Using video to enhance the learning in a first attempt at ‘Watch, Wait and Wonder’

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Abstract

Keywords: Attachment theory, psychodynamic parent–infant psychotherapy, Watch, Wait and Wonder, representations, video, infant observation, reflective function, emotional regulation, mutual responsiveness

Introduction
My intention in this paper1 is to show how the observational skills and attention to counter-transference experiences developed through infant observation can be applied to clinical work with parents and infants, and how this can be enhanced through the additional use of video.

After outlining the development of Watch Wait and Wonder (WWW) (Cohen et al. 1999), I shall describe my first attempt to use it in some clinical work with a mother and infant. I shall discuss the benefits and difficulties I encountered using video as part of this technique. I shall then describe some clinical material and the dilemmas faced by both the mother and myself when trying to watch, wait, and wonder. After a brief reference to the 8 months of psychodynamic psychotherapy with this mother and infant I shall detail why I chose to move to WWW, because I hoped it would help alter the apparently insecure ambivalent attachment which was developing, which was being demonstrated in the infant’s increasingly aggressive behaviour, particularly towards its

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1 This paper has been adapted from a presentation ‘Watch, Wait and Wonder: Helping Parents to Find Meaning in their Baby’s Behaviour’ given at the West Midlands Institute of Psychotherapy Jungian Public Lectures Infant Observation Conference, 14 May 2005 ‘Out of the Mouths of Babies: Infant Observation and its Application’
mother. The penultimate section will consist of an exploration of the changes that WWW may have brought about in the mother’s and infant’s representations of themselves and the other, with a brief reference to the research comparing WWW to a more traditional parent–infant psychotherapy (Cohen et al. 2002). After outlining the value of WWW for improving parents’ capacity to think reflectively about their relationship with their child, I shall conclude with a section on the learning gained from using WWW alongside video-recording.

**Watch Wait and Wonder**

Mahrer et al. (1976) first suggested the idea of the infant being the initiator in infant–parent psychotherapy (Cohen 1999). Their ideas were then taken up by Johnson et al. (1980) who gave the technique a name which would remind the mother of her role in the therapy – Watch, Wait and Wonder. It is members of the Toronto Infant–Parent Programme, specifically Nancy Cohen, Elizabeth Muir, and their colleagues at the Hinks Institute who are best known for developing the approach. They see WWW as dyadic psychotherapy which works directly and immediately with the relationship between mother and infant through empowering the infant in the therapy. Another important aspect is the availability and proximity of mother to infant, as the mother is asked to sit on the floor in the area in which her infant is playing. Attachment theory provides the theoretical framework, with the assumption that mothers who ‘perceive their infant’s emotional signals, respond sensitively, display affection and accept their infant’s behaviour and feelings’ (Cohen et al. 1999, p. 432) are more likely to have infants who are securely attached. Cohen and colleagues argue persuasively that it is more beneficial to use a therapy which works at both representational and behavioural levels than it is to use one which focuses on representations or behaviour alone (see Cohen et al. 1999, pp. 445–446).

The WWW approach thus brings together what has traditionally been seen as competing models for parent–infant psychotherapy, i.e. psychodynamic parent–infant psychotherapy and behavioural parent–infant psychotherapy.

**Psychodynamic parent–infant psychotherapy**

The more traditional psychoanalytic model is Selma Fraiberg’s ‘ghosts in the nursery’ (Fraiberg et al. 1987), which focuses primarily on the mother’s representational world. This focus is specifically on the way in which a mother has taken in her own early experience of being parented and has built up expectations of how relationships will operate – what attachment theorists call Internal Working Models (Bowlby 1981c) of relationships. While the infant’s activity is seen as an important catalyst in this traditional kind of parent–infant psychotherapy, the primary work is between mother and therapist. The aim is to help the mother bring to consciousness and explore how her own early experience of being parented may be influencing the way she is responding to her own baby. This will enable her to modify the mental model (or representations) she has of her baby.

**Behavioural parent–infant psychotherapy**

The behavioural approach to parent–infant psychotherapy can be illustrated by a technique known as ‘Interaction Guidance’ developed by Susan McDonaugh (2000). This approach
involves videotaping mother and baby interactions and helping the mother recognize her own positive responses and interactions with her infant so that she can develop a more attuned response to her/him. The therapist encourages pleasurable interactions because these are presumed to build maternal confidence in her parenting role. The therapist draws the mother’s attention to her infant’s cues and characteristics and thus has a significant role in determining the focus of attention.

Watch Wait and Wonder technique

In WWW the mother is asked to get down on the floor with her infant for half the session, and to observe and respond to the activities the infant initiates. The mother is physically available to her infant and accepts her infant’s spontaneous and undirected behaviour. The aim is to foster an observational stance in the mother, and the hope is that she will become more sensitive and responsive to her infant. The infant is directly involved in the WWW process as an instrument of change.

In the second half of the session the mother is asked to discuss her observations and experiences of the infant-led play. The therapist’s role is to provide a safe and supportive environment where the mother can express her own thoughts, feelings and interpretations of her infant’s activity and their relationship. As Cohen et al. points out (1999, p. 434),

the therapist does not instruct the mother, or interpret the infant’s behaviour, but with the mother attempts to understand the themes and relational issues that the infant is trying to master, focusing on the inevitable problems that emerge as the mother begins to struggle with following her infant’s lead. This permits the mother to examine her internal working models of herself in relation to her infant, and vice versa. Through play and the mother’s discussion, mother and infant are presumed to modify or revise their models to be more in line with their new mutual experiences together in therapy … Although a therapeutic alliance is fostered, the transference emerging between the mother and therapist is not focussed on.

Cohen and her colleagues suggest that WWW is a suitable technique for infants aged nine months and upwards because they can choose to move towards or away from their mothers, and relational conflicts are more easily enacted than they are with younger infants. It was precisely the relational conflicts between a mother (‘Lizzie’) and toddler (‘Dan’) with whom I was working which led me to suggest we might see if some WWW sessions would bring about change. My knowledge about WWW had come from discussions with a colleague, a television programme about WWW at the Hinks Institute in Toronto, and from reading Cohen’s research papers comparing WWW to psychoanalytic parent–infant psychotherapy (Cohen et al. 2002).

The WWW technique works by bringing together a behavioural component, wherein the mother is asked to sit on the floor and follow her infant’s lead, and a representational component, whereby she is asked to discuss her observations, feelings, and experience. Through this discussion the therapist can help the mother to see how she views both herself and the infant (her ‘representations’) and how the infant may have come to represent unacceptable aspects of the mother’s previous relationships.
Initial psychodynamic parent–infant psychotherapy

I will now give a brief overview of my first eight months clinical work with ‘Lizzie’ and ‘Dan’.

Lizzie and Dan were referred to the Oxford Parent–Infant Project (OXPIP),\(^2\) by their health visitor. The presenting problem was Lizzie’s depression and continuing distress following a very difficult labour with Dan, her second child. She felt that her body had been irredeemably damaged by her labour, that she was not ‘a good wife, mother or daughter’, and that she could not soothe her baby when he cried. The initial eight months of therapy followed Selma Fraiberg’s ‘ghosts in the nursery’ approach (Fraiberg \textit{et al.} 1987).

The themes of the first few months centred around fear, danger, separation and death. In particular we focussed on Lizzie’s experience of her labour with Dan, and the struggle to ‘get the baby born’. By the time he arrived Lizzie did not care if she or he lived or died. Unsurprisingly she was unable to fully keep Dan in mind in the consulting room. I found myself being very vigilant about his movements and preparing to prevent him from hurting himself. At this time Lizzie was aware of her husband’s ambivalence and exasperation towards Dan, but not her own.

Lizzie and Dan developed a warm relationship and transference towards me. I also felt very warm towards them both. I arranged to see Lizzie and her husband, ‘Dave’, together on several occasions, as is my usual practice when there has been a traumatic labour and delivery. I have found that it is beneficial for parents to have an opportunity to talk about their individual experience and fears in the presence of their partner. Having a session with Dave with Dan three months into the therapy seemed to free something up in their relationship. Dave observed that Dan seemed at home in my consulting room. In this session he talked about how much progress there had been, and asked how and when the end of the work with Lizzie would come about. With hindsight I think it likely that Dave carried and expressed both his own and Lizzie’s mixed feelings about seeing me; he may have feared that I was coming between him and Lizzie, and him and Dan.

Between the ages of nine and 12 months Dan spent a good deal of time walking around the furniture in the consulting room, toy hammer in hand, as if prepared for action should the need arise. He became more interested in and involved with other toys, briefly, when Lizzie sat and played on the floor with him. But it was difficult for her to give him her entire attention as she once again started suffering flashbacks to her labour and delivery, triggered, it seemed by the approach of Dan’s first birthday.

Dan seemed unable to settle to play in his mother’s presence. I heard from Lizzie that he was becoming increasingly aggressive towards her as well as to small children. I observed that he had become less steady on his feet, and was starting \textit{not} to allow his mother to comfort him when he fell over. I was concerned that I was seeing evidence of an insecure ambivalent attachment to his mother, as I saw him seek comfort from his mother, but then push her away. I felt something similar was happening in Lizzie’s relationship with me as we approached the four-week summer break.

Over the break Dan’s behaviour had become more overtly aggressive, especially towards Lizzie. She had apparently forgotten that she had requested that this be the final session. She now described how Dan would try to cuddle other children but in grabbing them he

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\(^2\) OXPIP is a voluntary organisation and charity which was set up in 1998 to provide a counselling service for mothers and babies with bonding or attachment difficulties. Object relations theory and attachment theory underpin the work.
was overwhelming them and knocking them over. She felt she could no longer take him to
other families’ houses. I was feeling that Lizzie’s mood had significantly improved, and that
she had worked through a good many of the issues connected to Dan’s delivery, but that
I had given insufficient attention to Dan’s needs, and to the relationship between Lizzie
and Dan. Asking Lizzie to sit on the floor and be available to Dan if he wanted to involve her
in his play had brought about a brief improvement in Dan’s ability to settle to play,
but it had been short-lived. I hoped that using a more formal structure would help me keep
Lizzie focussed on Dan and their relational difficulties, so I suggested we see if
WWW would help.

The change from psychoanalytic parent–infant psychotherapy to Watch Wait and Wonder

I outlined the principles of WWW, emphasizing the importance of Lizzie being on the floor
and available to Dan, and trying to follow his lead in play. I suggested that I use a hand-held
video-camera to record the first 20 minutes of Dan’s play in the first WWW session, and
then we would discuss what Lizzie had observed, looking at selected bits of the video-
recording the following week. (This would give me the benefit of watching the video in
detail between sessions.) She seemed keen to try WWW, and was accepting of my matter-
of-fact suggestion that I videotape part of the sessions. Unlike many mothers I have used
video with since, she did not speak of feeling self-conscious.

Use of video

Cohen et al. report (1999) that in their research comparing WWW with a more
traditional psychodynamic parent–infant psychotherapy, ‘all clinical interviews, the
feedback session, and therapy sessions were videotaped’, with permanently mounted
video cameras. As they do not mention having showed any part of the recorded material
to the research study participants I assume they just used their video recordings to aid
their clinical discussions. I had found previously that a very troubled client had been
greatly helped to see for herself what was happening in her relationship with her baby,
through looking with me at some video clips I had made. This client was very sensitive to
anything she perceived as criticism, so it was enormously helpful when she herself could
see and comment on both the positive and negative aspects of her relationship with her
baby. I thought there might be similar benefits in my work with Lizzie, hence my decision
to show her video clips.

I was relatively inexperienced in the use of video when working with Lizzie and Dan. I
had completed the five-day Care-Index training (Crittenden 2001) three years previously,
and had used video feedback, as mentioned above, in a 21-month therapy with a Social and
Health Care client and her baby. I believed that using video would help both Lizzie and me
to make better sense of what was going on between her and Dan.

I was aware that Cohen and colleagues asked mothers to follow their infants’ lead in play
for 30 minutes of every session, but as I anticipated that would be a long period of time for
me to be behind the video camera and not available for any eye contact, I decided to video
for only 20 minutes of every 50-minute session. In fact even this seemed too long after the

3 The Care-Index is an assessment system derived from attachment theory by Patricia Crittenden. This system
for evaluating adult–infant patterns of attachment was developed for research purposes, but can be useful in
applied settings to screen for risk, guide interventions, and assess some outcomes of treatment.
first week. I soon discovered that my plan to watch some brief video clips from the previous week as well as discuss what Lizzie had observed and felt during the current session whilst following Dan’s lead in play, was over-ambitious, and did not allow for Lizzie’s need to talk to me about what was going on in her day-to-day life. I therefore reduced the duration of video recording to 10 minutes, and did not attempt to look at video recordings with Lizzie every week. Watching a selection of video clips from session one to session nine, towards the end of our work together, proved very fruitful; Lizzie could see how her capacity to follow Dan’s lead and to understand what might be in his mind, had developed.

Using a video camera which was permanently mounted in the room was precluded because OXPIP is only one user among many in the premises it hires. Various difficulties surfaced in using a hand-held video camera in a smallish room: where I should seat myself, particularly in order to make the best use of the light source from a window at floor level? Should I remain in one position, or move around? Should I respond if the toddler or mother spoke to me? Should I stop videoing immediately the 20 minutes (later 10 minutes) were up, or continue if something particularly interesting was happening? These types of questions are not restricted to therapists using video, but will be familiar to students of infant observation who also have to deal with these issues as they arise.

In addition to thinking about maternal sensitivity and responsiveness, I tried to hold a number of other questions in mind whilst videoing and later when watching the video after each session.

How observant was Lizzie about Dan’s initiatives? Did she go at his pace? Did she act in a way that cut across his initiatives and disrupted his activity? Was she controlling? Was she hostile towards him (covertly or overtly)? Where did she position herself vis-à-vis Dan? Did she help Dan along with what he was doing, or show a willingness to do so? I listened out for how she addressed him, and whether her utterances were positive or negative, and whether they took his perspective.

I tried to note whether Dan involved his mother in his play, and how he responded to her. Was he cooperative/compliant? How did he act towards me? I was interested in how persistent he was when he found something difficult? Was he easily frustrated? Was he able to use his mother as a safe base? In particular I was curious about what happened when he became emotionally dysregulated.

Dan was nearly 16-months-old when the WWW sessions began. I shall now describe a number of short video clips, illustrating the ten WWW sessions we had over a period of about nine months.

**Video clips**

The first clip begins a few minutes into the first session. Mum, Dan and I are all seated on the floor. Dan picks up a book about a locust and takes it to his mother. He stumbles as he sits himself down with his back leaning against her. Lizzie reads the first few lines. Dan pushes the book shut and gets up. Next he plays with the stacking rings on a spike, and determinedly tries to put them back on. He ‘chats’ (I cannot make out any words) and points to a ring he wants his mother to give him. He attempts to get this on the spike and seeks his mother’s help. She has been aware of his struggle and is available to help him. She has not intruded but waited for his initiative.

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4 Informed by the CARE-INDEXT training and also Mary Ainsworth’s approach to measuring maternal sensitivity.
The second clip begins after Dan has been playing with some Lego\(^5\) on the window ledge. He looks down and his mother draws his attention to the doll. She describes this as ‘a baby’. He picks the ‘baby’ up, cuddles it, and then quickly throws it down. In the discussion part of the session Lizzie spoke of her amazement at how involved Dan had become in playing, and contrasted this with how he is at home or in others’ houses, where he hits small children over the head. She described him as ‘trashing’ his sister’s room as Dan was too young to understand the meaning of ‘no’. She remarked about herself that she had led the play much less than usual, and that she had enjoyed watching Dan.

The therapist’s task in WWW is thought of as paralleling that of a psychoanalytical therapist who waits for their patient to speak and free-associate. Thus the therapist’s role here, like the mother’s, is to ‘Watch, Wait, and Wonder’. My experience of this in WWW was that it was extremely difficult. Like Lizzie’s desire to draw Dan’s attention to the doll, I also wanted to draw Lizzie’s attention to what the meaning might have been for Dan of first cuddling the doll and then throwing it down. In video I had seen of Elizabeth Muir working with a family, her capacity to wait, not take the initiative, and not interpret the child’s behaviour, had struck me as remarkable. I sometimes found my urge to share my insights irresistible! I think a mother’s own insights are more likely to have meaning for her, and to be remembered by her. Also, as Cohen points out, through observing her own infant a mother ‘is enabled to become more knowledgeable about the infant, and not feel the need to rely on the therapeutic “expert”’ (Cohen et al. 1999, p. 446). A mother’s sense of competence and enjoyment in mothering is thus reinforced.

A short extract from the second WWW session (in which I videoed for only 10 minutes) shows how Dan was more his usual self, throwing objects, such as the telephone. He is sitting on the floor, quite close to my feet, exploring the buttons on the phone, lost in reverie, when his mother approaches him and involves herself in his activity by asking him if he is talking to ‘Grandma’. I wondered privately how Dan experienced that? I experienced it as an intrusion. Then Dan takes a long look at me, holds his left hand out from his body while looking intently at me for several seconds before making a sound like ‘hello’. I meet his eyes and respond intuitively, with a ‘hello’ which matches his in pitch and intensity. Dan then throws the phone down on the ground, between my feet and his own. He picks it up again, turns to his right and throws it in front of him, before picking it up and throwing it a third time, with more gusto, at his mother. She catches it and says, ‘No Dan, we won’t throw that.’

Dan does settle down, and instigates the looking at a touch-and-feel book about cats and kittens with his mother. She is on the floor sitting on her legs with a space between them; he turns himself round and sits himself comfortably in this gap, leaning back against her, looking contained by her body. I sense this is mutually enjoyable for them; it gives me a ‘warm’ feeling inside. Lizzie turns the pages of the book in a way that Dan can follow. Dan points to a cat and says ‘hello’. Lizzie copies his ‘hello’, using the same kind of tone as Dan had (what Daniel Stern would call ‘affect attunement’ (Stern 1985)). This looking at a book together already has a different feel about it from a similar but much shorter scene the week before. Lizzie notices this and comments, ‘we’ve read a whole book!’ She (and I) are very excited by this.

\(^5\) This article includes a word that is or is not asserted to be a proprietary term or trade mark. Its inclusion does not imply it has acquired for legal purposes a non-proprietary or general significance, nor is any other judgement implied concerning its legal status.
After this, Dan became more unsettled and once again began to throw objects around the room. Of course it is important to remember his age, and that his father has been encouraging him to throw a ball. So he is very much in that stage of toddler-hood where he is being faced with one rule for one context and another for a different context.

The possibility that Dan had mixed feelings about both objects and what they represent (such as the doll and the telephone) and people, (such as his mother) came up in the discussion following my showing part of the videotape from the previous week. When we talked of the way in which he had cuddled the doll, then thrown her down the previous week, Lizzie told me Dan had been hitting her over the head at home. To start with she talked only about his behaviour, but she then began to think about what might lie behind it. We teased out that he might have mixed feelings towards her. This led to her being able to acknowledge that she too could feel exasperated with him. She reflected that when Dan went for the forbidden things in people’s houses, for plants and remote controls, he might be wanting her attention. She reported setting some limits to his behaviour in his sister’s bedroom at home.

Of particular value to Dan is his mother’s capacity here to think about his feelings and intentions. It is evident that she knows he has a separate mind. Similarly she is demonstrating that she could bear to say ‘no’ to him, and that he could understand its meaning.

I had responded to Dan’s overture to me during this session. Not to have responded may have been experienced by him rather like the infants in Tronick’s perturbation studies, where an expectation of a smiling face is met by a blank look, and brings about distress in the infant (Tronick and Cohn 1989). My understanding here was enhanced through being able to watch the video of this brief incident many times: I suddenly realized that Dan’s overture to me might have been triggered by his thinking that I looked like ‘Grandma’ – the person Lizzie had suggested he might be talking to on the phone. Looking at the video also helped me remember the intensity of the emotional connection with Dan, and to hypothesize to myself that this might have been what led to his dysregulation and the throwing of the telephone. Lizzie had been unaware of her intrusion upon Dan’s reverie until she looked at the video.

The fifth session of WWW was particularly significant, and was the last before Lizzie’s return to work. Whilst looking at a book about farm animals together, Dan made clip-clop noises as he pointed to a horse. Lizzie responded with delight. Dan took over turning the pages of the book, and a peep-bo-type game ensued, with Lizzie saying ‘where’s it gone . . . oh there it is’ as Dan turned the pages to and fro.

I experienced great pleasure also as I watched this joyful reciprocal responsiveness, and a feeling that this mother–toddler pair was becoming more intimate. Having a video enabled me to micro-analyse the 18-second peep-bo game with the book, subsequently, and to be clear that the initiative for the game came from Dan and was rapidly picked up by Lizzie (see Stern 1971).

Lizzie spoke of the difference it made when she fully attended to Dan. She reported that he was hitting her less often at home and how she had realized that he was most likely to hit when he was getting overexcited, and she could now predict that; he was settling to play

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6 Pinnacle Studio Software breaks the video down into 24 frames per second.

7 This capacity to micro-analyse video data and to ‘grab’ still images can be particularly useful when the therapist’s countertransference suggests covert hostility on the part of the parent towards a child, but this is difficult to see in ‘real time’. Frame-by-frame analysis can reveal several ‘threat faces’ per second.
more easily and not throwing things so often; he was communicating more with words; he was comforting her when she was tearful; he had made ‘horse shoe noises’ when she showed him a picture of a horse; he was playing purposefully, e.g. with the stacking rings on the spike when she and I talked after I had finished videoing.

Several of these statements are reflective about Dan’s state of mind. Lizzie’s ability to see for herself that Dan tended to hit her when he became overexcited, or dysregulated, was far more powerful than my pointing it out to her. Essentially she is regulating his affect more effectively and this is helping him become more able to regulate it for himself. This became more evident in the next two sessions.

Dan was almost 18-months-old by the sixth WWW sessions, three weeks later. He was in a restless state throughout the sixth session, holding his transitional object by a piece of clothing (a doll known as Mollie) almost throughout. Towards the end of the 10 minutes videoing he began to climb on a chair. Lizzie recognized his excitement, with phrases like ‘oh look at you! . . . are you high up? . . . oh you’re the king of the castle’. In his excitement Dan began to dribble as he stood and bounced on the chair; Lizzie wiped this away with her hand. Next she said ‘show Mummy how you can get down nicely’. Slowly she managed to down-regulate him, and coax him off the chair, although it necessitated her taking the initiative in lifting him down. When she was firm he responded. I had expected that it would end in tears or a tantrum, and so had Lizzie. She was relieved that she could be firm without Dan screaming. She could see that his behaviour had been upset by her return to work. He engaged much less with her, but could not bear to be parted from her when she went to the toilet.

During the seventh session, two weeks later, Dan was more settled. He played in a more absorbed way. He climbed on the same chair, but without the overexcited feel of the previous week. Lizzie urged him to be careful, and he was. He then slid himself carefully off the chair, and Lizzie said ‘good boy’ in a warm manner.

Lizzie valued being able to see on video how she had managed to coax Dan off the chair in WWW session six, and this gave her confidence in her management of him. She was struck by how much less excitable he was in the seventh session. She remarked that she had missed the children a lot, (i.e. reflecting upon her own internal state) and Dan had shown her the cold shoulder when she had returned from a five-day trip away (here she reflects upon this).

WWW session eighth comprised 10 minutes of symbolic, cooperative, conversational play led by Dan (for example making cups of ‘pretend’ tea for his mother) and a fruitful discussion in which Lizzie recognized that she used to be very preoccupied and had found it very difficult to fully focus on Dan. She felt she had not really been there for him in the first six months of his life. She volunteered that it must be very difficult for single mothers with no support and how she did understand that they might hurt their children. ‘I know what it feels like, but luckily I was able to think about it, and not do it.’

Lizzie spoke of finding it easier to follow Dan’s lead in play, and to pick up on his attempts to communicate with words. She felt that Dan involved her and felt more in control. She felt she was happier, gaining confidence from being back at work, and all the family was more settled. Also, Dan was different – hardly aggressive at all, but showing much more affection. I spoke about my observations, i.e. that she was recognizing that he has wishes and intentions and how this was helping him to know that he can communicate what he feels and thinks.

Lizzie arrived 10 minutes late for the ninth WWW session, after being the victim of a road rage verbal attack. She was shaken and tearful. Dan went up to her and said ‘Mama’, and she became aware that he was affected by her mood. He went on to involve her in his play
making coloured balls appear and disappear, for ten minutes, showing a new capacity to concentrate.

In the tenth and final WWW session, when Dan was almost two-years-old, there was a warm comfortable feel to his relationship with his mother. In this and two subsequent sessions, we looked together at some of the video-recordings taken over the six-month period. Lizzie was surprised and a bit shocked to see how aggressive Dan had been in the second session. She described him as playing now in a much more constructive way. She was pleased to have a copy of the videotape as it showed the progress they had made together. I was fascinated by the use Dan made of my toy crocodile in this final session, exploring its teeth, putting his finger in its mouth, showing its teeth to his mother, but not ‘snapping’ at her. I thought of this as him exploring his own snappy, bitey feelings, and sharing them with his mother, as something to be interested in and come to terms with, but not necessarily enact.

It could be argued that the changes in Dan and Lizzie's relationship have resulted simply through his being nine months older. My own belief is that the WWW has provided a playground for both his and his mother’s ambivalence to be attended to, and that the formal structure of discussion following observation, and looking at the previous week's video-taped excerpts, has encouraged the development of Lizzie's reflective function (Fonagy et al. 1991). When she first came to OXPIP she was suffering flashbacks to her labour and delivery with Dan, and was depressed and somewhat preoccupied; she showed little capacity to reflect on Dan’s experience. Her capacity to be reflective did develop through the psychodynamic psychotherapy, but increased far more through the WWW method.

**Discussion**

The WWW method provides an ideal forum for helping parents develop their reflective function (RF) (Fonagy et al. 1991). This is the capacity to understand our own and others’ behaviour in terms of the underlying mental states and intentions. A mother helps a child to recognize its feelings and intentions first through action and gesture, and then through words and play. Fonagy (2002) says that because RF allows for understanding, and thus containment, it is an intrinsic aspect of affect (or emotional) regulation. Recent research using the Parent Development Interview (PDI) (Aber et al. 1985, Grieneberger et al. 2005, Slade 2005) shows that a parent’s capacity to think reflectively and responsively about their infant's experience correlates well with the infant’s attachment status to that parent. Thus, a mother whose RF is high is likely to have a child who is securely attached to her.

Research studies (van IJzendoorn 1995, De Wolff and van Ijzendoorn 1997) show that improving maternal sensitivity alone does not bring about a shift in security of attachment from insecure to secure. Many theorists are researching this problem of ‘the transmission gap’ (Juffer et al. 1997, Cassidy et al. 2005, Slade et al. 2005). I have been particularly influenced by Fonagy (2005) and Slade (2005) who found a correlation between maternal reflective function and infant's attachment security. It seems to me that Lizzie’s improvement in maternal reflective function may have brought about a reduction in her occasionally hostile behaviour towards Dan (found by Lyons-Ruth (1996) to contribute to insecure and disorganized attachment) an improvement in her motivation and capacity to repair disruptions in their relationship (Tronick and Weinberg’s (1997) view of what improves attachment relationships), and an improvement in secure base provision (shown by Cassidy et al. (2005) to improve security of attachment).

Cohen and Muir's research (1999, 2002) comparing the benefits of WWW with those of a more traditional psychodynamic psychotherapy show that amongst other things, both
treatments are successful in helping a proportion of toddlers to move from an insecure attachment to a secure attachment. The WWW approach achieved this more quickly, and had the additional benefit of parents in this group feeling more comfortable in dealing with their toddler’s behaviour, and feeling less stressed about parenting.

One of the assumptions which lie behind the work I have described is that mother and infant mutually regulate each other’s affect and behaviour (Beebe and Lachmann 2002). When things go well, interactive errors are quickly repaired; according to Tronick and Weinberg (1997) it is this capacity which predicts developmental outcome, rather than the amount of positive synchrony between mother and baby. But Tronick and Weinberg (1997) have shown that maternal depression disrupts the mutual regulatory process between mother and infant and brings about a break in intersubjectivity. They suggest that maternal withdrawal can lead to a failure in the infant to achieve social connectedness and an inability to repair interactions. These infants become dysregulated and fuss and cry. If you add to that the fact that infant boys are more emotionally reactive than girls and that they have greater difficulty self-regulating their affective states (Tronick and Cohn 1989), some light is thrown upon Dan’s earlier restless and aggressive behaviour.

It seems to me that Lizzie and Dan’s representations of themselves and the other have shifted, with Lizzie more able to think of herself as a ‘good enough mother’ who can read her infant’s cues and respond appropriately most of the time. She used to see Dan as a baby who was ‘very high maintenance’, whom she could not easily soothe. In her mind he then became an aggressive toddler who could not be taken to her friends’ houses. She came to see him as an affectionate little boy with a sense of fun. These changes have been at least partially brought about, I believe, by her careful observation of him and his activity during the WWW sessions.

I believe Dan’s representations of his mother have changed too and that he experiences her as more predictable, and reliably available to him. I think he has developed a better sense of agency (an ability to have an impact on the world) and also of control over social interactions. He is finding that she understands better what is in his mind, and not simply because he has more language. I think he has been helped to discover his intentions, feelings and desires through his mother’s representations of them. Lizzie recognizes she has changed the way she responds to Dan when he is upset after he has returned from nursery, for instance. She says that instead of trying to get him to play on his own, she now stops what she is doing, picks him up and cuddles him. She is recognizing what he wants and that it might be different from what she wants, but she is responding and he calms down much sooner. So she is managing to regulate him better, and he is learning to do this for himself. As Bion (1962) might have said, he feels contained by her. Fonagy (2002) and Slade (2005) show how this capacity to reflect the infant’s internal state and to represent that state as a manageable experience is crucial for the development of secure attachment. They argue that this is the way forward for clinical work to improve a child’s socio-emotional functioning.

The signs of ambivalent attachment in Dan at the age of one year have been replaced by evidence of a more secure attachment in that he now seeks comfort and allows himself to be comforted by his mother.

It is my belief that the use of video can bring the system of mutual regulation alive, to therapists and parents alike, because video allows the parent to take an objective stance, to watch as from a third position, and see how their own behaviour, facial movements and tone of voice impact upon the other. It helps to translate what was happening largely at a procedural level into declarative knowledge, i.e. something which is conscious and can be thought about. An example from the video clips I have considered is when Lizzie and Dan
together develop their looking at a book into a peep-bo type of game, i.e. each can instantly predict the other’s behaviour. Until she looked at the video of this interaction, Lizzie had been unaware of how she and Dan were each ‘reading’ the other’s behaviour and intentions, and contributing to what happened next. It was clear that she had a much better understanding of the intersubjectivity of their relationship at the end of the WWW sessions than she had prior to them.

**Conclusion**

This first attempt at WWW differed in some aspects from the Cohen model, in that I chose to show video clips to the mother as an aid to thinking about what she had observed and experienced. I believe that this application of the WWW technique was valuable both for the mother–toddler pair, and for my own development as a clinician.

Some of my OXPIP colleagues generously helped me think about some of the video clips and discussed progress with me, but we were all aware that consultation with a clinician experienced in the use of WWW would have been additionally valuable. I am excited that an opportunity has now arisen for training in the use of WWW from Nancy Cohen herself.

Using WWW proved an effective way to bring about a considerable reduction in Dan’s aggressive, unsettled behaviour, and a considerable improvement in his capacity to play, particularly because the process of observation brought about a separation from his mother and a reduction in Lizzie’s projections of her own conflictual feelings into him.

Showing video clips to Lizzie enabled her to see both sensitive and non-sensitive examples of her interaction with Dan of which she had been previously unaware.

It was the video clip of Dan cuddling a doll and then throwing it hard on the floor which opened up her discussion with me about Dan’s ambivalence towards her, and hers towards him. This was central to our work.

Cramer (1998) reveals that there is an important gap between what therapists believe and what they actually do, and that patients and therapists do not have the same definition of the criteria of what makes a good session, and perhaps what the goals of therapy might be. ‘This seems to be due especially to a tendency of therapists to judge themselves harshly on the basis of an ideal model of technique.’ He also found that psychodynamic therapists typically did ‘reinforce mother and baby by stressing what goes well between them’.

It was a struggle for me ‘to wait’, and not interpret Dan’s behaviour to Lizzie, and I felt that a therapist from the Hinks Institute would have kept more of their ‘wonderings’ to themselves! I gave Lizzie feedback in various ways, non-verbal as well as verbal. She certainly read concern, empathy, pleasure, and joy on my face at various moments in the therapy, and probably many other things too. After we had ‘wondered’ together about Dan’s play, I quite often commented positively, for instance about the way she had ‘scaffolded’ (Baradon et al. 2005) Dan’s play, or the way they were looking very comfortable sitting together. As Cramer (1998) suggests, these things seem to have been important to her, for six months after the end of the therapy when she was interviewed by a researcher, her comments indicated to me that she valued my telling her what I could see:

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8 ‘The process whereby the parent/therapist recognizes, labels and structures the baby's/patient's motor, mental and emotional experiences ahead of the baby's capacity to do this for himself. The baby/patient is able in time to do this for himself’ (Joyce and Baradon 2005).
She made me feel like I had achieved so much and she was really pleased at the way I had – how far I had come and how [Dan] was now. She made me feel so much stronger and capable just in saying what she could see and what I had achieved and where I had been and where I had come to.

I have no doubt that my own learning has been enhanced through the use I made of video in my first attempt at Watch, Wait, and Wonder with a mother–toddler pair, and I believe there were definite benefits for Lizzie and Dan too. Lizzie has discovered enjoyment in watching Dan, her capacity not to lead the play has developed, and so has her ability to wonder about his thoughts feelings and intentions. My own ability to observe and think about my countertransference experience for framing what I might say developed, as did my capacity to ‘read’ video. I now frequently use elements of watch wait and wonder in my parent–infant work, and find the use of video recording invaluable, both clinically and in training. It seems that my watching, waiting and wondering about Lizzie and Dan enabled her to find a space in her mind where she could do this for him.

**References**


