely, through playfully copying the baby’s vocalisations, smiles, and body movements and even their overall regulatory state. Talking to the baby, touching the baby’s hand, even holding the baby is necessary. It does require that the therapist is able to hold and touch the baby, since the baby’s communication is not through the semantic meaning of spoken word, but through the sophisticated subtleties of self-initiated bodily activity. Dana Shai (Shai & Belsky, 2011) has systematically studied the process of “parental embodied mentalizing” and describes how parents can “implicitly conceive, comprehend, and extrapolate the infant’s mental states”.

To be an effective family therapist in work with babies, their siblings, and their parents, it is incumbent on the therapist to be able to develop their own capacity for embodied mentalizing, that is, to be able to read the baby’s communication and respond thoughtfully and in a reciprocal embodied way.

How can we build this capacity within us to connect with babies? There are two powerful training tools that can be very helpful in developing the therapist’s capacity to effectively communicate with babies and parents: the Newborn Behavioural Observation system (NBO) (Nugent et al., 2007) and Infant Observation (Bick, 1964).

The NBO process allows the therapist to be with the baby, to talk to him, to pick him up in an alive way, as an effective way of engaging the baby directly. The attuned therapist can then share with the parents their infant’s amazing capacities for emerging self-regulation, sophisticated use of all of their body, their limbs, voice, face, and capacities to perceive, to see, and to hear.

The baby does not need long verbal narratives directed around or towards them, but does need an attuned and responsive therapist who can read and respond to the baby’s physical and vocal communications. The therapist does not need to be perfect. Indeed, as Tronick and the Boston Change Process Study Group (Stern et al., 1998) have indicated, it is through the process of trying to connect, sometimes succeeding and sometimes making mistakes, or even “sloppiness”, that we make progress. In this communicative process, we begin to attribute meaning to the baby’s
behaviour, and through the process of communicative repair, the baby can get to know us, and we get to know them. We presume the baby attributes some sort of meaning to our behaviour, therefore, we hope, building a transference relationship with us.

The discipline of Infant Observation (Bick, 1964; Thomson-Salo, 2014) is a crucial learning process for all psychotherapists with which to begin to access the rich communications that exist in the preverbal fields of human existence. Observing an infant and family regularly over the course of a year or so is a humbling and extraordinarily enriching experience. It provides a foundation for us to be able to “be there” with the baby and family, apprehending the nature of the infant as a person, and of the subtlety in infant-parent relationships that would otherwise be opaque to us. What is equally important is that a good infant observation allows us to turn our capacity for reflective function inwards to understand more about our own early relationships, and thereby, we hope, how we have become who we are as therapists. This is of real benefit to our patients, from infants through to adults.

It is inevitable that the baby has an important meaning to the couple, reflecting the intergenerational family scripts (Byng-Hall, 1985), but this meaning can often be lost or negative in the absence of an effective infant–family psychotherapeutic intervention.

There is a currently dominant view in infant-parent work that it is only through changing parental understandings of, and their behaviour with, the child, or by modifying the parental couple relationship, that a healthy emotional developmental trajectory can be obtained for the child. I do not believe that this is the case, but rather that we must directly engage the baby and the young child as a person in their own right, using their own means of emotional communication (essentially preverbal). A review of the principles underlying various psychodynamic therapies with infants and parents (Salomonsson, 2014) demonstrates that only in some interventions with babies does the therapist directly embrace the baby and her meaningful communications. The infant can form a transforming relationship with the therapist.

As psychotherapists working with families with infants and very young children, we should extend our general skills and capacity for mentalizing to include establishing a real relationship with the infant as a person in order to understand the baby’s symptom and inner experience. Each family is inexorably changed with the arrival of a new baby and sometimes this change may appear to be for the worse. However, even in dire circumstances, the baby herself may be an agent of family growth; the baby thus becomes a significant therapist for her own family.
REFERENCES


