

**An exploration of parents' experiences in 'Watch, Wait and Wonder' parent-infant psychotherapy groups.**

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## Abstract

A body of research now exists which outlines the importance for children's life chances of a sensitive, responsive relationship with at least one caregiver, and emphasises the necessity of supporting the emotional wellbeing of new parents in order to foster this relationship. The "1001 Critical Days" manifesto (Leadsom, Field, Burstow, & Lucas, 2013) proposes that at-risk families, or those experiencing difficulties, should be able to access evidence-based services which promote parent-infant interaction. It specifically identifies parent-infant psychotherapy as an example of such an intervention, while acknowledging that further research is needed in order to investigate its impact.

In the researcher's Local Authority, Early Years Specialist Educational Psychologists have worked together with their colleagues in the Child and Adolescent Mental Health Service (CAMHS) to implement a range of early-intervention services. Among them is an adaptation of the "Watch, Wait and Wonder" parent-infant psychotherapy programme, which was modified to be run as a group intervention in a number of Children's Centres. The aim of this thesis was to explore the experiences of parents who have taken part in this group.

Five participants were interviewed using a semi-structured interview schedule. Transcribed interviews were analysed using Interpretative Phenomenological Analysis (IPA), and the analysis linked to relevant literature. Five superordinate themes were identified: 'Making Sense of the Group', 'The Role of Others', 'Power and Knowledge', 'Ghosts in the Group', and 'Evolving Relationships'. Implications of the findings for stakeholders are discussed.

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### **List of Abbreviations**

APPG	All-Party Parliamentary Group
BPD	Borderline Personality Disorder
BPS	British Psychological Society
CAMHS	Child and Adolescent Mental Health Service
CCTT	Children's Centre Therapeutic Team
DCSF	The Department for Children, Schools and Families
ECM	Every Child Matters
EP	Educational Psychologist
EPDQ	Edinburgh Postnatal Depression Scale
EPS	Educational Psychology Service
HADS	Hospital Anxiety and Depression Scale
IPA	Interpretative Phenomenological Analysis

LA	Local Authority
LFP / LTP	Lausanne Family Play / Lausanne Trilogue Play
LSE	London School of Economics
MP	Member of Parliament
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
OXPIP	Oxford Parent Infant Project
PBQ	Postpartum Bonding Questionnaire
PIR-GAS	Parent-Infant Relationship – General Assessment Scale
PPT	Parent-infant Psychotherapy
RF	Reflective Function
RFP	Reflective Family Play
SEND	Special Educational Needs and Disabilities
UK	United Kingdom
VIG	Video Interactive Guidance
WMCI	Working Model of the Child Interview
WWW	Watch, Wait and Wonder

## **1 Introduction**

### **1.1 Chapter Overview**

In this chapter, I will begin by surveying the national and local context for early intervention initiatives, before providing an outline of the evolution and implementation of one intervention in particular: “Watch, Wait and Wonder”. I will conclude with a summary of the aims and rationale of the current research, and a statement of my position.

### **1.2 National Context**

Twelve years ago, the UK government introduced an initiative which they called “Every Child Matters” (ECM, DCSF, 2003). This initiative lent its name to three government papers, and ultimately led to the Children’s Act of 2004. Catalysed by the preventable death of a young girl (Victoria Climbié), policymakers sought to reform the disjointed services which failed to protect her. These reforms marked a radically new approach to improving the wellbeing of children, right from birth, and also signalled a new recognition of the importance and value of investing in prevention and early intervention. In order to deliver such intervention, the ‘Sure Start’ programme, which had initially been announced in 1998, was repurposed and greatly expanded in order to become the “Sure Start Children’s Centre” programme. Thousands of children’s centres were built in the years that followed, tasked with delivering a wide array of community-based services to children and families, including education, training, advice, assessment and support.



For much of the decade that followed the introduction of the ECM agenda, services for families and young children remained a spending priority, and provision continued to expand. However, the economic downturn which began in 2008 forced the government to cut spending in this area, a trend which continued after the general election of 2010. In the context of the new climate of austerity, there was increasing pressure to demonstrate the efficacy and cost-effectiveness of initiatives, including early-intervention. In 2011, Graham Allen MP delivered a report to the government entitled “Early Intervention: The Next Steps”. In it, he acknowledged the progress that had been made in the delivery of early intervention initiatives, but expressed frustration at the comparative lack of evidence-based intervention, and the prevalence of a more reactive ‘late intervention’:

...the provision of successful evidence-based Early Intervention programmes remains persistently patchy and dogged by institutional and financial obstacles. In consequence, there remains an overwhelming bias in favour of existing policies of late intervention at a time when problems are well-entrenched – even though these policies are known to be expensive and of limited success. (Allen, 2011, p. vii)

Allen’s report drew on neuroscientific evidence to reinforce his argument that the first three years of life were “...a period of both great opportunity and great vulnerability for brain development” (Allen, 2001, p.14) and therefore crucial for children’s later outcomes. He also outlined the role that the mother’s mental state played in the child’s early development, and emphasised the importance of the availability of sensitive and responsive care from a psychologically available caregiver. Allen’s report culminated in a summary of 19 evidence-based

interventions, each of which he categorised as either 'universal' or 'targeted'.

Universal interventions were designed to improve outcomes for all children, while targeted interventions were designed to help children: "... whose health and development are impaired, or are likely to become impaired without additional support". (Allen, 2011, p.70). He highlighted the national network of children's centres as being perfectly positioned to deliver these interventions, and urged the use of evidence-based evaluation systems in order to identify and meet the needs of vulnerable children and families.

In September 2013, an All-Party Parliamentary Working Group launched the cross-party manifesto "1,001 Critical Days" (Leadsom et al., 2013). The title refers to the time from conception until a child's second birthday, and the manifesto drew on Allen's report in order to re-emphasise the value of early-intervention. It reiterated the importance of an infant's access to a sensitive, responsive relationship with at least one caregiver, and emphasised the necessity of supporting the emotional wellbeing of new parents, and new mothers in particular, in order to foster this relationship. It proposed a tiered approach to parent-infant services, progressing from universal through to targeted and specialist provision. A primary component of the vision laid out in the manifesto was that at-risk families, or those experiencing difficulties, should be able to access evidence-based services which promote parent-infant interaction.

In 2014, research was carried out at the London School of Economics (LSE) into the social and economic impact of maternal mental health problems in the perinatal period, defined in the research as the period during pregnancy and the first year

after childbirth (Bauer, Parsonage, Knapp, Lemmi, & Adeleja, 2014). The researchers found that the cost of failing to deal adequately with perinatal mental health difficulties was £8.1 billion per year, and that nearly three-quarters of this cost (72%) related to adverse impacts on the child rather than on the mother. They noted that, while there was longstanding agreement in guidance from NICE and other organisations on how perinatal mental health services should be delivered, the actual provision of services was “...patchy, with significant variations in coverage and quality around the country.” (Bauer et al., 2014, p. 5). They estimated that the cost of bringing these services up to the recommended standard would be £280 million per year, a figure which was dwarfed by the potential savings.

The LSE research provided further political impetus for the issue of early intervention, and in February 2015, the ‘First 1001 Days All-Party Parliamentary Working Group’ issued a report entitled “Building Great Britons”. The report proposed that ‘good citizenship’ relied on the early acquisition of social and emotional resources, which were unlikely to develop in the context of intergenerational transmission of disadvantage, inequality, dysfunction and child maltreatment. It noted that such cycles would continue to self-perpetuate in the absence of appropriate intervention, at great social and economic cost to the state. The authors of the report therefore recommended that “the priority given to the first 1,001 days should be elevated to the same level as Defence of the Realm” (Conception to Age 2: First 1001 Days APPG, 2015, p. 13).

### **1.3 Local Context**

This study took place within a large and diverse outer London local authority (LA). With a population of over 300,000, it is one of the largest and most populated in London, and also has one of the largest populations of pre-school aged children. The End Child Poverty Campaign (2013) reported that 29% of children in the borough lived below the poverty line, which is the highest amongst comparable boroughs. One parliamentary constituency in the borough has been assessed as having the third highest rate of child poverty in London.

In the context of such deprivation, local Children's Centres play an important role in both identifying and meeting the needs of children and families in the borough. They are supported in this work by a service called the 'Children's Centres Therapeutic Team' (CCTT), which is formed of practitioners from both the Educational Psychology Service (in which the researcher is based), as well as from the local NHS Child and Adolescent Mental Health Service (CAMHS). The CCTT has responded to the national context by adopting the tiered model of provision (as proposed by the "1,001 Critical Days" Manifesto) as a framework for planning, allowing them to map both provision and providers onto each level of intervention. Tier 1 (universal provision) is delivered by a wide range of professionals and services, from midwives and GPs through to Children's Centre staff. Tier 2 (targeted provision) is typically delivered by a collaboration of CCTT and Children's Centre staff, while Tiers 3 and 4 (specialist provision) are provided by mental health practitioners, and may take the form of intensive community or in-patient treatment. This mapping process allowed the CCTT to identify some

gaps in provision, and to take steps to address this. As part of this process, it was decided to provide a targeted intervention in order to address the needs of very young children and their parents who were experiencing minor relational difficulties. As a Tier 2 intervention, it would be delivered through collaboration between practitioners from the CCTT and Children's Centre staff. During their research into potential interventions, CCTT practitioners became aware of an intervention known as "Watch, Wait and Wonder", and decided to carry out a pilot in order to further evaluate its effectiveness within their local context.

#### **1.4 Watch, Wait and Wonder**

##### **1.4.1 Evolution of the intervention**

Watch, Wait and Wonder (hereafter, 'WWW') is a child-led form of parent-infant psychotherapy, aimed at parents and their children who are experiencing relational and developmental difficulties. As such, it is an attachment-based intervention that focuses on enhancing the caregiver's sensitivity in order to strengthen the relationship between caregiver and child, and thereby improve the child's self-regulating abilities and sense of efficacy. It was initially developed by a group of psychiatrists in Milwaukee, Wisconsin (Wesner, Dowling, & Johnson, 1982) and subsequently manualised by a group of clinicians and researchers at the Hinks-Dellcrest Centre in Ontario, Canada (Muir, Lojkasek, & Cohen, 1999). The basic structure of the intervention is relatively straightforward. One therapist works with one parent-infant dyad in regular sessions of approximately an hour. As with other forms of psychotherapy, the treatment course is open-ended, with the parent and therapist agreeing when the time is right to end the intervention.

(Cohen et al., 2000) describe a “relatively brief treatment” (p.3) as having lasted for fourteen sessions over five months. Each session consists of two parts: an initial period of infant-led play, followed by a discussion between the parent and the therapist. The basic instructions given to the parent for the period of infant-led play are:

- Get down on the floor with your child.
- Follow your child’s lead, letting him take the initiative at all times.
- When your child initiates an interaction, respond, but be guided by the child’s agenda, not your own.
- Do not instruct, prohibit or show displeasure with your child’s activity.

(Muir, Lojkasek and Cohen, 1999, pp. 60-61)

The role of the therapist in WWW is less interactive than in other forms of psychotherapy. During this portion of the session, the therapist sits to the side, sharing in the experience, but not interacting or intruding. The therapist shows interest in the inner-life of the parent-infant dyad, and supports and validates the parent’s experience. This, in turn, is calculated to help the parent develop an interest in the inner-life of their child, and to become curious and accepting of them (Muir, Lojkasek and Cohen, 1999). The second half of the session involves a discussion between the parent and therapist about what the parent has observed their child doing, and what their thoughts and feelings about these observations were. The aim of this process is to develop both the observational and reflective capacities of the parent, in order to encourage their objectivity and increase their sensitivity and responsiveness. The therapist aids the parent in this process not by

interpreting the child's actions themselves, but by affirming the parent's observations, and providing a 'safe space' for their explorations.

An adaptation of the WWW intervention was subsequently developed by Dr Michael Zilibowitz, a paediatrician working in Sydney, Australia (Zilibowitz, 2010). His modified version of WWW was designed for use in his community practice, and featured some significant changes to the original version. Zilibowitz (2010) broadened the intervention's remit, seeing it not just as a clinical intervention, but rather as one which held the potential to be of universal benefit. In order to reach as many families as possible, he restructured the program to be delivered to a group of 6-8 parents over the course of three sessions. In the first session, parents received guidance on how to carry out an infant-led play session, supported by instructional video-clips, which they then put into practice at home. The subsequent two sessions served as forums for parental reflection within the group setting, supported by two facilitators. In this way, Zilibowitz believed that parents could very quickly develop their capacity to observe and be present with their child in a non-judgmental fashion, which would in turn increase their sensitivity and responsiveness towards their children's needs.

#### **1.4.2 Current implementation**

The version of WWW that was implemented in my LA was developed by the Oxford Parent Infant Project (OXPIP), who provided a one day training course for clinicians from the CCTT (educational psychologists and therapists) as well as outreach staff from six local children's centres. The CCTT's decision to pilot the intervention for a limited period of time was largely due to funding considerations.

It was hoped that a pilot would generate sufficient evidence of the programme's efficacy in order to persuade the Children's Centres' Commissioners to provide sufficient funding to subsequently roll the programme out on a larger scale, and to make it a part of the LA's continuous provision. Outcome measures were therefore a key part of the pilot, and two key measures were employed by the CCTT in a pre and post design:

*Hospital Anxiety and Depression Scale (HADS)*

The Hospital Anxiety and Depression Scale is a clinical measure of these two constructs. It consists of fourteen statements, with which the participant agrees or disagrees by indicating their position on a four-point scale. It was administered to the parents in the programme before they attended their first session of WWW, and again during their final session.

*Parent-Infant Relationship – General Assessment Scale (PIR-GAS)*

The PIR-GAS is used to assess the quality of the infant-parent relationship on a scale ranging from 'well adapted' to 'severely impaired'. The CCTT team-member running each WWW group rated each parent-infant dyad following the first session, and again following their completion of the program.

The intervention was piloted with six cohorts, delivered in a broadly sequential manner over the course of 18 months. Each iteration ran for six weeks, with a closed group of parents. All groups took place in children's centres and were facilitated by one member of the CCTT and one children's centre worker. Parents were recruited for each cohort by children's centre staff. The rationale behind this was that the children's centre staff would be familiar with local families, and



would be aware of dyads who may be experiencing difficulties. The target group for the intervention was parent-infant dyads who were experiencing some form of relational difficulties, but who did not reach thresholds for clinical intervention, as measured by the HADS tool. There was no equivalent lower threshold for inclusion, i.e, no minimum level of 'relational difficulty' was specified. The group was not advertised, but rather operated on an 'invitation-only' basis. Once the children's centre worker had identified a dyad who were apparently experiencing some relational difficulties, they provided the parent with some information about the group, and asked them if they would like to join. In reality, Children's Centre's workers struggled to recruit parents to the group, for a number of factors. As the pilot was running for a limited period of time, workers typically had a period of only two to three weeks in which to recruit a maximum of ten dyads (with the assumption that at least two dyads would drop out before the beginning of the intervention). Recruitment was conducted solely from within the pool of parents who had attended previous groups at the children's centres, and who were therefore familiar to the children's centre workers. Additionally, many parents were unwilling or unable to commit to attending the group for six consecutive sessions. This seems to have resulted in a situation where children's centre workers sometimes felt it necessary to 'widen the net' to encompass dyads who may not necessarily have been considered part of the target group, in order to ensure that the intervention had sufficient members in order to take place. There is therefore some uncertainty as to whether the criteria of 'relational difficulties' was uniformly applied during the recruitment process of each cohort.

Parents were told that WWW was a new group that was being run as a pilot in the area. They were informed that it was a closed group of 6-8 dyads, and that it would run for 6 weeks. Information related to the purpose of the group was less clear and appears to have varied somewhat between cohorts. All cohorts were told that the group would help to develop the relationship between parent and infant, and that a psychologist would be present. Some cohorts were also told that the group would increase parents' knowledge of child-development. The respective roles of the psychologist (i.e., CCTT member) and the children's centre worker was not made clear. If the parent agreed to join, they were subsequently visited in their home by both group facilitators. This provided the facilitators with an opportunity to further appraise the relationship between parent and infant, as well as to administer the HADS. Any parents who met clinical thresholds for either anxiety or depression at this point would be withdrawn from the group, and would instead receive a referral to other services. Parents were also asked to formulate three goals for their involvement in the project, and were subsequently asked to rate their perceived progress towards these goals following the final WWW session. By the end of the pilot, 24 parent-infant dyads had each attended at least four out of a possible six sessions.

The OXPIP modification of WWW featured elements from both of the formats described in section 1.4.1. As in Zillibowitz's (2010) adaptation, this implementation was conceptualised as an intervention that would be beneficial for a wide range of parent-infant dyads, and was therefore run as a group intervention for up to eight dyads. In this way, it was able to augment the existing

LA provision at Tier 2 by providing additional support to a larger group of parents than would be possible via individual therapy. However, in addition to encouraging parents to set time aside at home for infant-led play, such play also took place within the session itself, just as it does in the original version of WWW (Muir, Lojkasek and Cohen, 1999). Significantly, unlike both previous formats this version has not been manualised, although participants in the OXPIP training received a copy of the presentation used to conduct that training (OXPIP, 2014). Within that presentation, the aims of WWW are stated in the following manner:

*The WWW programme has the potential to: increase parents' awareness of and sensitivity to their children's cues; facilitate loving, attuned parent-child interactions which promote healthy brain-development; facilitate more positive experiences of parent-child interaction. (OXPIP, 2014, slide 28).*

The format of each individual session is not rigidly described within this presentation, and varied between cohorts during the pilot. However, it always included at least one period of child-led play, followed by one period of group discussion, where the facilitators would join with the parents in commenting on what they have observed. The length of these periods depended on many factors, including the age of the children within that particular cohort, and the stage of the intervention. Typically this sequence was repeated twice or three times over the course of each 90 minute session.

Within the OXPIP training materials the roles played by the facilitator are listed as follows:

- *Provides maternal holding and containment*

- *Provides predictability, reliability, and continuity of settings and toys.*
- *Watches, Waits and Wonders*
- *Reflects on own feelings and uses these as a guide to talking with the mother about her observations and her experience of herself and her infant*
- *Sensitively responsive during discussions*
- *Does not interpret infant's play (OXPIP, 2014, slide 60)*

It is also notable that the only reference to a second facilitator within these training materials is an acknowledgement that “It can be advantageous to have two trainers in a WWW group” (OXPIP, 2014, slide 12). However, this guidance is itself drawn from the manual for Zillibowitz’s (2010) WWW intervention, on which the OXPIP model is evidently based. That manual goes further, noting that “...a psychologist or counsellor might be employed as a co-facilitator of the group” (Zillibowitz 2010, p. 8). No guidance is given in either the OXPIP materials or Zillibowitz’s manual in relation to the distinction between the roles which might be adopted by both facilitators.

## **1.5 Rationale and Aims of the Research**

The moral and political imperative to provide comprehensive, evidence-based early intervention in the UK has steadily gathered pace since the turn of the millennium. Unfortunately, the economic climate in recent years has made it increasingly difficult for local authorities to prioritise such preventative intervention in the face of more immediate and visible needs. The researcher’s local authority has actively sought out creative ways to provide quality early-intervention to as many families as possible. Their adaptation of a programme

designed for individual therapy into an intervention for groups is one way in which they are attempting to meet the needs of the local community. The difficulty, however, is that although there has been some research into the efficacy of the original manualised format of WWW (Muir, Lojkasek and Cohen, 2002), both Zilibowitz's version and the version currently implemented in my LA represent major adaptations from this format, and have so far not been rigorously evaluated. In particular, there has been no attempt to investigate, or even acknowledge, the extra dimension brought by the dynamics inherent in groups. Zilibowitz (2010) tacitly implies that the group element of the program is one of its strengths, yet I believe that to accept this without question or evidence would be to grossly underestimate the complexities and nuances of group dynamics, and the potential which they have to influence the delivery of an intervention. The therapeutic alliance, that is, the working relationship which is established between therapist and client, is a key factor in any psychodynamically-underpinned intervention (Martin, Garske, & Davis, 2000). It stands to reason that any relationship between parents and facilitators in this particular intervention will have been open to influence from the presence of other parents and children. However, it is unclear how and to what extent this influence might manifest itself, and whether it holds any consequence for the efficacy of the intervention as a whole. On a more general level, I am interested in parents' own awareness and understanding of the processes involved in this intervention, the relative value which they place on its components, and their appraisal of its effects. The aim of my research, therefore, is to explore in as wide a sense as possible what parents' lived experiences of this intervention have been.

## **1.6 The Researcher's Position**

The epistemological and ontological position of this research is discussed in detail in the methodology chapter and, as will be described, I adopt a phenomenological position. In order to analyse my data, I have used Interpretative Phenomenological Analysis (IPA) (Smith, Flowers & Larkin, 2009), which aims to provide insight through exploring an individual's lived experience. It is hoped that the knowledge gained in so doing may inform future interventions and provision.

## **2 Literature Review**

### **2.1 Chapter Overview**

In this chapter I will describe the methods that I employed in order to identify relevant existing literature. I will then critique this literature, before finally considering the rationale for the current study in the light of existing research.

### **2.2 Literature search**

I carried out a search of the literature in January 2015, using the 'EBSCO Host' online database collection, with the following databases selected: PsycINFO, PEP Archive, SocINDEX, Psychology and Behavioural Sciences Collection, PsycARTICLES. The aim of the search was to find any studies which referenced the WWW approach, and it was therefore possible to use a very narrow search term. I identified thirteen articles by searching for the term "Watch Wait and Wonder" in the titles and bodies of published journal articles. An additional hand search of the references of these articles yielded no further relevant results. In an attempt to identify any relevant unpublished studies, I conducted searches of the British Library's EThOS database and the University of London's online thesis database using the same search term, but found no further material. As relatively few articles were identified through these processes, the only further exclusion or inclusion criterion which I applied was related to language. One article written in German and two articles written in French were excluded from the review, as I possessed neither the linguistic skill to translate them nor the resources to have them translated for me. I contacted the author of both French articles regarding

an English translation, but none existed. The German article was found to be a translated reprint of an article which was already included in the review. This review therefore draws on a total of ten articles. Of these, experimental data are reported in two, while the remaining eight consist of the presentation of clinical case studies.

### 2.3 Existing Literature

In this section, I will critique the current body of available literature. I have structured this section into three categories:

- Case-studies
- Adaptations
- Evaluations

Within each of these categories, I have presented the studies in chronological order. Table 1 provides an overview of the studies included.

**Table 1: Summary of existing literature.**

Study	Format	Data
Muir (1992)	Case study	Discussion of one WWW clinical case.
Newman and Stevenson (2008)	Case-study	Discussion of one WWW clinical case.
Tuters, Doulis and Yabsley (2011)	Case-study	Discussion of one parent-infant psychotherapy clinical case and one WWW clinical case.
Chen and Lee (2013)	Case-study	Brief discussion of four clinical cases, one of which utilised the WWW approach. Scores on two



		measures reported.
Rance (2005)	Case-study of an adapted WWW approach	Discussion of one WWW clinical case. Pre and post intervention interviews with 15 participants were carried out, but no data were presented.
Tucker (2006)	Case-study of an adapted WWW approach	Discussion of one clinical case which involved both parent-infant psychotherapy and WWW.
French (2011)	Case-study of an adapted WWW approach	Discussion of the use of an adapted WWW approach with a group of parents and infants.
Philipp (2012)	Case-study of an adapted WWW approach	Discussion of two clinical cases which used a blended WWW/structural family-therapy approach.
Cohen, Muir, Lojkasek, et al. (1999)	Evaluation	Pre and post data collected using a range of measures. 67 participants, split across two experimental conditions: WWW ( $n=34$ ) and parent-infant psychotherapy ( $n=33$ ).
Cohen, Muir, Lojkasek, et al. (2002)	Six-month follow-up to evaluation	Pre and post data collected using a range of measures. 57 participants, split across two experimental conditions: WWW ( $n=26$ ) and parent-infant psychotherapy ( $n=31$ ).

As the majority of the articles presented here took the form of qualitative case-studies, I gave careful consideration to the best approach to take in their evaluation. I initially sought to use the qualitative research checklist produced by the 'Critical Appraisal Skills Programme' (CASP, 2015). However, most articles failed to satisfy the screening questions used as a preface to the CASP, including "Was there a clear statement of the aims of the research? (CASP, 2015, p.2). I

therefore considered the CASP to be of limited utility, and decided to apply more general criteria in my assessment. In his article on evaluating qualitative research, Stiles (1999) sets out three general principles, which he describes as ‘good practice criteria’:

*Are the study’s questions or topics clearly stated?*

*Is the selection of participants or materials clearly justified?*

*Are the methods for gathering and analysing observations clearly described?*

*(Stiles, 1999, p.99)*

Although these questions seek to appraise the same broad qualities as the CASP, they provided sufficient latitude to enable me to engage with and evaluate studies of potentially lesser methodological rigour. They therefore form the framework for my evaluation of each of the qualitative studies featured in this review.

### **2.3.1 Case studies**

Muir (1992) presented an early account of the WWW process. Written several years before she and her colleagues produced their WWW manual (Muir et al., 1999), this article provided an overview of the conceptual basis of the intervention. It drew heavily on psychoanalytic theory, and on the work of Winnicott and Klein in particular, in order to establish a rationale for the programme. The Kleinian concept of projective identification (Klein, 1957) was proposed as the vehicle by which the intergenerational repetition of relational patterns is perpetuated, and WWW was suggested as an effective means of disrupting this repetition. Muir (1992, p.325) described how, “...the instructions to

follow the infant's lead throw a switch that turns off the power of the mother's projections through stopping her intrusive, impinging actions and reactions. She becomes *in loco* therapist to her infant." Muir proposed that this pause in the mother's projections opens up a 'potential space' (Donald Woods Winnicott, 1971) between mother and infant in which the infant can forge its own sense of self, and the mother can develop a better appreciation of her infant's internal world, separate from her own. Muir provided an overview of one clinical case, briefly summarising the clinical process over twelve sessions of WWW.

The purpose of this article was not explicitly stated, although it may be deduced as an attempt to describe a new clinical intervention, and to set out its theoretical underpinnings. In this hypothesised aim it may be deemed to have been successful. It provided a clear overview of both the structure and process of a WWW session, and gave enough information to enable the reader to attempt the intervention themselves. However, it was less successful in setting out its own methodology, and makes no reference to ontological or epistemological considerations. No justification was given for the choice of these particular participants to illustrate the approach, although the initial assessment process was outlined and a general rationale offered for therapeutic work involving the parent and infant. In addition, following the initial assessment there was no explanation provided for why WWW was chosen as the basis of this work rather than any other form of parent-infant therapy, and no comparisons or contrasts are made with more traditional approaches. It is therefore not possible for the reader to discern the rationale for the use of WWW in this study.

Newman and Stevenson (2008) provided an example of WWW being used with a specific clinical population, in this case mothers with Borderline Personality Disorder (BPD). Six mothers with BPD were asked to attend twelve to fourteen WWW sessions with their child over a period of five months. All six of these mothers had previously participated in a larger study into the nature of transgenerational attachment in mothers with BPD and their children (Newman, Stevenson, Bergman, & Boyce, 2007). A case example was presented which provided an overview of the background of one parent-infant dyad, along with a summary of the therapist's diagnostic formulation. The treatment was then discussed in terms of both therapeutic progress and the themes which emerged for both parent and child. Where Newman and Stevenson (2008) differed from other case-studies, however, was in their provision of an interesting series of reflections on their use of WWW as an intervention for mothers with BPD. They discussed aspects of the intervention itself, as well as factors which affected the experience of mother, child and therapist respectively. Although this content was written with a specific, high-risk population in mind, many of these themes may feature in therapeutic interventions with any population, albeit to a lesser extent or severity. These themes include: maternal tolerance for interaction with their child, maternal resentment for the attention their child receives, re-enactment of past trauma, the child's need to engage the therapist, and the reflective functioning of mothers. This last point raised particular questions around the suitability of WWW as an intervention for parents with BPD, as a limited capacity for self-reflection is typically a core feature of BPD, and yet the intervention is somewhat dependent on this ability. The final issue raised by the authors was

related to the importance of clinical supervision for the therapists delivering the intervention. They noted that the therapists' ability to contain parental anxiety and distress was critical in enabling the parents' emerging capacity to reflect on their own affective states, and on the inner world of their infants. Given the emotional and technical demands of achieving this, regular supervision was highlighted as an essential component of delivering this intervention.

This article's stated aim was to discuss the authors' experiences in the implementation of WWW with a specific population (parents with BPD), and to highlight specific issues that can arise in such interventions. No further methodological information is provided, apart from a statement that a case-study was used in order to "help illustrate key points" (Newman and Stevenson, 2008, p.506). It may be inferred that the particular participant was chosen in order to provide the most effective illustration of the authors' chosen points. The authors provided an acknowledgement of the paucity of research regarding the relative roles of individual psychotherapy for mothers versus parent-infant interventions, and briefly mentioned the main arguments put forward by proponents of each approach. However, no delineation was made between WWW and other parent-infant interventions, such as parent-infant psychotherapy, and no rationale was provided for its use in this study. Nevertheless, the article provides an effective description of the formulation and treatment process, as well as a helpful overview of themes and issues which arose from the subsequent intervention. The authors acknowledge that WWW was not specifically developed for working with

mothers with BPD, and are appropriately careful not to present their conclusions as necessarily generalisable.

Tuters, Doulis and Yabsley (2011) presented a thorough overview of the theoretical underpinnings of both WWW and parent-infant psychotherapy, illustrated by a case-study of each approach. Written almost twenty years after Muir's (1992) paper, the authors built upon the psychodynamic rationale expounded in that work, but did so in a more accessible and more explicit manner. The expressed aim of the paper was to "...describe the rationale for the way they work with troubled infant-parent relationships" (Tuters, Doulis and Yabsley, 2011, p.632) and this has been partially accomplished. The authors were particularly clear in outlining the goals of each therapeutic method, and both case-studies included a detailed account of the therapists' respective assessments and formulations. However, the authors did not go on to make an explicit link between the formulation and the choice of one form of therapy over the other. In fact, it was unclear whether the ultimate choice of therapy was due in any part to the formulation, or whether it was simply a function of the allocated therapists. An important part of the authors' rationale therefore remains opaque. Furthermore, no information is given in relation to the initial selection of the included case-studies, and no effort is made to locate them within a wider context.

Chen and Lee's (2013) article proposes the utility of focussing on the maternal-infant dyadic relationship in the treatment of postpartum depression. The authors set out the aims of the paper as follows:

*This article examines in detail what happens when women face difficulties in the motherhood transition, the developmental needs of the infant, what happens when the bond is disrupted, what role psychiatry plays, and the gentle approach of perinatal psychiatry. (Chen & Lee, 2013, p. 162).*

The paper contains a brief statement of methods, which regrettably fails to provide information in relation to the selection of case-studies, the assignment of treatments, and the measures used to assess outcomes. Four case-studies are then presented, only two of which include details of treatments. Once again, the rationale for this is not made clear. Of the two case-studies which include treatments, one involved counselling, medication and access to a support group, while the other was via WWW and medication. Both participants' progress was measured using pre and post administration of the Edinburgh Postnatal Depression Scale (EPDQ), although no information is provided in relation to its administration. Furthermore, EPDQ scores were only reported for one participant, and no effort was made to assess their significance, or to compare the efficacy of one treatment route against the other. The participant who accessed WWW was also assessed using the Postpartum Bonding Questionnaire (PBQ), but again the significance of the results were not discussed, save to note that by the end of treatment her results on the EPDQ had improved to be just above the clinical cut-off point, and her results on the PBQ had improved to just below the clinical cut-off point. Additionally, due to the simultaneous application of multiple treatment modalities, it is not possible to assess the role which any one modality played in the amelioration of participants' symptoms. However, it must be noted that such

an assessment falls outside the aims of the article as described. This paper appears to have been designed to encourage a general focus on the maternal-infant dyadic relationship in the treatment of postpartum depression and mental health difficulties, rather than to evaluate or recommend particular interventions.

### **2.3.2 Adaptations of the WWW approach**

Rance (2005) described the use of WWW as part of a pilot project for parents and babies of up to one year of age where there were concerns about the parent-infant relationship. The paper had no stated aims, however a rationale was presented for the development of infant mental health services provided by Child and Adolescent Mental Health Services. The purpose of the paper can therefore be construed as an attempt to highlight the benefits of such services, casting some doubt on its objectivity. The author, a Child Psychotherapist, described the efforts of her team to develop infant mental health provision despite limited funding. The aims of WWW were described in brief, but no attempt was made to justify its choice as a clinical tool within the context of this particular pilot project. Fifteen parents and infants participated in the project, and each parent was assessed using the Working Model of the Child Interview (WMCI; Charles H. Zeanah & Benoit, 1995), which was re-administered approximately one year after their initial assessment. Although the author stated that the WMCI was chosen for the purposes of project evaluation as well as clinical assessment, participants' responses were not formally coded. The author notes that such analysis was precluded by "...time scales and lack of training in coding" (Rance, 2005, p. 127). Instead, a thematic analysis was reportedly carried out on participants' responses



to the WMCI, which subsequently formed part of the project's evaluation. Unfortunately, no data was provided in this article about the results of the analysis, or about the findings of the wider evaluation. One clinical example was presented by summarising the content of six therapeutic sessions. This implementation of the WWW approach differed somewhat from Muir et al.'s (1999) manualised version, a fact which is acknowledged by the author. It appears that the aim of the author and her colleagues in making these changes was to be less directive, preferring to offer a play mat as a 'potential space' (Rance, 2005, p. 135) rather than instructing parents to get down on the floor with their infants. They also targeted infants who were much younger than the nine month minimum age recommended by Muir et al. (1999), and the infant described in the clinical example was twelve weeks old when he and his parents were referred for treatment. As a result of these changes, it is not always easy to recognise the presence of the WWW format in the clinical example presented, and the description of the process often appears to closely resemble more traditional forms of parent-infant psychotherapy, with the emphasis placed far more on the parent and therapist's discussion of parental representations than on the observable interaction between parent and child within the session. The author concluded by once again noting the dearth of CAMHS services catering to the needs of families with infants and very young children, despite a strong mandate from public policy of the time. However, by omitting the presentation or analysis of the collected data, this article fails to make a compelling argument in favour of the use of WWW, much less the general expansion of such services.

Tucker's (2006) stated aim was 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" (p.125). The author provided a concise overview of both psychodynamic parent-infant psychotherapy and behavioural parent-infant psychotherapy, before positioning WWW as an approach that draws on the strengths of both, seeking to work on both a behavioural and representational level. The author described the treatment of one particular parent-infant dyad, which began by using psychodynamic parent-infant psychotherapy before moving to the WWW approach. In justifying the change in treatment, the author stated that although the parent had successfully resolved several issues through the use of parent-infant psychotherapy, she (the author) felt that she had given insufficient attention to the child's needs, and to the relationship between parent and child. She reported a belief that the more formal structure of WWW would allow her to keep the parent focussed on her child and on their relational difficulties. The main adaptation which the author made to the manualised version of WWW was in her practice of videotaping the parent following the child's lead during each session. This video was used for clinical review by the therapist, but clips were also chosen to be shared with the parent in order to foster the parent's sense of competence, and to demonstrate to her how her capacity to follow the child's lead and understand his intentions had developed over the course of the sessions. The author does not make explicit reference to techniques such as Video Interactive Guidance (VIG; e.g. Kennedy, 2011), but appears to be drawing on similar theoretical underpinnings. The author

believed that the use of video allowed the parent to take an objective stance, directly observing the way in which their own behaviour has an impact on their child. In this way, the parent's capacity to reflect can be enhanced. The author stated that in this case-study the parent's capacity to reflect on her child's experience was developed somewhat during the psychodynamic psychotherapy, but that it increased far more through the WWW method. No information was supplied regarding how this difference was quantified. The author went on to reference Fonagy, Steele, Steele, Moran, and Higgitt's (1991) concept of reflective function (RF), which she described as "...the capacity to understand our own and others' behaviour in terms of the underlying mental states and intentions" (p.134). She drew on the work of Fonagy, Jurist, and Gergely (2004) and Slade (2005) in making a link between an increase in reflective function and infants' attachment security, and proposed that this was one mechanism through which WWW achieved improved outcomes for parent-infant dyads. Her discussion was compelling, but would benefit from further exploration, and from empirical investigation of the proposed mechanism.

French (2011) represents a significant adaptation of Muir et al.'s (1999) manualised WWW format, containing modifications to both the format of the intervention and the role of the therapists. French used WWW as the framework around which to structure a group intervention, which she called "Together Time", and the stated aim of her article was to describe this intervention. The format of this group consisted of 20 minutes of free-play, 10 to 20 minutes of WWW, a snack-time / discussion time, a creative activity, and a singing time. These groups

were run as a series of ten sessions, and typically took place within a Children's Centre. The groups were facilitated by three members of staff, who were all family support workers. French described how referrals were sought from Social Work and Health professionals, with a target population of vulnerable families who were isolated or who had complex needs that would not be met by an average parent-toddler group (p.76). The group which was described in this particular case-study included four parent-infant dyads, who were all referred by their Health Visitor "due to a degree of social isolation in their community and needing input on developing their play skills and their relationships with their children" (p.77-78). No reference was made to the parents' understanding of the purpose of the group, or to the process of contracting their involvement. The second major departure from the manualised version of WWW related to the role of the therapists (who in this case are more properly referred to as facilitators) during the discussion section of the group. Muir et al. (1999) emphasise the importance of focussing the discussion on the parent's observations of the infant and the parent's experience of letting the infant take the lead. They acknowledge that this will be difficult for some parents, who will look to the therapist as the source of 'expert' knowledge. They further acknowledge that this can lead to difficult countertransference reactions in the therapist, who can then be led in to making his or her own observations both to relieve the parent and to deal with their own anxieties (Muir et al., 1999, p. 66). By contrast, French describes how, in the "Together Time" group, facilitators comment on their observations of the WWW time and on the children's behaviour at other points during the group. The author noted that "We have found that by offering our own thoughts about the infant's

play initially, we tend to stimulate their thinking and help them to learn how to observe.” This introduced a didactic quality to this version of the intervention which is absent from the original, a quality which was reinforced by the repeated description of the group as a ‘course’. The author acknowledged this difference in approach, but did not provide an analysis of its impact. However, a brief commentary was provided regarding the consequences of providing the intervention for a group rather than working with individual dyads. Reference was made to the ability of the group itself to act as a ‘container’, but this is not explored in any detail. The author also describes how the opportunity to watch other parents and infants interacting allowed some members of the group to ‘normalise’ their own child’s behaviour, which reportedly allowed them to become more responsive. However, there were also practical implications of working with multiple dyads simultaneously. Parents found it difficult to commit to completing all ten sessions, and this caused disruption to the group. Practitioners often felt that there were lots of competing demands for their attention, and that it wasn’t always possible to keep everyone in mind. The group format also precluded the possibility of exploring issues in any depth with individual parents, and the author acknowledges that individual counselling may therefore have been more beneficial for some parents. The author has succeeded in her aim of describing the approach

Philipp (2012) describes the merging of WWW with a structural family therapy approach called Lausanne Trilogue Play (LTP/ LFP; Fivaz-Depeursinge & Corboz-Warnery, 1999) in order to create an entirely new intervention, which the author

has named Reflective Family Play (RFP). The article initially presented a compelling, evidence-based argument for greater emphasis to be placed on the family as a whole system during both clinical assessment and intervention, before moving on to describe and justify the new intervention in detail, illustrated by two case-studies. The addition of WWW to the existing family therapy approach changed the focus of this therapy, placing much more emphasis on the development of the parents' reflective functioning. For example, in the traditional family-therapy model, the therapeutic team decided which aspects of each therapy session to subsequently present to the family for discussion and reflection. In the RFP approach, the family made this decision themselves, and their reflections and observations were privileged. The therapist merely followed their lead, thereby modelling the same attuned and reflective behaviour that was being asked of the parents (Philipp, 2012, p. 605). The two case-studies which were presented illustrate this process very effectively. Nevertheless, the author accepted that empirical research was needed to assess the efficacy of this model. She also acknowledged that further research would be required in order to delineate which families would benefit from this model versus either dyadic or more prescriptive models of treatment.

### **2.3.3 Evaluations**

To date, only one evaluation of WWW has taken place, complemented by a six month follow-up study (Cohen et al., 1999; Cohen, Lojkasek, Muir, Muir, & Parker, 2002). The aim of these studies was to test the effects of WWW with 12-30 month old clinically referred infants compared to another form of psychodynamic parent-

infant psychotherapy (referred to by the authors as 'PPT'). The authors hypothesised that "...infants in the WWW group would be more likely than infants in the PPT group to become more securely attached by the end of the treatment and would exhibit greater gains in cognitive development and more capacity to regulate emotions during performance on cognitive tasks." (Cohen et al., 1999, p. 435). They also held hypotheses regarding a greater increase in the observed reciprocity of the parent-infant relationship in the WWW condition, along with a reduction in parental intrusiveness. In order to test these hypotheses, the researchers collected data on a wide range of variables using multiple assessment tools. Notably, they included the Strange Situation Procedure (Ainsworth, Blehar, Waters, & Wall, 1978) as a reliable measure of attachment security. Data was also gathered on factors including infant cognitive development, infant affect regulation, various qualities of the parent-infant relationship, parents' perceptions of parenting, parenting stress, and parental depression. The initial sample consisted of 67 parent-infant dyads (all parents were mothers), assigned to either the WWW or PPT condition. A methodological flaw of the study was that, due to resourcing issues, this allocation was only randomised in two-thirds of cases. However, although the remaining third were allocated based on therapists' availability rather than random assignment, this allocation was made without reference to their case-files and therefore without judgement as to which condition might provide the most favourable outcome for the study. Treatment continued for a maximum of 18 sessions. The findings of the study were that the WWW group showed a greater shift towards a more organised or secure style of attachment, and a greater increase in cognitive development and emotional

regulation than infants in the PPT group. Despite this shift in attachment security, however, the study found no differential treatment effects in maternal sensitivity and responsiveness, something which surprised the researchers. On the other hand, a differential effect did occur on measures of maternal depression and parenting competence, with parents in the WWW condition making larger improvements than parents in the PPT condition. The researchers speculated that WWW more directly addresses maternal competence, as they are enabled to become more knowledgeable about their own infants, and do not need to rely on the therapist as the holder of expert knowledge. A follow-up study was conducted six months after the end of treatment (Cohen et al., 2002), which found that the improvements made across both treatment modalities were maintained. In addition, extra gains were observed across both treatment groups on measures of maternal intrusiveness and dyadic reciprocity. Although parents in the WWW condition made greater gains across all factors than did the parents in the PPT condition, the dyads who received PPT were found to have also made these gains by the time of the follow-up. The researchers saw this as confirmation that, when it comes to psychotherapy, “all roads lead to Rome” (Stern, 1995, cited in Cohen et al, 2002, p.377), but that “some roads take less time than others” (Cohen et al., 2002, p. 377).

There are a number of further methodological issues with this study, many of which were acknowledged by the researchers. Chief among these is the design of the study, which did not include a ‘no treatment’ control group. The researchers maintained that such a design would not be feasible, as it would not have been ethically defensible to withhold treatment from infants. The study also did not use



independent ratings to ensure treatment integrity, and again the researchers cited issues of feasibility. Additionally, in the interim between treatment and follow-up, nine dyads dropped out of the study: seven from the WWW condition, and two from the PPT group. Finally, it must be noted that the research team which carried out these studies was formed in part by the authors of the WWW manual (Muir et al., 1999), which may be viewed as a source of potential bias.

## **2.4 Conclusions and the Current Study**

Although WWW was first developed over thirty years ago, it has been the subject of comparatively little research. With the exception of the one major evaluation and follow-up study (Cohen et al., 1999, 2002), the evidence for the effectiveness of WWW is almost entirely descriptive in nature. Although a range of benefits have been described, there is currently little evidence to either support these observations, or to investigate the mechanisms by which these benefits are achieved. Cohen et al.'s (1999, 2002) findings related to increases in attachment security are particularly encouraging. However, in the absence of a control group these findings must be treated with some caution, even in the context of an otherwise methodologically rigorous study. Furthermore, a major question which was not explored in depth by any of the studies in this review is related to the issue of when it is appropriate to use WWW rather than more traditional parent-infant psychotherapy, or indeed other forms of dyadic intervention altogether. Cohen et al. (2002) made reference to the need to investigate the characteristics of mothers and infants who are more likely to make gains in one form of

treatment versus another, but so far this research does not appear to have been carried out.

The scarcity of research related to the benefits of WWW, coupled to the inherent simplicity of the approach, have led to some evolution of the core model. The four adaptations discussed in this review have all added additional elements to the programme in an effort to either enhance its effectiveness or to meet the needs of a specific population. However, as mentioned, the evidence for the efficacy of these modified programmes is at present purely descriptive. Given the local and national context which I have described in Chapter 1, French's (2011) group adaptation holds the promise of particular utility. If effective, the ability to work with multiple dyads simultaneously would considerably increase the size of the population who could benefit from the WWW approach. By providing such groups in Children's Centres, practitioners could make this attachment focussed intervention available as a Tier 2 rather than Tier 3 or 4 service, thereby significantly lowering the threshold for participation. However, as noted, the implications of adapting WWW in this manner have not yet been fully explored.

Rance (2005) makes reference to the general scarcity of CAMHS services which are providing early-intervention to infants and their parents, at any level, and the funding difficulties which she highlights as a major component of this situation perhaps go some way to accounting for the dearth of rigorous evaluation in this area. It is true that evaluations of the type carried out by Cohen et al. (1999, 2002) require the investment of significant resources, which may be unfeasible or unpalatable in the current context of cuts to public health funding in this country.

However, it is worth considering that evaluations may take many forms, and it is difficult not to view many of the studies reviewed here as missed opportunities in that regard. Large-scale, quantitative studies such as that carried out by Cohen et al. (1999, 2002) undoubtedly hold the potential to add to the body of knowledge surrounding an intervention such as WWW, but given the high 'barrier to entry' of these quantitative methods, the potential contribution of qualitative approaches to evaluation should not be overlooked. Case studies, such as those employed by the majority of articles in this review, can be effectively harnessed to enhance our understanding of a complex issue by emphasising detailed contextual analysis over a period of time (Willig, 2008). However, by being neither sufficiently descriptive nor explanatory, the case studies presented in this review have little contribution to make towards a meaningful evaluation of the WWW programme.

An important opportunity that is afforded by a qualitative approach to evaluation is the possibility of including the voices of research participants, either as a primary source of data, or as a method of triangulating other sources. A further criticism of the existing research on WWW, then, is that the voice of the parent is almost entirely absent. All of the papers in this review have been written from the perspective of the therapist, with no direct elicitation of parental views. Although several of the case-studies refer to elements of discussions between parent and therapist, the reader must infer the experience of the parents from those extracts, rather than having it reported by the parent themselves. The one exception to this comes in the form of a quote used by Tucker (2006), in which a parent praises the work of the therapist. However, even this is presented without context, and the

aim of its inclusion seems to be to propose the efficacy of the programme rather than to acknowledge or explore the parent's experience. Some studies, such as Newman and Stevenson (2008) provide a detailed discussion on aspects of parents' experience of the intervention, but once again this information is presented from the therapist's perspective, with no reference to the expressed views of the parents themselves.

Given the limited extent of the current body of literature related to the WWW intervention, and the shortcomings inherent in many of these studies, I believe that there is a clear rationale for further research in this area. I further believe that a valuable contribution may be made through the adoption of a qualitative methodology which seeks to evaluate the WWW approach by directly eliciting the views of participants in order to explore their lived experiences. In the context of both the underfunding of CAMHS services and the increasing impetus from policy initiatives for the expansion of early intervention programmes, an exploration of these experiences in the context of a group implementation of WWW will be particularly salient.

This study's research question is therefore:

- What is the experience of parents participating in the Watch, Wait and Wonder (WWW) parent-infant psychotherapy group?

### **3 Methodology**

#### **3.1 Chapter Overview**

In this chapter, I will describe the purpose of the study and clarify the research question. I will outline the ontological and epistemological positions within which the research takes place, and describe the method of data collection, capture and analysis. Lastly, I will discuss ethical issues, as well as address the validity and trustworthiness of the study.

#### **3.2 Purpose of the Study**

This study has an evaluative purpose. Evaluation is often concerned “not only with assessing worth or value, but also with seeking to assist in the improvement of whatever is being evaluated” (Robson, 2002, p.175).

As discussed in the literature review, little effort has been made to gauge the efficacy of parent-infant psychotherapy interventions, and there is a particular absence of research around parents’ experiences of such interventions, particularly when delivered in a group format. The aim of this research is to evaluate one such intervention, ‘Watch, Wait and Wonder’, by exploring the lived experience of parents who have participated

#### **3.3 Epistemological Considerations**

Epistemology is a branch of philosophy relating to the nature and theory of knowledge (Willig, 2008). There are a number of epistemological positions represented on a continuum, each adopting a particular stance in their view of the

world. On either side of the continuum there are opposing perspectives (positivism and constructivism), where each are historically wedded to a particular research paradigm (Robson, 2002).

### **3.3.1 Positivism**

Historically, positivism has been strongly associated with the quantitative research paradigm (Robson, 2002). Positivism is concerned with the production of objective knowledge, which is considered to emerge from direct experience or observation (Robson, 2002). Positivism asserts an explicit and straightforward relationship between the world, our understanding and perception of it. They assume that reality is fixed, directly measurable and knowable and that there is just one truth, one external reality (Willig, 2008). The aim of research that adopts a positivist position is to develop an understanding of universal causal laws, which can be generalisable to other individuals in similar circumstances (Fade, 2004).

### **3.3.2 Constructivism**

Critics of positivist research reject the view that science should only concern itself with observable phenomena, in turn dismissing hypothetical or abstract entities (Robson, 2002). Constructivism, as an opposing world-view, suggests that knowledge is subjective, and that “human experience, including perception, is mediated historically, culturally and linguistically” (Willig, 2008, p. 7). As such, there are multiple realities, and what Willig (2008) refers to as ‘knowledges’ rather than ‘knowledge’ as a single entity. Research adopting a constructivist perspective is concerned with how individuals construct and make sense of their world.

Robson (2002) identifies this perspective as being a mainstream qualitative approach to research, with an affinity to hermeneutic and phenomenological approaches.

### **3.4 Phenomenological approach**

This study adopts a phenomenological approach. Willig (2008) defines this, along with a critical realist perspective, as an 'in-between position', avoiding the established endpoints on the continuum of positivism and constructivism. A phenomenological approach asserts that 'while experience is always the product of interpretation and, therefore, constructed (and flexible) rather than determined (and fixed), it is nevertheless 'real' to the person who is having the experience' (Willig, 2008, p. 13). Furthermore, a phenomenological approach focuses on individuals' experiences of certain phenomena, rather than being solely concerned with language, and how this is used to construct a discourse between people (Fox, Martin, & Green, 2007). This phenomenological approach was thought to best complement the purpose and methodology chosen for the research, namely Interpretative Phenomenological Analysis (IPA) as the method of analysis. As detailed in section 3.6.1, IPA emphasises phenomenology as a key theoretical influence (Smith, Flowers, & Larkin, 2009). As the present study is concerned with exploring participants' lived experiences, this method was deemed most appropriate.

### **3.5 Qualitative Approach**

Qualitative research is interested in how individuals make sense of the world and the meanings that get attached to particular events and experiences (Willig, 2008). Therefore, the objective of qualitative research is to document these experiences and to explore events and experiences using detailed methods of analysis (Willig, 2008). In this way qualitative research is a largely interpretative and subjective process (Creswell, 2009), implicating the role of the researcher. It is acknowledged that the researcher influences and shapes the research process both personally (e.g. researcher's own beliefs, values, experiences) and theoretically (e.g. researcher's epistemological beliefs) (Willig, 2008). This is known as 'reflexivity'. It goes beyond acknowledging personal biases, by inviting the researcher to reflect on their own experiences and responses to the research, considering how this then impacts on the study (Willig, 2008).

In this study, I took a qualitative approach, in keeping with the ontological and epistemological positions discussed previously, and in line with the exploratory nature of the research question. This study does not attempt to make any predictions about the data or results. As such, there are no claims that the findings of the study will be generally applicable. This study aims to uncover more of the experiences of the participants and what sense these particular people make of their experiences.



### **3.6 Interpretative Phenomenological Analysis (IPA)**

#### **3.6.1 Overview of IPA**

IPA is a qualitative research approach committed to the examination of how people make sense of their lived experiences (Smith, Flowers & Larkin, 2009). It originated from a desire for an approach to psychology which was “...able to capture the experiential and qualitative, and which could still dialogue with mainstream psychology” (Smith et al, p.4). Much of the early work with IPA was undertaken in health psychology (Brocki & Wearden, 2006), but in recent years it has grown to become one of the most commonly used qualitative methodologies across all fields of psychological research (Smith, 2011), including research carried out by educational psychologists (Humphrey & Lewis, 2008).

IPA recognises the impossible task of gaining direct access to the life world of the participant. There is an emphasis on the research as a dynamic process, with the researcher adopting an active role in that process (Smith & Eatough, 2007). In this way, IPA accepts how the role of the researcher is implicated, evidenced both in their interaction with the participant, and also in recognition of the existence of their own conceptions and view of the world (Willig, 2008). The conceptions of the researcher are required in order to make sense of the participants’ experiences, therefore a two stage process of interpretation, or ‘double hermeneutic’ is involved. The researcher is attempting to make sense of how the participants make sense of their own world (Smith & Eatough, 2007). Researchers are encouraged to be reflexive in acknowledging these preconceptions, and also to ‘bracket’ these, so that as much as possible the participant remains the focal point

in the investigation (Smith et al, 2009). In contrast to other methods of analysis, such as Grounded Theory, IPA is concerned with the individuality rather than the commonality of experience, and has as its goal a detailed exploration rather than a unifying explanation of participants' experiences.

### **3.6.2 Limitations of IPA**

Willig (2008) outlines a number of conceptual and practical limitations to using IPA. Firstly, IPA has been criticised for its reliance on language as the sole vehicle for the communication of participants' experiences (Willig, 2008). It assumes that language can provide participants with adequate tools to communicate their lived experiences to the researcher, that is, it relies upon the representational validity of language (Willig, 2008). Willig, however, points out that it can be argued that language constructs, rather than describes reality, and that therefore an interview transcript tells us more about the ways in which an individual talks about a particular experience within a particular context, than it does about the experience itself (Willig, 2008).

In addition, the richness of a participant's account, and therefore its suitability for IPA, relies upon the participant's ability to communicate and express their feelings, perceptions and thoughts in words to the researcher. Therefore, IPA can be seen as a restrictive method, because it may not be suitable for participants who, for whatever reason, are not able to successfully articulate their experiences (Willig, 2008). Smith et al. (2009) acknowledge this limitation, and recognise that researchers can only interpret what participants choose to tell them about their

experiences. Researchers can therefore never have direct access to participants' internal worlds.

A further critique offered by Willig (2008) centres on IPA as being descriptive, as opposed to explanatory, in that it attempts to document how the participant perceives the world, however it does not attempt to explain it. Fade (2004), argues that the techniques used in IPA have the potential to lead to the development of theories and explanations that attempt to better our understanding of the human experience. This model of explanation, as opposed to solely description, can be achieved by examining the connections across superordinate themes in search of overarching concepts (Fade, 2004).

Finally, the influence of idiography on IPA means that it is concerned with the experiences of particular people in particular contexts (Smith et al. 2009), which creates challenges for making any claims regarding generalisability. However, Smith et al. (2009) assert that the idiographic nature of IPA does not avoid making generalisations, rather it seeks to locate them in the 'particular', cautiously developing them.

Given the limitations discussed, it is important to clarify why IPA was chosen over other possible qualitative methodologies. IPA was chosen over Grounded Theory as the latter may be considered more of a sociological approach (Willig, 2008), typically drawing on a larger sample. A social constructionist approach to grounded theory could have been used as this study does not aim to test or prove a hypothesis. However, IPA was chosen as the focus is on the experience of the participants in the study. IPA is more concerned with a detail and nuance (Smith et

al., 2009) and as such more in keeping with the aim of the study. Discourse Analysis was ruled out as it purports to be concerned with how language constructs reality rather than to access cognitive processes. The role of cognition in IPA in sense making and meaning making are considered to deem this a more appropriate choice over discourse analysis.

### **3.7 Data Collection**

#### **3.7.1 Sampling**

My sampling for this research was purposive. In purposive sampling, participants with particular characteristics are selected because some aspects connected with those characteristics are being investigated, and are therefore considered essential to answer the research question (Willig, 2008). As this research was investigating the experiences of people who had participated in a particular intervention within a particular borough, purposive sampling was necessary to select participants who were willing and able to discuss their experiences. Smith et al. (2009) state that one of the criteria for use of IPA is that the participants make up a homogenous group with shared experiences which can be explored. The participants in this study are all parents of at least one child under the age of two, and have all taken part in the WWW program in the local authority where I work as a trainee EP within the past year. As such, they can be considered a homogenous group. Additionally, they are all female, although gender was not an exclusionary factor.

IPA contests the view that more participants mean more valuable research. It holds that the quality of the data is a great deal more important than its quantity, as this will allow for a deeper exploration of the phenomena. Smith et al. (2009) discuss the question of sample size, stating that for professional doctorate studies such as this one, the number of interviews have typically ranged between 4 and 10. This study uses five participants.

I recruited participants through contact with three Childrens' Centres who had each run at least one cohort of the WWW group. Cohorts varied in size from three to seven parents. Parents who had completed the group within the last six months (four cohorts in total) were contacted by the Children's Centre staff, given an information sheet for this study (see Appendix B), and asked whether they would like to participate. The Childrens' Centre staff then passed on to me the contact details of parents who were interested in participating. In practice, this process was extremely protracted, and depended entirely on the goodwill of Childrens' Centre workers. As a researcher, it also felt quite disempowering, as a major component of the recruitment process was outside of my control. In total, twenty parents were contacted by Children's Centres and given information about my research. Of these, seven expressed an interest in participating, and five were interviewed. The remaining two parents were unable to find a time when they could meet with me in order to participate. Each of the five participants were asked to read and sign a consent form prior to their interview (see Appendix C).

Of the five participants, three were drawn from Cohort 2. Cohorts 3 and 4 were represented by one participant each, while no member of Cohort 1 participated.

Table 2 provides an overview of the cohorts from which each participant was drawn.

**Table 2: Overview of Participants**

Participant	Pseudonym	WWW Cohort
P1	Sally	2
P2	Susan	2
P3	Jennifer	2
P4	Elizabeth	3
P5	Jane	4

### *Sally*

Sally attended the WWW group with her only child, Sam, who was seven months old at the beginning of the intervention. Sally had previously attended an ‘Under 1’s’ group at her local children’s centre, and was invited to the WWW group by the children’s centre worker who had facilitated that group, Jessica.

### *Susan*

Susan attended the WWW group with the youngest of her four children, her daughter Karen. Karen was six months old at the beginning of the group. Susan had attended the same ‘Under-1’s group as Sally, and was also invited to the WWW group by Jessica.

### *Jennifer*

Jennifer attended the WWW group with her daughter Lisa, who was six months old at the beginning of the group. She and her husband also have an older child, a three year old boy who was in nursery at the time of this research. Jennifer had also attended the same 'Under-1's' group as Sally and Susan, and was similarly invited to the WWW group by Jessica.

### *Elizabeth*

Elizabeth was invited to the WWW group by Jo, an outreach worker at her local children's centre who went on to co-facilitate the group. Elizabeth attended the WWW group with her son, Billy, who was eight months old at the beginning of the group. They had previously attended an 'Under 1's' group at this children's centre.

### *Jane*

Jane attended the WWW group with her only child, her son Andrew. Her journey to the group differed from the other participants'. She saw a reference to the group on a Children's Centre timetable, asked for more information about it, and actively pursued a place in the group. This is a departure from the recruitment guidelines laid out by the CCTT, and it is therefore unclear as to whether or not she and her infant were genuinely experiencing any relational difficulties, or whether they were included in the group simply to 'make up numbers'. Andrew was born one month premature, and was four months old at the beginning of the WWW group. He and Jane were known to Children's Centre staff as they had previously attended a baby massage group there.

### **3.7.2 Data-collection**

Semi-structured interviews were used as the method of data-collection in this study. Kvale (2007) describes this form of interviewing as seeking to obtain descriptions of how participants view their world with respect to interpreting the meaning of the described phenomenon. Several themes may be covered, however the interviewer is open to changes of sequence as directed by the interviewee (Kvale, 2007). More specific questions may be used at various stages to encourage the interviewee to elaborate or to check whether they agree or disagree with particular statements or claims (Willig, 2008).

Using this preferred approach of conducting an interview, whereby questions are open-ended and non-directive, it was my hope that the interviews would generate considerable and rich information. As an approach, it also allows for the building of rapport between the researcher and interviewee, facilitating space for reflection and personal discussion (Smith et al. 2009).

Despite being the most widely used method of data collection in qualitative research (Willig, 2008), semi-structured interviews have been criticised for limiting the flexibility of the researcher to be able to respond to different individuals, situations and contexts (Coolican, 1994). It is also considered that questions posed in semi-structured interviews may reduce the richness of the data, producing less natural responses from participants (Coolican, 1994). However, despite these criticisms, I felt that this form of interviewing was the most appropriate due to its compatibility with IPA as a form of data analysis. It also facilitates my exploration in detail of an under-researched area in the



literature, and provides a framework for responses where participants may be reticent.

The interviews took place in person, individually, in a quiet room in the Children's Centre where each participant had completed their WWW group. An interview schedule was used with open, non-leading questions used in a flexible manner.

### **3.7.3 Developing Interview Questions**

Interview questions were constructed using guidance provided by Smith et al (2009), with particular care given to ensuring that their wording was neither closed nor leading. This proved to be a difficult balance to achieve, and several drafts of the schedule were created before the first interview was carried out. Drafts of the questions were read by either my research supervisor or by fellow trainees, and their feedback was incorporated into subsequent iterations of the draft schedule.

Smith et al (2009) suggest that the optimal duration for an interview is between 60 and 90 minutes. Shorter interviews may not be able to gather sufficiently rich data, while longer interviews risk "respondent fatigue" (Axinn & Pearce, 2006; p.42). The completed semi-structured interview schedule consisted of the recommended 6-10 questions (Smith et al., 2009). The schedule was comprised of several different types of questions, descriptive, narrative, contrast, circular, prompts and probes. These different types of question allow for different responses and enable the interviews to be flexible and to explore the participants'

experiences in a collaborative way. Please see Appendix D for a copy of the final interview schedule.

#### **3.7.4 Procedures for data-collection**

Smith et al. (2009) state that IPA requires a verbatim record of the data collection event, and that for interviews audio recording is the norm. It is their view that IPA does not however require prosodic details of the interview (e.g. exact length of pauses, all non-verbal utterances) to be recorded. Interviews in this study were therefore recorded using a digital voice-recorder and transcribed verbatim.

All interviews were carried out in person. Prior to beginning each interview, I briefed participants in a manner informed by Robson et al's (2009) recommendations. This involved revisiting the information already presented to participants on the information sheet, as well as explaining how their data would be recorded, stored and processed. I also felt that it was important to delineate my position as a researcher separate to my role as a trainee psychologist working within the local authority. I reminded participants of their right to withdraw, and sought final permission before starting the recording and commencing the interview.

### **3.8 Data analysis**

IPA literature does not dictate a single rigid method for analysing data, but IPA analyses are characterised by a number of common processes, such as moving from the particular to the shared, and from the descriptive to the interpretive. Smith et al. (2009) once again provide clear guidelines for one approach to data-

analysis, which provides an 'iterative' and 'inductive' style. I adopted these stages of analysis, which are detailed below. Please see Appendix E for an example of an interview which has been analysed using this process, along with the themes which emerged from it.

### **3.8.1 Reading and re-reading**

Due to time-limitations, I did not transcribe the interviews myself. The audio recording of each interview was therefore first of all listened to against the transcript to ensure that it was accurate. The data from the transcript was then transferred into a Word document, and margins were inserted to the left and right with a view to recording the initial notes and comments, as well as emergent themes. All pages were numbered, and line numbers were also inserted. The transcript was re-read, and any significant reflections or observations about the transcript, or recollections from the interview itself, were recorded separately to the transcript.

### **3.8.2 Initial noting**

Transcripts were re-read and initial notes were recorded in the right hand side of the margin. Whilst reading, important aspects of the text were highlighted, and further attention was given to considering why certain extracts were selected as being significant.

Smith et al. (2009) suggest three different levels of noting: descriptive, linguistic and conceptual comments. The aim of descriptive noting is to analyse the transcript to describe its content. Linguistic comments focused on exploring the

participants' use of language, and for example noting the use of metaphors, significant silences and repetitions in the narrative. Conceptual comments are more interpretative and may involve the researcher developing questions about the participants' experiences (Smith et al. 2009).

### 3.8.3 Developing emergent themes

The process of developing emergent themes aims to reduce the volume of detail whilst maintaining the complexity with regards to the connections between initial notes (Smith et al. 2009). The emergent themes attempt to capture what is crucial at this point of the text by summarising the initial notes into concise psychological statements. A more concise statement or phrase was developed to reflect the detail in each note. These emergent themes were then recorded and linked to line references for passages of transcript which articulate the theme. Figure 1 shows an example of a transcript page which has been annotated with both initial notes and emergent themes.

**Figure 1: Example IPA analysis.**

102		<i>including groups; that mean that you don't go to many groups?</i>		
103				
104	Conflicted about contact 105	We go to one group which is here and one group on a Monday.	She limits the number of groups that she goes to.	"Funny" x2. = strange, odd? In what way? Difference.
105		But other than that, because you can get some funny parents		
106		that you know, she goes over to them and starts pulling at them,	This seems to be because of her concerns about other parents.	The hazards of social interaction with other parents seem to be much more present in her mind than the benefits (that she just described). A lot of anxiety about how other parents will react to her child.
107	The potency of other people's views 107	you know. Parents might be funny, saying, "Oh, your child's a bully" you know "pulling my child about like that". You		
108		know, when she gets a bit older then I will do more groups with	She will do more groups when her child is older.	
109		her but at the moment while she's only tiny herself, I don't		
110		want to push her into anything really.		There's a real tension here between how she thinks/fears other parents will see her child (as a bully), and how she sees her child herself (as someone who's 'only tiny herself'). Also, in the supposed view of others, she is so active as to be aggressive, while in mum's eyes she is passive, someone who would have to be 'pushed into' something.
111	Active versus passive 111	<i>Yeah – So what was different about this group then?</i>		
112		The other mums when she used to go up to them. They were	The other parents are what's different about this group.	
113		like, instead of me just pulling her back like I would do		
114	Others as a source of support 115	anyway, they were just like, "no, it's alright its fine, just leave		
115		her, let her do, let her do and touch someone's hair or touch her	Other parents are telling her to prioritise her child's experience over her own fears.	
116		face, you know. That's what she wants to experience." And I	She was very sceptical of letting her child interact.	
117		was like, "mmm, yeah ok." And then I would pull her back		Seems to have no faith in her child's ability to interact in a non-aggressive way.
118	Intrusiveness 118	away from them, like away. So they would go, "no just leave		
119	Conflicted about contact 118	her". And then Maria was like, "I can sense a tension there,	Facilitator intervened by commenting on the observed difficulty	Is she more worried about hurting other children, or about what the parents will think?
120		because you don't want her to go and hurt other children" and I		
121		was like, "no I don't. I just want her to, you know play with		
122				

### **3.8.4 Searching for connections across themes**

A set of emergent themes for each transcript was produced. A number of different ways of searching for connections across themes were employed (as documented by Smith et al. 2009) in order to create subordinate themes. These included:

- (I) Numeration: the number of times a theme occurred in the transcript was recorded
- (II) Abstraction: this involves putting like with like and then creating a name for the new cluster of themes (Smith et al. 2009).
- (III) Subsumption: a process whereby an emergent theme acquires superordinate status (Smith et al. 2009).
- (IV) Polarisation: By adopting a different focus of searching the emergent themes for difference rather than similarity, it is possible to identify oppositional relationships (Smith et al. 2009).

A list of subordinate themes and their corresponding emergent themes were created, and this process was repeated for each participant.

### **3.8.5 Connecting recurrent subordinate themes across participants into superordinate themes**

In order to identify recurrent themes across participants, a list of all subordinate themes was created, and then each theme was checked against each participant to examine its prevalence. As suggested by Smith et al. (2009), themes were regarded as recurrent if they were present in at least half of the sample.

Connections across subordinate themes were then examined further in order to

create superordinate themes for the group of participants. This stage was particularly challenging, because the superordinate themes had to capture the essence of the subordinate themes in a manner that was clear, concise and grounded in the data but also sufficiently abstract to conceptualise and explain the participants' experiences. The final iteration of this thematic mapping is presented in Appendix F.

### **3.9 Ethical Considerations**

Prior to undertaking the research, a protocol was submitted to the Tavistock and Portman Trust ethics committee, who provided full ethical approval (see appendix A). That protocol and this research were informed by the British Psychological Society (BPS) Code of Conduct (2009) which gives guidelines and considerations for conducting research. The researcher was supervised by a supervisor on the Tavistock training programme. In preparing for and carrying out this research, I was mindful of several ethical considerations:

*Informed consent.* BPS (2009) states that informed consent should be gained from all participants invited to take part in the research. In doing so they should be given ample time to understand the purpose and nature of the research, as well as its potential consequences. Obtaining truly informed consent from participants is one of the most difficult ethical issues to be overcome in any study. For the current study, I made every effort to provide each individual with detailed, clear, and accurate information about the nature, extent and purpose of the research, in order to enable them to make an informed decision about whether or not they are

happy to be included in the project. The form of words which I used was crafted to elicit consent, rather than presume it.

An additional concern when eliciting consent is that of knowledge-power relationships between practitioners and parents (MacNaughton & Hughs, 2003). If parents perceive that they are in a traditional, conforming power relationship, whereby I, as the practitioner, am the possessor of 'expert' knowledge, then they may feel unable to decline or withdraw from participation in a research study. Such disempowerment may ultimately lead to resentment, thereby degrading the quality and function of the research relationship. The impact of such power-dynamics in the current study was greatly reduced by the procedure in which participants were solicited. As the information sheets were distributed by Children's Centre workers, potential participants did not have any contact with me until after they had already expressed an interest in participating. It could, perhaps, be argued that a similar power-relationship may exist between participants and Children's Centre Workers. However, these workers were tasked simply with distributing the information sheets and collecting expressions of interest. They did not have a vested interest in the success of the research, and were therefore under no obligation to 'sell' the research to parents.

*No deception.* As demonstrated above, I made every attempt to ensure that the process of engaging with participants was open and transparent, so that they were able to make an informed decision about consenting to take part in the research.

*Right to withdraw.* The BPS Code of Ethics and Conduct BPS (2009) states that participants should be aware of their right to withdraw from the outset.

Participants were made fully aware about their right to withdraw at any stage during the research without having to give a reason for doing so, and this was reiterated during the pre-interview briefing. Participants were provided with the contact details of the Tavistock Clinic, as well as a contact telephone number for me, to be used should they wish to withdraw or to seek further information or clarification.

*Confidentiality.* Data was collected and stored in accordance with the Data Protection Act (1998). Participants were informed that information collected would be kept confidential, and that their names would be coded to ensure anonymity. Transcriptions of the interviews were stored as password protected documents and on a password protected computer. Consent forms were kept in a locked cabinet at my place of work. It is anticipated that all stored information about participants, including digital audio files, will be destroyed one year following the completion of the study.

*Debriefing.* In line with BPS (2009) guidelines, time was allocated with each participant to reflect on the experience of being interviewed. Participants were also made aware that any concerns would be passed on to those in a position to address them.

*Avoidance of harm.* Although no significant risks to participants were anticipated as a result of taking part in the research, the BPS Ethical Code of Practice (2009) states that the researcher must consider the possibility that distress may be caused. As such, it was important to be mindful of this possibility and measures were taken to prevent harm.



- Interviews were conducted at the Children's Centre where each individual participant had attended the WWW group, ensuring that the physical location was a safe one where participants would feel comfortable. Interviews took place in a room that was quiet and private but was nevertheless adjacent to the public area of the centre. I took care not to sit between the interviewee and the door, and I informed participants that they were free to leave the room at any time and for any reason.
- Children's centre staff with whom the participant was familiar were aware of when each interview was taking place, and were available before, during and after the interview in the event that the participant became uncomfortable or distressed.
- I also made participants aware that in the event that they became distressed at any point during the research process (i.e., not just during the interview itself), I would be able to signpost them to appropriate providers of support, such as Children's Centre or CAMHS staff.

### **3.10 Quality / Validity**

Yardley (2008) describes four core principles to follow in order to demonstrate validity: sensitivity to context, commitment and rigour, coherence and transparency, and impact and importance. Smith et al. (2009) explain how IPA meets these criteria. Since Smith et al. (2009) particularly recommend the Yardley (2008) guidelines, and have described how they apply to an IPA study, I will present the quality issues for this study according to Yardley's four principles.

### **3.10.1 Sensitivity to Context**

Sensitivity to context may be established through demonstrating sensitivity to the existing literature and theory, the socio-cultural setting of the study (Yardley, 2008) and the data gained from the participants (Smith et al., 2009).

I have sought to establish such sensitivity through the inclusion of all the relevant literature in the review chapter, through my description of the study's context, and through the manner in which I collated and analysed the data. After a review of the literature, I formulated a question which addressed gaps in current understanding, rather than 're-discovering what is already known' (Yardley, 2008, p. 247). I maintained sensitivity to the context of the participants by allowing them to withdraw from the research at any time, while I ensured sensitivity to the data by following established methodological procedures. I have conducted an in-depth analysis, and supported my arguments with verbatim extracts from the analysed transcripts. Smith et al. (2009) argue that this gives participants a voice in the project and allows the reader to check the interpretations being made.

### **3.10.2 Commitment and Rigour**

Commitment can be demonstrated through in-depth engagement with the topic, and by developing competence and skill in the selected methods of data collection and analysis (Yardley, 2008). Smith et al. (2009) suggest that this may be demonstrated through attentiveness to participants during data collection and by taking care over the analysis, both of which I have made every effort to do. As the

current study represents my first experience of using IPA, I have also sought out opportunities to develop my skills and competence in this method of analysis.

By rigour, Yardley (2008) refers to thorough data collection and the depth and breadth of analysis. Whilst the rigour of this study may have been affected by my status as an inexperienced researcher, and practical constraints in terms of time and the available sample, I have nevertheless aimed to carry out the study in a thorough and careful way.

### **3.10.3 Transparency and Coherence**

Smith et al. (2009) state that transparency refers to how clearly the stages of the research process are described in the write-up, including clear links between the research that has been carried out and the underlying theoretical assumptions of the approach being used. I have aimed to enhance the transparency of my analysis by including an audit trail (see appendices E, F and G), and I have sought to write in a clear and concise manner throughout this study.

### **3.10.4 Impact and Importance**

This research explored for the first time the experiences of parents who participated in the WWW parent-infant psychotherapy programme. New insights were linked to previous research and theoretical frameworks, and suggestions for future research were discussed. The implications of the research for EPs were outlined.

### **3.11 Subjectivity Statement**

The decision to focus my research on parent-infant psychotherapy was influenced by two elements of my prior experience. Before I began training to become an EP, I worked for several years as an education worker within a children's centre. The children's centre context is therefore one with which I feel familiar and comfortable, and which continues to spark my interest. Secondly, my EP training has been influenced to a large extent by systemic and psychodynamic theory and ways of thinking. Researching a parent-infant psychotherapy group within a children's centre was therefore a way in which to combine these two most recent threads of my experience.

## 4 Results

### 4.1 Chapter Overview

In this chapter I will outline the findings gained through the implementation of the IPA framework discussed in the previous chapter. The findings yielded five superordinate themes, each of which is comprised of between two and four subordinate themes. Table 3 below provides an overview of these themes.

**Table 3: Thematic overview of analysed results**

Superordinate Themes	Subordinate Themes
Making Sense of the Group	Scepticism
	Negotiating the Task
	The Benefits of Boundaries
	The Indescribable Group
The Role of Others	A Source of Support
	Comparison and Competition
Power and Knowledge	Uncertainty
	The Expert
Ghosts in the Group	The Past in the Present
	Intrusion
	The Inadequate Self
Evolving Relationships	Letting go
	A New Perspective

## 4.2 Making Sense of the Group

This superordinate theme aims to capture the participants' evolving understanding of the group, including their developing understanding of the WWW programme itself, and their efforts to engage with and make sense of the processes and dynamics which underpinned their experiences.

### 4.2.1 Scepticism

This subordinate theme appeared in four out of five interviews, and represents the participants' early ambivalence towards the group. For some participants, as was the case with Sally, this scepticism was linked to feelings of uncertainty around the precise nature of the group:

*"Um, I was a little bit sceptical at first, because I wasn't quite sure I understood, um, sort of, what was trying to get from it, um, but I thought I'd just give it a go anyway" (Sally, line 29)*

For others, their scepticism related to the task itself, and to their ability to carry it out...

*"At first it was like, "I don't know whether I could sit here and watch her playing with her toys" (Susan, line 317)*

... or their child's ability to endure it:

*"First I was worried and a little bit concerned and stressed, like, "how will they manage"?" (Jennifer, line 201)*

For some, this scepticism related not only to their expectations of the group, but also extended to their early experiences of it:

*"I will be honest with you. The first session I was like "mmm it's a bit weird" because you start, you watch, there was no interaction erm, and I think maybe weird is the wrong word... I just found it odd initially" (Elizabeth, line 94)*

*"I don't know, this is going to sound a bit [laughter] but I thought it was just like a wishy-washy sort of thing [laughter], no offence." (Sally, line 50).*

With the exception of one participant, Jane, all participants named feelings of scepticism and ambivalence as strong features of their early experience with the group. Jane's feeling that the group *"just sounded brilliant"* (Jane, line 53) was not echoed by the others, whose reported reasons for agreeing to join the group were somewhat more prosaic, and appeared to reflect much lower expectations of its value and utility:

*"Gets me out of the house, gives him something to do" (Elizabeth, line 41).*

*"I don't want to sit at home (...) I just thought, 'What have I got to lose?'" (Sally, lines 85,93)*

*"why not?" (Jennifer, line 24)*

Some of the responses cited in this subordinate theme, which typically occurred early in their respective interviews, also alerted me to another possible issue. In particular, Elizabeth's declaration that *"I will be honest with you"*, coupled with Sally's apparent embarrassment at expressing her scepticism, and her desire to

cause me “no offence”, suggested to me that I was to some extent being perceived as a figure of authority by these participants. I was subsequently mindful that such a dynamic, should it exist, might have a significant influence on responses, and particularly on the range of viewpoints which participants felt comfortable in expressing.

#### **4.2.2 Negotiating the Task**

Although all participants had taken part in other Children’s Centre groups previously, none had had any prior experience of the WWW programme. The group facilitators had met with each parent-infant dyad individually before the first session, and had provided an overview of the WWW process. Nevertheless, a discrepancy appears to have arisen in many cases between the stated aims of the WWW programme and the aims perceived, or at least subsequently expressed, by the parents themselves. WWW aims to enhance the attunement between parent and infant. The task for the parent is to become a skilled observer of their child, and, in so doing, to enhance the sensitivity of their interactions. The participants’ own accounts of the group’s task diverged from this aim, sometimes significantly so. In particular, they tended to focus much more on the importance of their children’s interactions with others than on their own interactions with them. For Susan, the task of the group was:

*“To see basically how, all the children get on together. Obviously if you’re on your own, you aren’t going to see how she is going to mix with other children. So, if she was there with all the other kids that were there, it would give us an idea of how*



*she will be hopefully in the future with playing with others, sharing toys.” (Susan, line 203)”*

This account lacks any reference to the relationship between mother and daughter. Although Susan is seeking insight into her child’s developing ability to interact, it is her future relations with others that concern her, rather than their own, present-day interactions.

Sally is also focussed on her child’s social interaction. However, she has identified that the interactions which take place within this group are somehow different from what she has experienced in other settings, although she struggles to articulate the exact nature of this difference:

*“I want to see how..., because in our home life, we haven’t really got a lot of sort of babies that he would be playing with, so it’s quite nice to see him with those other babies, in a different sort of way to the other group, um, because there are fewer babies.” (Sally, line 365)*

For Jennifer, watching her daughter interact with other children was the most exciting element of the group, as she felt that it provided a window into parts of her personality that would otherwise remain invisible. While she felt that she knew how her daughter would engage with toys and resources, other children were unpredictable, and therefore provided an opportunity to see how her daughter would react to new situations:

*“I think the best thing is when the babies interact when they are together. That’s the most great moment when one baby come to another one. And this is “OK, so*

*now what they're going to do?", you know? That was very exciting." (Jennifer, line 231)*

Jane also shared the view that there was great value in observing the interactions of young children:

*"I think it wasn't just watching them play, it was watching them interact, which is such an important part of their development, really" (Jane, line 288).*

Later, however, while describing how she had noticed some of the older children becoming *"distracted by the other babies"* (Jane, line 443) she observed, apparently with some reluctance, that *"I suppose the whole point of watch and wonder is about your interaction with the baby"* (Jane, line 446). Jane's 'supposing' raises the question of whether the explicit task of focussing on the parent-child relationship felt at times to be too difficult, or perhaps too dangerous, to bear. It may therefore have been tacitly subverted in favour of the more tolerable task of observing the children's interactions, with the 'spotlight' of observation turned safely away from the self.

#### **4.2.3 The Benefits of Boundaries**

One of the chief ways in which the WWW group differs from other 'stay and play' type groups that are typically attended by parents of young children is in its focus on providing a 'holding' space (Winnicott, 1965). This relates to the understanding that, through the provision of certain physical and psychological boundaries, the participants of the group may be made to feel 'safe', thereby allowing them to more fully partake in the work of the group (for a fuller account of this and related

theories, please see Chapter 5). In the case of WWW, although this thinking is not necessarily discussed explicitly with the group's members, it is implicit in its organisation, particularly in the closed and stable nature of its membership. In conducting the analysis, it became clear to me that each of the participants' accounts contained an awareness, implicit or explicit, of this 'boundariedness'. However it was further evident that each individual parent had been occupied with a slightly different facet of the 'holding environment' provided for them. For some, the holding was provided by the structure of the WWW programme itself. In particular, its requirement that parents allow the children to take the lead sometimes served as a relief from their own impulse to constantly interact with and stimulate their child. Elizabeth, who felt that her son would get "*bored*" without her constant interaction, benefitted from the permission given to her by the group to simply observe. Although she felt some guilt initially, she soon realised that her son was able to seek out her interaction when he required it, and was otherwise more than capable of getting by without her. She subsequently observed that:

*"it was nice to just sit and watch them without having to interact with him"*

*(Elizabeth, line 104)*

Conversely, other parents found that the structure of the programme aided in creating more opportunities for interaction. WWW's emphasis on having a discrete period of distraction-free time to engage in observation and interaction allowed some parents access to a protected period of intensive time with their child which they might otherwise not have enjoyed. In many cases, this extended

outside of the group itself and into their own homes, where they found that the WWW principles allowed them to claim some time that was just for their babies and themselves:

*“It just gives me a chance to interact with her, whereas I have got the other three at home and we don’t get that chance to interact once it comes to after school time because obviously they are all home from school themselves. So, it’s just our little 15-20 minute session that we have together” (Susan, line 494).*

And:

*“I think just having that time, just making that time to really focus on them. You know it’s so easy when you are at home to get distracted by a thousand and one other things” (Jane, line 456).*

For Sally, meanwhile, the sense of holding came from the fact that the group, and perhaps the space in which it took place, was physically smaller than others which she had experienced. By having a limited number of people in the group, and a boundaried space in which to play, Sally felt that it was possible to have better quality interactions. She described it as being:

*“just more intimate, I think, um, and you had time to just focus on, not just on Sam but just on a couple of babies as well, um, because in the bigger group, it can be a bit chaotic” (Sally, line 70)*

This sense of ‘intimacy’ was developed further by some of the other participants, who also considered the positive effects of having not just a small group, but a stable group. This was particularly true of Jane, who already knew several of the

other parents in her group beforehand, and who thought about how this had influenced her experience:

*“I suppose the fact three of us had done things together... I suppose meant it was quite a relaxed group and I suppose maybe we opened up and shared more than you would and I think actually as we went along we probably shared more and got really comfortable.” (Jane, 315)*

For Jane, even these pre-existing relationships became *“more comfortable”* through the regularity and reliability of their contact within the WWW group, and that comfort in turn enhanced the openness of their interaction, a phenomenon which Jane notes to be *“...just naturally what happens as you become more relaxed around people.” (Jane, Line 319).*

Sally, who attended a different group, picked up on the reverse of this phenomenon. Her group, although smaller, was characterised by less stability, with a different subset of its members managing to attend each week. This led her to reflect that:

*“Um, so I think, in a way, having some mums coming, and then mums not turn up, and then other mums coming, I think it would have been better to just have the same mums throughout the whole time.” (Sally, line 443).*

Although she does not develop this thinking any further, it appears that this lack of consistency appears to have been experienced by her as somewhat destabilising, impacting on her enjoyment of the group as a whole.

For Susan, who had been somewhat reluctant to participate in a group, this sense of being comfortable was particularly important. Although, like Jane, she too knew some of the other parents and one of the facilitators before joining the group, she was initially preoccupied by the presence of the other, unfamiliar facilitator, commenting that *“it was just someone different in the group”* (Susan, line 68). The ‘difference’ represented by this new person, who, as a therapist, could also be said to embody and represent the difference and ‘otherness’ of the WWW approach itself, seems to have been quite disruptive to Susan. Indeed, it seems that only once this new person, Maria, had been ‘made safe’ through familiarity, could Susan feel secure enough to properly engage with the group:

*“But as we got on to know Maria and all that..., we could speak openly about what we liked about the group, what we didn’t like about the group”* (Susan, line 81).

Maria also contributed to the group’s boundariedness (and Susan’s sense of safety and containment) in a more explicit manner, by underscoring the confidentiality of the group’s discussions:

*“Like she said, “Whatever stays in the room stays in the room” sort of thing.”*  
(Susan, Line 442).

For Jennifer, the very presence of the facilitators was containing in itself. In her account, she portrays them as benevolent guardians, watching over the group and ensuring / insuring everyone’s safety.

*“they’ve been watching everyone and they’ve been there and make sure no one hurt and so it was good to have them really because they let, just because they be there and I kind of trust them I kind of let them to do it.” (Jennifer, line 475).*

Their presence, and her absolute trust in them, allowed her to temporarily relinquish some of the anxiety which she had been holding, by abdicating a portion of her decision making. Where previously her anxiety about her daughter might have caused her to prematurely intervene in her play, she now took her cue from the facilitators. If they showed no concern about what was happening, then neither would she. As she told herself:

*“OK I’m going to trust them. They know when to jump. I’m going to step back.” (Jennifer, line 480).*

In the following quote, she eloquently describes how the sense of safety and security which she has experienced within the group has helped her to reduce her own anxiety about parenting, while also becoming more mindful and less intrusive in her child’s own developing sense of curiosity and independence.

*“So this playgroup gave me the support I needed to show you “look, it’s safe, nothing will happen, let her explore, let her develop, let her choose what she wants”. (Jennifer, line 426).*

#### **4.2.4 The Indescribable Group**

Another subordinate theme which emerged early on in the process of analysis was the difficulty that participants experienced in describing and defining the group. As noted in the previous section, the WWW group differed in structure and content

from other stay and play groups, but these differences were not always made explicit, and were also not always immediately discernible. Upon hearing the description of the group for the first time, Sally's first thought was *"Is that not kind of what we do anyway?"* (Sally, line 44). It was only when she had experienced the first session that she revised her opinion:

*"it was once I started going to the group that I realised it was actually quite, quite a lot different to that group, um."* (Sally, line 45).

This idea that the group could only be experienced, and not described, was a motif which recurred in several of the other participants' accounts. Elizabeth gives a colourful account of her difficulty in describing the group to another parent:

*"Erm, some people are probably a bit like, when I said to one of the other mums she goes, 'That's a bit strange.' She goes 'What are the people that are running the group doing?' I go 'Well they watch the kids too.' And she goes 'I'm not sure about that.' And I said you have got to be there, it's different when you are there, and it's different to me explaining it"* (Elizabeth, line 357).

A similar feeling is described by Jennifer, who also notes the difficulty which she experienced in setting outcome goals for a group which she did not feel she fully understood:

*"I think from the beginning it's really hard to say and it was difficult for me to come up with idea, but I think at the end of the group you will see the changes and you see how's this group about. Once you experience it."* (Jennifer, line 513).



Jane, for her part, tries to describe the group in terms of how it felt different to the only other parent and child group that she had so far experienced:

*“I think it was a much more personal group, you know I hadn’t done many of those groups. I had done the new parent group where I think it was, it was much more rigid and “this week we are doing this, this week we are doing that”.” (Jane, line 326).*

The rigidity of the other group, where a set knowledge-base was delivered week by week, is contrasted against the WWW group, which was concerned with an experience rather than a curriculum. Jane’s impression that the WWW group was *“more personal”* may therefore have stemmed from the fact that, in the absence of a standardised syllabus of learning, each parent is likely to have processed the experience of the group in an entirely individual way.

### **4.3 The Role of Others**

The second superordinate theme is concerned with the role which other people played in each participant’s experience of the group, with particular consideration given to the role played by the other parents within the group.

#### **4.3.1 A Source of Support**

The participants in this study were unanimous in their opinion that other parents in the group acted as a valuable source of support, although they differed slightly in their description of the particular aspects of their presence which they found supportive. At a basic level, many of the parents expressed an enjoyment of the social element of the group, or as Jane puts it, *“That kind of just general chat at*

*the end*" (Jane, line 331). Taking this a step further, Susan had approached the group as an opportunity to *"basically to find friends for myself as well, because obviously I am at home all the time."* (Susan, line 48). For some, like Sally, the presence of other parents diluted how *"intense"* she found the group. On the occasions where only one other parent attended, she found herself feeling more self-conscious:

*"I'm a shy person anyway, and if there's only one or two of you there, there's more pressure on you to kind of do something, um,"* (Sally, line 226).

Some parents commented on how useful they found it to hear other parents' experiences. Somewhat interestingly no one specifically mentioned valuing the opportunity to share their own experiences, although Elizabeth stated that she enjoyed getting to *"...speak to other parents and listen to them moan and I could moan to them [laughter]"*. (Elizabeth, line 21).

Some participants valued other parents for the repository of knowledge which they represented, which they could either access passively, by listening to their observations, or actively, by asking them questions. Sally, for instance, found that when thinking about her observations of her own child, it was *"interesting to see what other people's take on, on what they're doing is"* (Sally, line 291). Susan, meanwhile, favoured a more direct approach:

*"It was nice to have parents there that had children there, like the same age or a little bit older than Karen. And if I had a problem then I could talk to them and see*

*if they had the same situation like with her teething, or if there was anything like, sleeping pattern or different, or anything like that.” (Susan, line 392).*

Overall then, the presence of other parents appears to have been an important factor in the participants’ general comfort and enjoyment of the group.

#### **4.3.2 Comparison and Competition**

Perhaps understandably, parents were less unanimous in the opinions they expressed about comparison and competition within the group, and indeed a relatively wide spread of opinions is reflected within the five interviews. While all participants made some reference to comparison, the word ‘competition’ was never mentioned. Given the array of positive sentiments recorded in the previous section, it is likely that it may have simply felt too dangerous for the group to openly discuss this issue. That is not to say, of course, that competition was not present.

In their comments on comparison, many participants displayed ambivalence towards its utility or appropriateness. Jane, for instance, told me that:

*“I think I try not to compare Andrew because of his premi. Like I would say in some ways it’s one of the benefits of having a premature baby really! (...) You don’t have to engage too much in any of that erm, “oh god they’re doing this, they’re doing this”. I mean I do, there is a certain amount of it with his corrected age, I look at other babies but yeah there’s always that ‘get out’, Andrew will do everything in his own time and we have to be grateful you know”. (Jane, line 478).*

Andrew's status as a premature baby has given Jane a privileged position. On the one hand, she feels that she can legitimately opt out of comparing her son to other children. On the other hand, the concept of 'adjusted age' has given her a mechanism to make more developmentally appropriate comparisons, which she sometimes does. This position allows her to protect herself from unfavourable comparisons by rejecting their validity, while still remaining open to more favourable ones. Meanwhile, her final statement that *"we have to be grateful you know"*, reads almost as a reprimand to herself for engaging in any comparison at all, and is an indicator of the powerful and conflicted emotions which this issue can evoke.

Other participants seemed to vacillate between denouncing comparison and seeking it out. Sally, for instance, states that *"I didn't really want to compare him to other kids either, because everyone's different"* (Sally, line 143). However, shortly before she had seemed to regret the fact that she had not yet had the opportunity to compare her son to others: *"Because he's my first child, I, I don't have anything, any other child of my own to compare him to"* (Sally, line 137). And later, when discussing how the reality of the group had been different to her expectations of it, she commented that:

*"I then thought coming to the group would be more about, about comparing the different babies and seeing where they are and what they do with each other and [laughter]"*. (Sally, line 177).

Susan, who participated in the same group as Sally, provides us with another viewpoint on Sally's relationship to comparison. Speaking about her own daughter, Susan says:

*"Sally was comparing her to Sam [Sally's son], and she was saying, obviously she was doing a lot more than Sam was doing (...) I mean she was crawling at 6 months. She was walking around furniture at 7 months and she would say, 'Oh, Sam why aren't you doing that' and I would go, 'every child is different at the end of the day'." (Susan, line 268).*

This vignette shows a brief moment where competition is alive in the group, with some consequent negative impact for Sally. Susan's last comment meanwhile, which could be read an instance of competition in itself, is also evidence of a somewhat more pragmatic attitude to comparison. The two parents' respective approaches to comparison may to some extent be born out of their individual experiences as parents. Sally is raising her first child, and appears not to have yet developed a secure sense of her own competence as a parent. Susan, who has raised three previous children, seems to have a more robust view of both her child and her own abilities as a parent, and consequently attaches less importance or value to comparisons with other children. Even she is not immune to the lure of comparison, however:

*"I was watching what the other parents were doing as well. Yeah. I mean I was watching Sally's, her expressions on her face and what Ellie was doing, what expressions were on their faces. Something new that they were doing." (Susan, line 249).*

The difference in her approach, however, is that her aim appears to be to learn from the other parents, rather than to evaluate her own actions against theirs.

Elizabeth's relationship with comparison appears to have been complicated. After noting that *"nobody likes to compare but everybody always does you know"* (Elizabeth, line 322), she went on to describe how she valued the opportunities provided by the group to compare other parents' approaches to everything from discipline to affection. Her desire to do so appears to have originated from a deep-seated anxiety about her own ability to 'get things right'. In contrast to the other parents, she apparently felt no impulse to compare her son's development to that of the other children, but was preoccupied by her own abilities as a parent. She was also quite aware and mindful of this phenomenon, which in itself appeared to add to her feelings of insecurity. She commented to me at one point, *"I know that sounds a bit strange"* (Elizabeth, line 423). Perhaps the ultimate expression of this preoccupation came during a moment when parents were observing their children. She describes how she became panicked about performing the observation correctly, and became caught in a loop of meta-observation:

*"Yeah because at one stage I was looking at them to see how they were looking at their kids and seeing if I am looking at my kid the same way as they are, and there's that comparison thing again."* (Elizabeth, line 611)

Her final comment, that *"there's that comparison thing again"* shows both her acknowledgement of and her frustration with this persistent aspect of her experience, which she seems unable to avoid, despite its impact on her self-esteem as a parent.

Jennifer's relationship to comparison appears to have been a hybrid of some of the other parents'. In general, she seemed to view comparison as a useful tool, which provided her with new ideas and helped her to push the boundaries of what she was comfortable with as a parent:

*"They give you some ideas and as well I thought this mum let her baby go further than I, other one as well. OK, so maybe in this situation I should too? So. So yes, watching the parents..., as well tells you quite loads." (Jennifer, line 269)*

However, she too fell victim to an occasion where her child emerged poorly from a comparison:

*"I've been quite sad one moment when I saw the girl in her age like five days I think older than her, already was crawling so active. And I said, what a shame Lisa, why can't you crawl, crawl, crawl baby? Just move around, you poor baby, just sitting and do nothing! I couldn't wait until she is going to grow. I was kind of thinking, ah I wish her to be a little bit bigger, or older, you know?" (Jennifer, line 545).*

This incident appears to have had a notable negative impact on Jennifer's view of her child's development, although it is of course not clear whether this perspective persisted, or whether Jennifer managed to regain a more balanced view.

Nevertheless, it clearly indicates that comparison in this group was not an exclusively positive affair, even for those who approached it with constructive intent.

#### **4.4 Power and Knowledge**

The third superordinate theme which emerged from this analysis was 'Power and Knowledge'. This theme relates to the extent to which participants felt in control of their own experiences, and to their perception of and reaction to power dynamics within the group.

##### **4.4.1 Uncertainty**

Of all the themes which emerged from this analysis, 'Uncertainty' occurs with the greatest frequency and with the greatest distribution. This is in part because it encompasses several different kinds of uncertainty experienced by the participants. Chief among these were: uncertainty related to their recruitment to the group, uncertainty related to the aims of the group, and uncertainty related to the methods of the group. Each of the parents experienced one or more of these feelings, and some experienced all of them.

Although all participants were aware that the WWW group had a closed and limited membership, none could account for their own inclusion, nor could they provide an indication of what the inclusion or exclusion criteria might have been. This situation is further complicated by the fact that the programme's actual criterion for inclusion, that the dyad be experiencing minor relational difficulties, appears to have been applied somewhat unevenly. This is no doubt in part attributable to the fact that these groups were run as part of a pilot programme, where identification of appropriate dyads was likely to have been carried out under pressure from both time and resourcing concerns. In the case of one



participant in this study, Jane, admission to the group was (by her account, at least) gained by petitioning the facilitator to be included. None of the five participants with whom I spoke made any explicit reference to relational difficulties being experienced at the time of their recruitment to the WWW group, which of course does not preclude their existence. It would not be unreasonable to think that these parents may have been unwilling to discuss such difficulties with an unknown interviewer, so this must also be taken into account.

Nevertheless, the fact remains that several of the participants did not appear to be fully aware of the reasons for their involvement, despite being asked to complete pre and post intervention assessment forms including the Hospital Anxiety and Depression Scale (renamed as the Parental Health Questionnaire). Commenting on this, Sally, who had completed the form several months previously, having experienced post-natal depression, said:

*"I'm not a hundred percent sure why they wanted me to fill it out again, I dunno, I suppose to see how I was getting on, I dunno." (Sally, line 157)*

This comment suggests a genuine lack of knowledge regarding the procedures and decisions relating to their participation. If their reasons for inclusion did in fact include observed or reported difficulties within the dyad, then their ignorance of this fact would appear to raise some ethical issues.

Participants also experienced a significant amount of uncertainty relating to both the aims and methods of the WWW approach. In particular, several of the parents experienced a mismatch between their expectations of the group and the reality of it. In thinking about this issue, Jane describes how:

*"I suppose it wasn't quite as rigid as I thought it would be, not rigid, that's the wrong word. I suppose it wasn't quite so, "these are the goals, this is what we are going to do". (Jane, line 152).*

This description of the imagined group echoes her previously quoted description of the last group which she had attended (*"this week we are doing this, this week we are doing that"*) and demonstrates how parents' previous experiences of Children's Centre groups had inaccurately coloured their expectations of this one.

Later, when considering how the group had not met all of her expectations, Jane took the bulk of responsibility for this onto herself, commenting that:

*"I think that might have been that I just misinterpreted what it was about (...) it wasn't really where, where the group was going." (Jane, lines 380, 386).*

For others, the uncertainty related more directly to the activity of the group, particularly during the first sessions:

*"when I came home to talk to my partner about it he said to me, "So what did you do at the group?" And I said to him, "Well we stayed and just watched the kids for a bit and saw what they were doing and everything like that." And he goes to me "What in silence?" And I said to him, "Yeah." And he goes to me "Well why?" And I said, "I don't quite know why actually!" (Elizabeth, line 97).*

It is possible to draw a link here between the uncertainty which parents encountered around the form and nature of this group, and the impression (outlined in section 4.2.4) that this group cannot be described, only experienced. Nevertheless, it does seem that more could have been done in terms of providing

parents with a fuller understanding of both the task and aims of the group in order to minimise the type of disempowering situation described by Elizabeth in the following quote:

*“The very first time when we went quiet and we had to watch and stuff I wasn’t sure. Do I, can I play with him at all? Can I interact with him at all? And I wasn’t sure whether I should or I shouldn’t so I just stayed back just in case I wasn’t supposed to. I didn’t quite catch what I was supposed to be doing, the very first time” (Elizabeth, line 374).*

#### **4.4.2 The Expert**

This theme relates to participants’ perceptions of the facilitators’ roles. The WWW manual describes the role of the therapist as being the “...attentive, non-intrusive, containing other, the same thing we are asking of the mother in relation to her baby” (Muir et al., 1999, p. 35). In practice, it appears that different facilitators may have taken up the role in different manners, a phenomenon which was likely dependent on factors such as their own experience and professional background. In addition, different participants approached the group, and therefore the facilitators, with differing expectations. Where these expectations positioned the facilitators as ‘experts’, those facilitators may have been more or less able to resist this positioning depending on a range of factors, including the degree to which they were aware of it. This complex interaction resulted in widely divergent experiences across the five participants involved in this study. Jane’s experience may be considered to occupy one extreme of this range. As mentioned in the previous section, Jane came to the group in a slightly different manner to the

other participants. Having heard about the group, she had decided that she would like to join it, and had asked one of the facilitators to include her. It is clear that she had quite specific expectations about the nature of the group:

*“we knew it was going to be with a, an educational psychologist and so it was going to be a bit more, not just a play, it was going to be some science behind”*  
(Jane, line 54)

And it was equally clear that these expectations had also informed her goals for the group:

*“It would be good to have some kind of experts input erm, and that if I came away being able to learn a bit more about the way babies operate in general I suppose or Andrew in particular then that would be great.”* (Jane, line 84)

This idea of the facilitator as an ‘expert’, someone who could draw on a body of concrete, scientific knowledge which could then be transmitted to parents, appears to be an alluring one for Jane, albeit one which she ultimately had to temper somewhat due her the realisation that *“it wasn’t really where, where the group was going.”* (Jane, line 386). Nevertheless, the role of the ‘expert’ continued to feature heavily in her account of the group’s benefits:

*“I think what was really the, I think the good parts was erm, I think it was interesting having Dawn [Facilitator] there. Yeah. Erm, Just to know, hear a kind of an expert or somebody you know who kind of looks at the way you’re interacting and I think from that I gained confidence because she would say you know “you’re clearly very in tune with each other”, you know?”* (Jane, line 146)

Jane's desire to be reassured about her own parenting abilities was met in this instance by the therapist's apparent acceptance of the role which Jane had created for her. Indeed, this source of both knowledge and validation continued to be one of the most important aspects of the group for Jane:

*"obviously having Dawn there to kind of give you the kind of psychology I suppose behind where that came from. Yeah that was really important I think, why he was doing that, what he was, you know. When, particularly also when the babies was interacting with each other you know, she would say you know "that was really good" (Jane, line 261).*

Like Jane, Jennifer also expressed a clear belief that the facilitators occupied an expert role, or were in her words, *"professional"*:

*"And whereas two people who are kind of... professional, they know about this playgroup, or not even this playgroup because it's experimental but they know really what babies at this age, they know how far they can go. They are people who are experienced and know what to do." (Jennifer, line 488).*

However, there is a clear distinction here between how these two women have positioned the facilitators. For Jane's expectations to be fulfilled, the facilitators must to some extent step into the 'expert' role which she has created for them, either by sharing knowledge or by validating her actions. For Jessica's expectations to be fulfilled on the other hand, the facilitators need do nothing. They could, and indeed were, fulfilling Jessica's notional role of *"professional"* simply by being present. Their presence, allied to Jessica's conviction that they were *"...people who*

*are experienced and know what to do*" was all that was required in order to provide her with the holding and security which she needed in order to engage with the work of the group.

Other participants tended not to be quite so overt in their positioning or recognition of the facilitators as experts. However, there seemed to be a tacit acknowledgment amongst most participants that the facilitators had access to a privileged viewpoint of some sort. In many cases, this was expressed as the sense that the facilitators had been able to physically see something which had been obscured from the parents themselves:

*"It was good because obviously, stuff that I didn't notice they noticed."* (Susan, line 420).

*"Jessica (...) would notice something that I didn't notice."* (Sally, line 387).

*"Maria was saying 'well did you see Karen smile when she had the toy and she was looking at herself in the mirror'. And I was like, 'No because obviously, she had her back towards me' and they would say, 'Oh she did this'. And then I think, 'Ok then'."* (Susan, line 432)

Alternatively, the privileged nature of the facilitators' viewpoints could be inferred from the order in which observations were shared during discussion time. In the following quote, both facilitators spoke first, followed by the parents:

*"Maria would say, 'Well I noticed this about Karen, and I noticed this about Sam' and then Jessica would come in and say what she saw and then we would take it in*

*turns, in saying what we all saw of our children and what others were doing.”*

*(Susan, line 412).*

At other points, it felt as if the facilitator’s metaphorical viewpoint was being privileged by the parents themselves:

*“Jessica maybe had a different, um, take on it” (Sally, line 387).*

*“Without being, yeah. I mean obviously it’s lovely to hear from anybody but I think coming from a psychologist...” (Jane, line 471).*

The overall sense amongst participants seems to have been that the facilitators had access to either knowledge or perspectives that was not accessible to parents, and that were in some indefinable sense superior to their own.

#### **4.5 Ghosts in the Group**

This fourth superordinate theme aims to capture several facets of a general feeling of intrusion. The first subordinate theme relates to participants’ references to past events or feelings that remain ‘alive’ for them, and which continue to consciously or unconsciously influence their actions in the present. The second subordinate theme relates to parents’ reflection of their own intrusion into their children’s activities. The final subordinate theme aims to capture the extent to which participants’ feelings of inadequacy around their own ability to parent intruded into their experiences of the group.

#### 4.5.1 The Past in the Present

Two participants, Susan and Elizabeth, made specific references to past events or feelings that continue to resonate for them today, and which influence their approach to certain situations. A third participant, Jennifer, makes reference to the idea that both children and parents may be influenced by past experiences, but stops short of providing an example from her own life. These same three parents' views are also represented in the next subordinate theme, 'Intrusion'. Although three instances represents a comparatively low frequency for themes within this study, I felt that the inclusion of both of these themes was important for two reasons. First of all, much of the content of these themes is particularly powerful, drawing as it does on deep-seated emotions. Secondly, the content of these themes relates directly to the work of the WWW programme, which aims to reduce parental intrusiveness by raising parents' awareness of the factors which are unconsciously informing their interactions.

The following quote from Elizabeth illustrates both of these points, providing as it does a poignant example of a mother who is coming to terms with the role which her own past experiences have come to play in her interactions with her son:

*"I felt like I couldn't do anything else because I needed to keep him company. I needed to keep him busy even at that young age, I thought he must be lonely. (...) I don't know. I don't know. That's probably just me and my childhood probably feeling lonely (...) I used to spend a lot of my childhood alone pretty much"*  
(Elizabeth, line 494).



Here, Elizabeth appears to be integrating her past feelings of loneliness into a developing understanding of her interactions with her child. This understanding will then be consciously available to her, and could help to inform her future interactions with him. Earlier, however, she made reference to other feelings, which may not yet be so well integrated:

*“If I normally try to think about what something is going to be like and it’s not how I imagined it, I get disappointed, so I don’t do that. Yeah I get disappointed. If it’s not how I expect it to be, I get a bit gutted [Laughter]” (Elizabeth, line 57).*

This feeling of disappointment, presented here as a general and all-pervading approach to life, isolated from the memory of any specific precipitating event, feels particularly raw and unprocessed. My impression is that the laughter which follows this statement is serving as a weak but necessary defence against its potency. Having thus far failed to assimilate these feelings into a conscious understanding of her relational style, they may continue to impact on her expectations and approaches to all the relationships in her life, including her relationship with her child.

For Susan, the memory of one particular experience with a previous child is continuing to shape her behaviour in this group:

*“Yeah in other groups, I mean not with her but my other daughter. I mean she got strangled by another child. So that’s put me off a bit, you know.” (Susan, line 131).*

The juxtaposition of this violent imagery (“strangled”) with Susan’s matter of fact statement that it has “put me off a bit” suggests that here too, something has not

quite been fully processed. Indeed, this incident appears to have continued to influence Susan's interactions with her daughter throughout the group, and also to influence her appraisal of other parents and children. In describing her anxiety around the arrival of a new parent and child within the group, she commented:

*"Just because obviously it's a new parent and a new child come into the group and I am anxious about how the other child will be. Obviously having the other child before being strangled, it would make it a lot harder for me to let go."* (Susan, line 357).

The anxiety arising from these feelings has resulted in a somewhat disordered approach to managing her daughter's interactions. Her fear that this daughter, like her older child, will be the recipient of violence has since mutated to also encompass a fear that she might become the perpetrator of violence onto others (despite there having so far been no evidence of this).

*"I just want her to, you know play with other children but don't be the bully".*  
(Susan, line 122).

The end result of these anxieties is that her daughter is denied access to interactions that in all likelihood present no risk to either herself or to others.

Finally, Jennifer provided two slightly contradictory statements on the subject of the past's influence on the present. In thinking about the observations which she has been carrying out in the group, and about the interpretations that she and other parents have made about their children's behaviour, she put forward the following opinion:

*"I mean I think they just all the time in the now, they don't think about the past and the future. They just enjoy what is going on now. They don't have worries. We just put them and they play and I think it's more in the mind of the mums, you know? What we think is happen, you know?" (Jennifer, line 86).*

Jennifer sees a clear contrast between the 'blank slate' minds of the children, who are reacting only to the stimuli of the moment, and the minds of the parents, which are filled with worries. It reads somewhat as an idealisation of the innocence of childhood, when we can 'live in the moment', unburdened by the weight of experience. It is a romantic idea, which is slightly undermined by her reasoning some time later that:

*"So she can trust, because she never had bad experience so why shouldn't she?" (Jennifer, line 335).*

In contrast to her previous statement, this is a tacit acknowledgement that even children are shaped by the past. In describing how her daughter has no difficulty in trusting others because *"she never had bad experiences"*, she must allow that experiences, good and bad, have the power to shape our responses to others.

#### **4.5.2 Intrusion**

In many senses this theme is a corollary of the preceding one, in that the influence of past experiences has led in some cases directly to the intrusive behaviour described here. Just as with those past experiences, the extent to which parents were aware of the existence and the impact of their intrusive behaviours varied

from individual to individual. Elizabeth once again provides a powerful insight into her own behaviour:

*“sometimes I think maybe I am guiding him to be who I want him to be rather than him being him and doing what he wants to do and who he wants to be. Does that make sense?” (Elizabeth, line 225)*

As an example of this, she describes how she will often choose the toys that she would like him to play with, rather than allow him to make his own selection.

Despite this awareness, she admits that *“even today I do that still.” (Elizabeth, line 222).*

Susan, too, struggled to reduce her intrusive behaviour, in spite of the support and encouragement of the other parents in the WWW group:

*“The other mums when she used to go up to them. They were like, instead of me just pulling her back like I would do anyway, they were just like, “no, it’s alright its fine, just leave her, let her do, let her do and touch someone’s hair or touch her face, you know. That’s what she wants to experience.” And I was like, “mmm, yeah ok.” And then I would pull her back away from them, like away.” (Susan, line 113).*

Jennifer’s intrusiveness appears to have been underpinned by a desire to protect her daughter, not only physically, but also from negative experiences such as becoming frustrated. She consequently found it quite difficult to leave her daughter unattended for more than moments at a time, and felt that she needed to anticipate and avoid any negative experiences whatsoever:

*“So I think I was overprotective. I couldn’t relax much or leave her for a little bit longer than one minute or a few seconds, you know what I mean, and also I think I didn’t really... Like when I watch her how she’s playing, and I saw she really tried to grab some toy, I was always giving to her so I kind of didn’t let her try, you know?” (Jennifer, line 131).*

Jennifer also provided an insight into just how difficult parents may find it to follow WWW’s ostensibly simple instruction to let their child take the lead:

*“I think the most difficult maybe was just the first session but I think for every parents because we don’t know what to expect, we don’t know how hard for us would be to not involve, you know?” (Jennifer, line 407).*

#### **4.5.3 The Inadequate Self**

This theme was expressed in many forms and on many levels, but always related in some way to parents feeling that their abilities were in some way deficient, and that that deficiency or inadequacy was at risk of harming their child.

For example, Jennifer came to the conclusion that her intrusion into her child’s play, which was intended to protect her, was actually harming her development:

*“at the same time I kind of delayed her developing because that’s how she’s learning to growing” (Jennifer, line 138)*

In addition, this feeling of having ‘gotten it wrong’ was intensified rather than alleviated when she finally altered her behaviour. On observing how well her child was coping with the additional freedom, Jennifer continued to reprimand herself

for her previous decisions, rather than congratulating herself for her current actions:

*"I thought like, I just should have really left her" (Jennifer, line 154)*

This catch-22 situation of all courses of action being damaging to one's sense of parental competence was something that also emerged in Elizabeth's account, who struggled with finding a balance with discipline:

*"the way I discipline Billy, I think "am I doing it wrong, am I being too harsh, am I being too soft?"", you know." (Elizabeth, line 403)*

Note that, in the list of choices that she has to select from, there is no 'good' option, an occurrence that seems to genuinely reflect her day to day experience of being a mother.

At one point in her interview, Jane mentioned that, *"being a premi baby there is always that fear that erm, that they might get left behind"* (Jane, line 106). Later, however, she updates this passive, blameless 'getting' left behind in order to leave us in doubt as to whose fault it would be if this were indeed to occur:

*"you always want to know, "am I doing something that's going to damage them?!" [Laughter] erm." (Jane, line 473)*

Sally, meanwhile, found that even her efforts to seek advice and reassurance resulted in damage to her self-image. Speaking about how much she enjoyed hearing the comments of other people within the group, she was quick to add:

*"I know that seems a bit selfish to hear what they want, er, to hear their opinions about my child, but, I dunno." (Sally, line 379)*

The image of parenthood which emerges from these accounts is one which is fraught with opportunities for mistakes, where one's sense of self is bound up entirely in the pace of the child's developmental progress, and where the emphasis must forever remain on what has already, or could in future, be gotten wrong.

#### **4.6 Evolving Relationships**

This final superordinate theme consists of two subordinate themes, both of which relate to the participants' appraisal of the WWW group's impact. The first theme, 'Letting Go', is drawn from participants' accounts of a specific way in which their relationship with their child has been altered, which was common across all five participants. The second theme, 'New Perspectives', aims to capture in a broader sense the changes in thinking or approach which parents have attributed to their involvement with the WWW group.

##### **4.6.1 Letting Go**

Despite the diversity of experiences reported by parents in this study, it appears that ultimately all could be said to have accomplished a similar task: the creation of additional psychological and/or physical space between the parent and child, and a consequent increase in freedom for the child to explore their own agenda and express their own preferences. Sally spoke about this space in terms of letting

her son “*go that little step further*” (Sally, line 432), and subsequently gave quite a concrete example of this:

*“Um, so for example, we have a balcony, um, when the weather was warmer, um, we would have the door open and he would go to like, go out on the balcony, and my mum always was like, “No, no, you’re not going out there,” but I think, because of the group, in my head I was thinking, ‘No, let’s just see what happens, see if he does go out there, see what he does,’ um, so yeah, I’m still doing that now, um, just letting him go that little bit further. Obviously, as long as he’s safe, um.”*  
(Sally, line 533).

It is interesting how in this account the role of the critical, intrusive voice (which we have previously seen to be a part of Sally’s own self-concept as a parent) is externalised and taken up Sally’s own mother instead. It seems that, although this voice remains present, Sally has found a way to hear it and yet not be subjugated by it. She has discovered, or developed, a confidence in her ability to balance her child’s need for both safety and exploration.

Susan’s struggle to ‘let go’ of her daughter also manifested in a physical form. As described in sections 4.5.1 and 4.5.2, Susan experienced a large amount of anxiety about her daughter’s interactions with other children, alternately fearing that she would become either aggressor or victim. By the end of the group, however, and with the support of the other parents, she was able to give her daughter the space which she needed in order to interact with the other children on her own terms, rather than her mother’s:



*“So I just let her you know, get on with it. Let her know that I’m still there, but you can go off and play with the other children and do what you know, do what you have to do.” (Susan, line 385).*

Susan’s tone here seems to contain a note of resignation, and her instruction to *“do what you have to do”* suggests that she may still be experiencing some doubt and anxiety around this arrangement. Nevertheless, she appears to have found a way to successfully manage these feelings in order to provide her child with the freedom which she requires at this stage of her development.

For Jennifer, the sense of safety and security fostered by the group, and by the presence of the *‘professional’* facilitators, allowed her to become less involved in her daughter’s play, and to feel more confident in her safety. Her experiences within the group allowed her to internalise a sense of this *‘boundariedness’*, thereby maintaining this less intrusive position at home:

*“after this playgroups (...) I was more relaxed. I was like “why I should jump she’s fine?”. I don’t want to interrupt her and I just left my time a little bit more in the kitchen and I don’t have to every few seconds jumping and see what’s going on. It’s a safe room so what could happen.” (Jennifer, line 213).*

The difficulty which Elizabeth faced in *‘letting go’* of her son related not to safety or security, but to guilt. Unwilling for her son to experience the loneliness which she felt was a part of her own childhood, she felt obliged to play with and entertain him at all times. Describing how the group has allowed her to adjust her approach, she commented:

*“if I see that he is content I am more than happy now to just sit back and let him get on with it whereas sometimes I feel, before, before I came to the watching and wondering I felt guilty if I wasn’t playing with him (...) I felt bad that I wasn’t playing with him but after the group I found that it was alright to just get on with it, it’s not a big deal. It opened my eyes a bit more to him, me allowing him in a way to be independent, allowing him to experience things on his own, with me not constantly by his side next to him, pushing him to do this or pushing him to do that.” (Elizabeth, lines 477, 485).*

Given this open and honest appraisal of how her interactions with her son have been transformed, it is particularly interesting to note that Elizabeth doesn’t feel that their relationship has changed at all. Her ability to hold onto this distinction between their interactions and their relationship as a whole is perhaps a mark of how robust her appraisal of the latter has been, despite the minor hurdles which she has described.

Jane’s experience of ‘letting go’, much as with her experience of the group as a whole, was somewhat different to the other participants. In this instance the difference was due largely to the fact that her child was the youngest amongst the dyads with whom I spoke, and was therefore grappling with a slightly different set of developmental challenges. Whilst the other participants’ infants were very much at the point where independence and exploration were becoming burning issues, Jane’s infant, Andrew, was beginning to come to terms with a burgeoning mobility. The task for Jane, then, was less ‘letting go’, and more ‘getting to know’,

as Andrew became increasingly able to express his developing personality through the choices which his growing body was now equipping him to express:

*“what’s lovely now is that he will really pick and choose what he wants to play with (...) he will really pick what he wants and that’s really nice to see you know, that he has you know, he will turn the basket or move things out of the way erm, to get at a favourite toy”. (Jane, lines 548, 552)*

On a broader note, Jane’s very presence in the group represented another instance of letting go, where she overcame her anxiety over his small size and fragility in order to allow them both the opportunity to participate in a group with other parents and children.

#### **4.6.2 New Perspectives**

In addition to the accomplishment of the developmental milestone outlined in the previous section, the accounts of the participants also seem to indicate that more general changes in perspective and outlook were achieved. On some occasions, these related directly to the changes in interaction already outlined, as was the case for Jennifer:

*“If I wouldn’t have this playgroup I would never do it, I would never thinking to stop, carrying on what I’m doing, watching her so often, give her toys all the time around. I would never have even have this thought “leave her”. I probably wouldn’t have these thoughts just leave her alone, let her explore or something.” (Jennifer, line 421).*

For others, however, the group has resulted in a new appreciation, and a new sense of curiosity about the little person with whom they share their lives:

*“going to the group has made me just look at him differently anyway, and think, ‘Oh, what does that mean when he’s doing that.’ Um, yeah, so it’s just made me think differently really, and maybe take that time a bit more to just sit and watch him, not be so busy doing everything else. Because I think without going to the group, maybe I wouldn’t, I wouldn’t have done that.” (Sally, line 259)*

Susan, meanwhile, found that this new curiosity allowed her to appreciate the joy which her daughter found in her independence, and simultaneously gave her a greater awareness of her daughter’s invitations to interact:

*“And then she will go over and get something else and she will sit there and play with it and then look as if to say, “Well you can come and help me now, you can come and play with me”. [Laughter].” (Susan, line 560)*

Jane, who approached the group seeking knowledge and reassurance from the ‘expert’, appeared to ultimately decide that the process of the group was more important than any individual content:

*“I don’t think there was one moment. I think it was just a culmination of the weeks, that I just came away thinking I’ve felt more positive, more positive about him and his development which again is probably just being around other babies and seeing where they are at erm, and my, my abilities with him and how, how good I suppose I was at reading him.” (Jane, line 235).*

Finally, Elizabeth succinctly but eloquently summed up the journey of acceptance that she, and possibly other participants, undertook through the WWW group:

*“Sometimes I just think, “Oh he’s my little baby.” But he’s not my little baby anymore. He is a proper little man now, just getting on with life really.” (Elizabeth, line 300).*

## 5 Discussion

### 5.1 Chapter Overview

In this chapter I will explore the key findings, making links to the previously reviewed literature and other relevant research. I will also discuss the implications of these findings for a range of stakeholders. I will acknowledge the limitations of this study, and put forward suggestions for future research. I will conclude the chapter by outlining the dissemination process, and by reflecting on my experiences of the research process.

### 5.2 Exploration of Themes

#### 5.2.1 Making Sense of the Group

This theme captures an important sense of the journey undertaken by these parents in their relationship with the group over its six week span. For most participants, that journey began with an unpromising selection of feelings that ranged from a slight warniness to outright scepticism: “The first session I was like, ‘mmm it’s a bit weird’” (Elizabeth, Line 94), and: “Is that not kind of what we do anyway?” (Sally, line 44). It appears to have felt quite difficult to show any enthusiasm for the group, as if to do so might engender, or perhaps simply reveal, a vulnerability of some kind. Similarly, there is a sense in which it was difficult for the participants to consciously engage with the central task of the group, which was to enhance the attunement between parent and infant. In reading their narratives, it is clear that the most enthusiasm is reserved for descriptions of those moments where the attunement on display is not between mother and infant, but

between infant and fellow infant: “And then all of a sudden Karen and Sam came together and started playing together with toys and they were sharing...!” (Susan, line 72). All participants mentioned the opportunity for their children to socialise with others as a main aim of the group (though this was not espoused as such by the facilitators), and while Jane ultimately recognised that “I suppose the whole point of watch and wonder is about your interaction with the baby” (Jane, line 446), she was alone in this acknowledgment. This focus on the infants’ interactions with each other could represent a genuine maternal preoccupation with the importance of socialising their child, but it is difficult to ignore the possibility that it may have had more to do with the anxiety aroused by the direction to focus on their own relationship. It is plausible also that the prospect of carrying out this process in the company of several other unfamiliar adults was simply too exposing to be openly considered. Bibby (2011, p.81) writes that:

*Conscious processes can be overwhelmed by unconscious anxieties and, when unconscious anxieties overwhelm conscious intentions, unconscious defences take over.*

For these participants, the actual task (to observe their children, and, perhaps more saliently, to notice and comment on their own thoughts and feelings) appears to have been a source of considerable anxiety, and so it seems to have been in many instances defended against by replacing the actual task with a safer, less arousing one (i.e., socialising their children).

In order to actually engage with the anxiety-provoking task, the parents needed a means by which their experience can be ‘made safe’. Bion (1962) proposed that

when a mother is receptive to her infant's state of mind, she can provide a kind of emotional 'containment' for difficult experiences. A very young infant is not yet capable of processing overwhelming feelings, therefore the parent's role is to be receptive to such feelings, to accept them and process them for the infant so that they can be delivered back in a more manageable form (Bion, 1962). However, receiving these difficult feelings can be disturbing, and if a parent feels overwhelmed by their infant's feelings they may seek to avoid their emotional impact. They therefore become unable to offer containment, and in fact require containing themselves.

Within the original WWW programme (Muir, Lojkasek and Cohen, 1999), the therapist provides containment for the parent through the therapeutic alliance, enabling the parent to contain their infant in turn. In the current, group-based implementation of WWW programme there is evidence to suggest that, for some participants at least, the facilitators were able to play a similar role:

*I gained confidence because she would say you know "you're clearly very in tune with each other" (Jane, line 149)*

However, the containment provided by the group was not provided solely, or even mainly, by interactions with the facilitators. A key aspect of participants' accounts was the significant role which boundaries played in their experience of the group. Although there was a great deal of divergence in the particular form of boundary discussed by each individual participant, the preoccupation was evident across all five accounts. Sally, for example, focussed on the small, closed membership of the group, which allowed her to "just focus" (Sally, line 70), whereas other groups



were “a bit chaotic” (Sally, line 72). Jane, meanwhile, valued the time boundaries, which provided her with a regular opportunity when she knew that she would not “get distracted by a thousand and one other things” (Jane, line 458). Winnicott’s (1965) concept of a holding or good-enough facilitating environment provides a useful insight to this aspect of participants’ accounts. While Bion’s (1962) concept of container-contained is concerned with the processing of thoughts, Winnicott’s concept of holding is concerned with a ‘reliable presence’ and environment.

Containment is therefore provided by relationships themselves, rather than by the processing of thoughts. This is evident from the account of Jennifer, who rarely mentions specific interactions with the facilitators, but who nevertheless clearly finds both value and utility in their presence:

*...just because they be there and I kind of trust them I kind of let them to do it. So it was the situation that I would took Lisa from the some of the parts or situation but because they were there I said, OK I’m going to trust them. (Jennifer, line 477).*

In this vignette, the mere ‘reliable presence’ of the facilitators provides enough containment to allow her to become less intrusive in her child’s activity. In the same way, other aspects of the ‘facilitating environment’ (Winnicott, 1965) may provide containments for others. For Sally, it was the stability and small size of the group’s membership. For Jane, it was the regularity and reliability of the group’s sessions. The common thread is the stability and reliability of these various boundaries, which eventually allowed each participant to ‘make sense of the group’; to feel that their anxieties were sufficiently contained, thereby permitting them to offer the same containment and reliable presence to their infants. In this

sense, the group itself was the container, with the presence of each member contributing to its stability.

### **5.2.2 The Role of Others**

As outlined in Chapter 1, the WWW intervention was not originally designed to be delivered in a group format, and therefore contains no reference to, or allowance for, the dynamics of relationships within groups. While Zilibowitz's (2010) modified WWW program was nominally a group intervention, the actual work of the program, the 'watching, waiting and wondering' was carried out individually in the participants' own homes (without a facilitator / therapist), with only the subsequent discussion taking place within a group setting. In this way, the group sessions could be said to function more as a supervision group than as an actual intervention in themselves. Zilibowitz's tacit implication that the group aspect of his intervention is one of its chief strengths must therefore be treated with some caution when considering the current intervention, as the two have fundamental structural differences. French's (2011) 'Together Time' intervention, on the other hand, is a much truer example of a 'group intervention'. However, while French's article details several of the practical implications of running the WWW intervention as a group, little consideration is given to the subtler psychological implications of such a fundamental modification, some of which have already been referred to in section 5.2.1

Given this omission, I was curious as to the position which their fellow participants would occupy in parents' discourses, and I was not surprised to note the emergence of '*The Role of Others*' as a major theme. However, what I had not

anticipated was the unanimity with which participants' spoke about the value of being able to draw on the knowledge and experience of others within the group. Comments such as the following, from Susan, are representative of the way that other parents were perceived as an additional resource that could be tapped:

*It was nice to have parents there that had children there, like the same age or a little bit older than Karen. And if I had a problem then I could talk to them if they had the same situation..." (Susan, line 392).*

However, upon closer analysis, the influence of less overt interpersonal dynamics could also be observed. Social comparison theory (Festinger, 1954) proposes that people are motivated by a basic drive to improve their own performance while simultaneously minimising the gap between themselves and others. This results in a constant push to do better and better, which generates "competitive behaviour to protect one's superiority" (Festinger, 1954, p.126;). Today we would likely interpret this as the necessity of protecting one's self-esteem rather than one's 'superiority', but regardless, this implies that competitive behaviour (or at least competitive feelings) are an unavoidable off-shoot of social comparison, which is itself an innate 'drive'. However, the fact that these feelings are inevitable does not make them any more socially acceptable, or any more palatable to experience or address within a group environment. It is perhaps for this reason that overt discussion of 'competition' seems to have been taboo amongst these parents, while nevertheless being alive and well in more implicit forms within their narratives. 'Comparison', meanwhile, serves as a more acceptable, perhaps less threatening, place-holder, as though the two could be easily disentwined.

Elizabeth perfectly captures the dilemma of comparison when she notes that *“nobody likes to compare but everybody always does you know”* (Elizabeth, line 322), and this is a central tension that is arguably at work in any group. However, the nature of the WWW group means that the opportunities for comparison are effectively doubled. For parents such as Elizabeth, the drive is to compare her skills and actions as a parent with the perceived skills and actions of the other parents: *“...I was looking at them to see how they were looking at their kids and seeing if I am looking at my kid the same as they are...”* (Elizabeth, line 611). However, for others, such as Jennifer, the focus of the comparisons are the infants: *“I’ve been quite sad one moment when I saw the girl...like five days...older than her, already was crawling so active...”* (Jennifer, line 545). Practically speaking, this means that these parents are exposed to two separate but equally viable avenues by which they might encounter an unfavourable comparison and suffer consequent injury to their self-esteem or self-concept. Notwithstanding the ‘containing’ nature of the group, this would seem to represent a threat to its therapeutic potential.

For clarity, my position is not that comparison and competition are by definition counter-productive in a therapeutic encounter, but rather that they are potent processes that I feel have not received adequate consideration in either the literature or, more particularly, in the design of this intervention. Given the identification of the importance of containing boundaries, and the pivotal role played by other group members in generating the sense of stability and therefore safety that is necessary for the work of the group to take place, I feel that it would

be appropriate for these factors to be explicitly addressed. I would argue that this is particularly necessary given that the target audience, while not meeting clinical thresholds, may be expected to be experiencing some degree of either anxiety and/or depression, and may therefore have a heightened vulnerability in terms of their self-esteem and self-concept.

### **5.2.3 Power and Knowledge**

It is striking that the theme which emerged with the greatest frequency within this study was ‘uncertainty’. In Chapter 4, I described how this uncertainty fell into three separate categories, and it will be useful to carry on that distinction here.

The categories are:

- uncertainty related to recruitment to the group
- uncertainty related to the aims of the group
- uncertainty related to the methods of the group

For the purposes of this discussion, the first two categories may be thought of as linked, in that it should (theoretically, at least) be the case that the reason for a dyad’s participation in an intervention should be congruent with the outcomes that the intervention aims to achieve. The majority of participants within this study were not able to adequately account for their presence within the group either on the basis of their own need or the group’s aims. This is despite the fact that they were, on the whole, targeted for inclusion. The extent to which this presents an ethical dilemma depends in some respects on the extent to which this programme wishes to position itself as ‘interventive’, ‘therapeutic’ and/or

'targeted'. The original WWW intervention is clearly therapeutic, and participants would not be in any doubt of this. Zilibowitz's (2008) modified approach, on the other hand, aims to 'democratise' access to WWW, and therefore presents itself as a universal provision that would be useful for all parents. The current intervention appears to conform more closely to the original programme. It is interesting, therefore, to note the guidance of the WWW manual (Muir, Lojkasek and Cohen, 1999) on the issue of contracting participation:

*Because the recommendation to accept Watch, Wait, and Wonder as an intervention has to make sense to the parents, it is important to make a link between the intervention being offered and the parents' experience of the problem. This is particularly important if Watch, Wait, and Wonder is being offered since parents often have difficulty understanding how an intervention in which they merely follow their infant's lead and the infant merely plays can be helpful. This involves explaining how an infant-led therapy is a different experience and also involves allowing time for the parents to ask questions and discuss any anxieties they might have. Many parents come seeking direction and advice and they need to understand how an intervention which does not use directions or advice giving can be helpful for them. It is important to note here, that if after the formulation and explanation of how the intervention and the problem relate to each other, parents continue to insist on getting advice and direction, they should be referred for the treatment of their choice. (Muir et al., 1999, p. 53)*

There are several salient points here, but chief among them is the clear emphasis which is placed upon the discussion with parents of how the intervention relates to the formulation of the 'problem'. A key corollary of this discussion having taken place is that parents are then empowered to make an informed choice about whether or not to participate. From the accounts of participants within this study, it does not appear that they were party to such discussions, or that they were even aware that they had been judged as experiencing 'relational difficulties'. The extent of their subsequent uncertainty is therefore both understandable and predictable within that context. As Sally very reasonably points out, *"...not totally understanding what the group was about beforehand... it was hard to kind of make appropriate goals"* (Sally, line 109). Rance (2005) relates how mothers who were referred to her for treatment via WWW expressed a mixture of feelings including failure and guilt. Clearly these are powerful emotions, which are difficult to deal with. A certain degree of opacity when discussing parents' participation in interventions may be seen as a means of helping parents without opening them up to such emotions. However, beyond the questionable ethics, I feel that an approach that doesn't fully engage participants in the resolution of their own difficulties is unlikely to yield adequate results.

A further consequence of the omission of such discussions with parents is that the group is predicated on a knowledge differential, and consequently a power differential. The facilitators are (consciously or otherwise) withholding information from the group's participants. This forces them to occupy a difficult position, as they try to present themselves in a 'non expert' role and yet hold privileged

knowledge. Some sense of this seems to have been perceived by participants in this study, several of whom communicated an impression that the facilitators occupied a privileged viewpoint, as *“two people who were kind of...professional”, who “...would notice something that I didn’t notice.”* (Jennifer, line 488; Sally, line 389).

Of course, this impression may also have been a function of how the facilitators were positioned by participants. This links the third category of uncertainty expressed by participants: uncertainty related to the methods of the group. This has also been addressed by Muir, Lojkasek and Cohen’s (1999) manual, which notes that:

*In all therapeutic encounters, there is considerable anxiety experienced by both patient/client and therapist relating to the newness of the situation, and the uncertainty about how the process will unfold. This applies to any psychotherapeutic approach with mothers and infants, but even more so with respect to Watch, Wait, and Wonder. (p.79)*

Muir, Lojkasek and Cohen go on to explain how WWW’s instructions to follow the child’s lead upset the interactional and relational equilibrium between parent and child, which can generate significant anxiety, and may be difficult for the parent to bear on their own. Jane’s account, in particular, provides several examples of moments where she looks to a ‘leader’ for reassurance. For example:

*...I think the good part was (...) just to know, hear a kind of an expert or somebody you know who kind of looks at the way you’re interacting and I think from that I*



*gained confidence because she would say you know “you’re clearly very in tune with each other”, you know? (Jane, line 146)*

Jane’s desire to be told that she was doing ‘a good job’ is echoed to greater or lesser extents by other participants, particularly when describing the early stages of the group, when it appears that their anxiety proved especially difficult to tolerate. In contrast to the uncertainty experienced around recruitment and aims, the anxiety and uncertainty evoked by the WWW procedure is part of the therapeutic process itself. Where it may begin to impact on the function of the facilitator is in the transference. ‘Transference’ relates to the tendency to respond to new relationships according to patterns from the past, ‘transferring’ feelings and attitudes developed in earlier similar experiences (Bateman, Brown, & Pedder, 2010). A parent in a WWW group, for example, may expect the facilitator to conform to her past experience of group facilitators, who may have taken a more didactic, instructive role. This transference may be consciously or, more frequently, unconsciously perceived by the facilitator, and may influence the way in which they take up their role. In this example, the ‘counter-transference’ would refer to the facilitator’s feelings towards the parent which have resulted from the transference. Just as a parent may find it difficult not to intrude in her child’s play during a WWW session, the facilitator, through the counter-transference, may find it difficult not to intrude on the parent by commenting when they fail to follow their infant’s lead. In French’s (2011) adaptation of the WWW approach, the author describes how:

*...we have found that at the beginning of the group the mother's (sic) struggle to notice anything at all about their infants, and therefore need help to articulate their feelings. (p.77)*

It is possible that this may be an example of the counter-transference at work, where the therapist has begun to feel some of the anxiety which was being experienced by the parents, and has been unable or unwilling to tolerate it. Muir et al. (1999) also caution that:

*the therapist can feel helpless, useless, or impotent watching the mother and infant without recourse to intervening or giving advice (p.89)*

If the therapist or facilitator can tolerate these feelings, they can gain valuable insight into the parents' experience, which in this case is likely to be a parallel feeling of impotence because of their passive role in the WWW process. If the facilitator cannot tolerate these feelings, then they may succumb to the desire to act, to intervene, to give advice, thereby depriving themselves of information and depriving the parents of an opportunity to develop their own sense of competence rather than relying on 'expert' knowledge (Tucker, 2006). Making use of the transference and countertransference is a therapeutic skill, and one which ideally requires the support of clinical supervision. As such, it is clearly outside the scope of the skillset required to run a typical Children's Centre group. However, it is undoubtedly an important factor in determining the quality and overall effectiveness of the intervention. More consideration therefore needs to be given to its role within the current group adaptation of the WWW approach, including

the impact of co-facilitating the group with a non-clinically trained member of the children's centre staff.

#### **5.2.4 Ghosts in the Group**

The quality and character of the caregiving that parents receive as children may affect their ability to tune in to their babies' and toddlers' needs, to soothe them when they are distressed, and to know what to do to keep them physically and psychologically safe (Gowen & Nebrig, 2002). This is particularly true of parents who were themselves abused or neglected, and who may consequently develop maladaptive coping strategies to prevent themselves from re-experiencing painful childhood feelings evoked by their own children. Selma Fraiberg and her colleagues (Fraiberg, Adelson, & Shapiro, 1975) called these lingering effects from the parent's past "the ghosts in the nursery". While Fraiberg's account focussed on the particularly damaging impact of early-life abuse and neglect on adults' ability to parent, I use the term within this study to refer in a broader sense to the impact of past experiences on current parenting.

In the current study, three participants made reference to the impact of past experiences on parenting. Notably, the same three participants related examples of how their own parenting styles were somewhat intrusive. Other participants demonstrated feelings of inadequacy around their own ability to parent which, it might be argued, are also likely to have their roots in their own experiences of being parented. Elizabeth's account is particularly striking, as she demonstrates a high level of self-awareness around the influences on her parenting style. She recounts how she was motivated to keep her son perpetually busy, even at a

young age, by her memories of how she “...used to spend a lot of my childhood alone pretty much” (Elizabeth, line 502). This, in addition to other factors, has led to some quite intrusive parenting, where she habitually selects toys for him to play with rather than allowing him to choose. Susan, meanwhile, is traumatised by an encounter some years back between her toddler and another child, where her child was ‘strangled’. In her relationship with her current infant, the anxiety from this incident, still very much alive, has resulted in a fear that her daughter might somehow manifest as both perpetrator and victim of violence. In the case of both Elizabeth and Susan, it would seem that faulty parental attributions are implicated.

‘Parental attributions’ refers to the way in which parents perceive their children and their children’s actions (Gowen & Nebrig, 2002). Healthy parental attributions may reflect parental self-esteem and pleasure in the child’s positive characteristics, while unhealthy attributions reflect the parent’s fear, anger or other suppressed parts of themselves (Gowen & Nebrig, 2002). These attributions influence which of their infant’s behaviours they become attuned to, and which behaviours are ignored or misinterpreted. Over time, these attributions, positive or negative, may be internalised by the child and become an integral part of the child’s sense of self (Lieberman, 1999), in what may be likened to a self-fulfilling prophecy.

The WWW model, as described in Chapter 1, seeks to realign parents’ internal working models of their children by obliging them to observe and closely attend to all of their child’s actions, without imposing their own agendas. The ‘potential space’ (D.W. Winnicott, 1965) which is created between parent and child allows

the child to assert their own sense of self, and allows their parent to develop a better appreciation of their infant's internal world. Susan and Elizabeth's experiences of this process appear to have been positive ones. Susan, in particular, appears to have overcome quite powerful impulses in order to allow her daughter an appropriate level of independence:

*"I still pulled her back out of some situations, but then at the end of it I started letting her go and getting on with what she wanted to do at the end. (Susan, line 361)*

Elizabeth, meanwhile, appears to have been able to separate her own childhood experiences from those of her son:

*"...if I see that he is content I am more than happy now to just sit back and let him get on with it whereas sometimes I feel, before, before I came to the watching and wondering I felt guilty if I wasn't playing with him." (Elizabeth, line 478)*

However, it is notable that, despite the progress which she has made in becoming aware of and reducing her intrusiveness, some aspects have persisted:

*"...even now sometimes I get out the toys that I want him to play with. I think 'right you don't want those messy ones [Laughter]... , I will give you what I want to give you' and even today I do that still. (Elizabeth, line 218).*

It is possible that Elizabeth represents somewhat of an 'edge case' for the current implementation of the WWW group. That is, it is possible that the relational difficulties which she has described, and the factors which maintain them, may be at the upper limit of what it is possible to address using this particular intervention

in this particular format. However, if that is indeed the case, it severely limits the utility of the group, as Elizabeth possesses both an awareness of her difficulty and the will to address it, something which is unlikely to be true of most potential participants. One limiting factor which was raised by several participants was the perceived brevity of the programme, as they felt that they were just adapting to the model by the time the six sessions had taken place. This is a key differentiator between this format and the original, individual therapy model, which persisted for as long as necessary until the relational difficulties were addressed. By comparison, the group format finishes after six sessions, regardless of the relative progress of individual dyads. This factor somewhat hampers the programme's ability to provide a truly responsive intervention, and limits its therapeutic applications. For some participants, there may also be a risk that the intervention could 'stir up' or activate painful memories, thoughts or emotions which would then be left uncontained following the end of the programme. I believe that the process of taking part in this research project may have served a useful 'debriefing' function for some of these parents, as it provided them with access to another containing space (albeit fleetingly), in which they could think about the totality of their experience of the WWW programme, perhaps for the first time. For this reason, I feel that follow-up home visits are a necessary addition to the intervention, both as a venue for the individual participant to consider their experience, and for the facilitators to work with them in order to identify some next steps, including onward referral to further services or support where necessary.

### 5.2.5 Evolving Relationships

As mentioned in the previous section, not all the parents who I spoke to made reference to the impact of past events on their parenting, but every participant was clear that the group had helped them in the process of 'letting go', i.e., in supporting and encouraging their child's burgeoning independence. As might be expected, this process looked different for each dyad, as individual parents attempted to find ways to manage this new physical or emotional space. And in this space, parents spoke about seeing their child in a new light, and with a new curiosity.

However, it could be observed that, with the exception of Jane's son, who was younger than the other children involved in this study and whose achievement was therefore slightly different, the process of 'letting go' represents a developmentally appropriate milestone for these dyads, which they may reasonably be expected to have arrived at by themselves without therapeutic intervention, albeit possibly with some additional delay. This once again raises a question around the exact identity and remit of this group. Is it following Zilibowitz's (2010) model of being a universal provision which supports general development and is of benefit to all? Or is it an ambitious enlargement of the targeted, therapeutic intervention described by Muir, Lojkasek and Cohen (1999) which seeks to address specific relational difficulties? In ambition it appears to strive for the latter, but on the strength of the experiences and outcomes recorded in this study, it seems to bear more resemblance to the former. My own view is that it could still align more fully to either model with good effect. The

‘evolving relationships’ described by the participants in this study demonstrate that the WWW intervention has a valid and valuable contribution to make in helping a general population of parents to navigate their child’s early development while learning to become more attuned to the influence of their own thoughts and feelings. The value to be wrought from such an approach is illustrated by the following quote from Sally:

*Going to the group has made me just look at him differently anyway, and think, ‘Oh, what does that mean when he’s doing that?’...so it’s just made me think differently really, and maybe take that time a bit more to just sit and watch him, not so busy doing everything else. Because I think without going to the group, maybe I wouldn’t, I wouldn’t have done that. (Sally, lines 259-265)*

However, there are also indications that this intervention could be harnessed to greater effect in order to provide specific therapeutic benefit. The progress made by both Elizabeth and Susan in acknowledging the impact of prior experiences on their approach to parenting, and in consciously working to prevent this intrusion, exemplifies the potential inherent in the approach, even if it has not been fully realised here. The possible therapeutic effects may be partially illustrated by this quote from Elizabeth:

*...sometimes I think maybe I am guiding him to be who I want him to be rather than him being him and doing what he wants to do and who he wants to be. (Elizabeth, line 225)*



Although this realisation is unlikely to represent the end of Elizabeth's therapeutic journey, it does signify a level of emotional honesty, reflectiveness and self-awareness that is not typically fostered by Children's Centre 'stay and play' groups. And therein lies the potential: therapeutic space and thought could be made truly accessible in a manner that contributes meaningfully to the Early Intervention agenda.

### **5.3 Implications for Stakeholders**

#### **5.3.1 Children's Centres, Therapeutic Teams, and other Service Providers**

The difficulties described in this study appear to originate in a lack of clarity in the model which is being delivered. The most important components that need to be addressed are the related issues of targeting and recruitment. If it is decided to deliver a universally accessible intervention, then targeting is no longer required. However, when recruiting prospective members, it would still be advisable to carry out home-visits, so that the differences between WWW and a typical children's centre group (in both methods and aims) can be appropriately explored.

However, if the desire is in fact for a targeted, therapeutic intervention, then considerably more care will need to be taken in all stages of its delivery. Providers will need to establish far clearer targeting criteria, and any recruitment process will need to have sufficient transparency to enable parents to make an informed decision about their involvement. The recommendations regarding contracting which were set out in the original WWW manual by Muir, Lojkasek and Cohen

(1999), and which were quoted in section 5.2.3 of this work, should form the foundation of this process.

In either eventuality, particular thought will need to be given to the issues raised by this study, including factors such as comparison, competition, and power dynamics within the group. Greater clarity would also be welcome regarding the respective roles of the two facilitators, and sufficient training and supervision should be provided to enable them to provide the intervention effectively, including the maintenance of an appropriately containing space.

### **5.3.2 Children's Centre Commissioners, and other Commissioners of Services**

The WWW intervention is a novel collaboration between Children's Centres and a multi-agency therapeutic team. The results of this study suggest that the pilot project has the potential to affordably increase access to therapeutic provision at Tier 2, if certain issues are successfully addressed.

However, this study identified several ethical concerns in relation to the manner in which participants in the WWW intervention were targeted and recruited.

Commissioners will need to maintain sufficient oversight, particularly in the development and piloting of new initiatives, to ensure that appropriate standards of practice are developed and adhered to.

### **5.3.3 Educational Psychologists**

Recently, the profession of Educational Psychology has been greatly occupied by the implementation of the SEND reforms, with a particular focus on work with young people 16 years and older. However, our responsibilities start from birth,

and so it is increasingly important to develop connections to the full array of research and practice relating to infant mental health. The focus of infant mental health is on the optimal social and emotional development of infants and toddlers within the context of secure, stable relationships with caregivers (C.H. Zeanah & Zeanah, 2001). This focus is absolutely congruent with the aims of our profession, and with the policy which drives it. The WWW intervention which is the focus of this research represents an innovative attempt to increase access to parent-infant mental health provision while working within the constraints of the current funding landscape. I have noted several implications and possibilities for EP practice while carrying out this study:

- This group places significant demands on its facilitators, who must contain the anxieties of its members in order to be successful. Utilising the transference and countertransference also requires considerable skill and effort, and is greatly facilitated by the availability of regular supervision. EPs possess both the therapeutic skill and contextual knowledge required to deliver such a service, either to individuals, pairs of co-facilitators, or as group supervision to an area-team.
- EPs are well placed to deliver training to children's centre staff who wish to add to their therapeutic offer. Interventions such as WWW give access to psychotherapeutic concepts that may not otherwise be available or palatable within a children's centre setting, thereby increasing the range of understandings that staff can draw on in their work with families. EPs could build on this work by providing targeted training on other attachment-based interventions.

- In addition to the delivery of WWW and similar existing groups, EPs should explore collaborations with children's centres in their locality in order to design interventions that meet the needs of their specific community. In doing so, they would be able to leverage their understanding of factors such as group dynamics and containment in order to assist children's centres in providing safe spaces for vulnerable children and families.
- At the time of writing, the government has just announced the transfer of public health services from the NHS to local government. The '0-5 Healthy Child Programme' now falls under the remit of local government, and encompasses both health visiting services and Family Nurse Partnership services. This represents a further move towards the integration of health, education and social care, and should assist in both the early identification of difficulties and in timely referral to other services. It is being presented by the Local Government Association as "a unique opportunity to change the focus from treating sickness to actively promoting wellbeing" (Local Government Association, 2015). Once again, this aim can be recognised as compatible with our own. As EPs continue to develop and diversify our work in children's centres, we should remain alert to opportunities to build upon and utilise links with our health colleagues. This is particularly important in the early years, where the links between perinatal physical and mental health are so entwined, for parents as well as infants.

## **5.4 Limitations and Future Research**

### **5.4.1 Limitations**

- As a small-scale qualitative research project, the primary limitation of this study concerns the transferability of its findings. This study is intended as an initial qualitative evaluation which could possibly be used to inform the direction of future research into the area.
- The constrained nature of the recruitment process also generated some limitations. Chief among these is the fact that participants were self-selected, and may therefore represent a sampling bias. The study might also have benefitted from the inclusion of 1-2 additional participants, but this did not prove possible given the small population of potential participants, and the impossibility of direct contact with them.
- A further limitation relates to my dual position as researcher and member of the Local Authority. Although I attempted to distance myself from my role as LA employee when conducting interviews, I was conscious that participants may have difficulty in acknowledging this separation, and may continue to view me as a colleague of the group facilitators. It is possible that this contributed in some form to the presence of a social desirability bias in some cases.

### **5.4.2 Future Research**

This study represents an initial investigation into an under-researched area, and there is therefore significant scope for future research. As this is the first study of

its kind, a simple replication would be an appropriate place to start, as the resultant comparison would be likely to yield sufficient points of convergence and divergence to guide the direction of further research.

In designing this study, I did not consider the use of a case-study approach. In part, this was due to my feeling that the existing studies in this area which had utilised this approach had been less than effective (see chapter 2). However, I now have a greater appreciation of both the flexibility and power which is inherent in the case-study approach, and I believe that such a design has the potential to make a valuable contribution to our understanding of the processes involved in WWW and similar interventions.

One of my motivations for undertaking this study was the absence of parents' voices in the existing body of literature, as all previous studies had been carried out from the point of view of therapist or facilitator. However, while analysing the data from the current study, it occurred to me that it might be particularly informative to read participants' experiences in parallel to an account of the facilitator's experience. As the work of the group is in many respects dependent on participants' relationship with and feelings towards the facilitator, I feel that such a design would allow for a more complete understanding of the complex processes and dynamics at work within the group.

Finally, I believe that there are similar opportunities to explore the experience of parents who have participated in other forms of parent-infant psychotherapy, including more traditional dyadic forms. As referred to in Chapter 2, Cohen et al. (2002) have acknowledged the need to investigate the characteristics of mothers

and infants who are more likely to make gains in one form of treatment versus another. Further qualitative studies of the experiences of parents would add useful depth to the quantitative research required to answer such a question.

## **5.5 Dissemination of Findings**

I will disseminate the findings of the research to each of the five participants via email and using accessible language. In doing so, I will once again be mindful of the double hermeneutic which is integral to this process: I will be presenting my own interpretation of the participant's lived experience, which may not resonate with all participants in the same way. Consequently, part of the dissemination process will include an explanation of this process, and access to the audit trail where necessary.

In addition, the research will be shared with colleagues within the CAMHS and EPS service where the research took place. As I no longer work for this service, it will not be possible for me to present my research in person, but I will provide a written summary.

## **5.6 Reflections**

As I acknowledged earlier, I was drawn to this particular topic by virtue of the position which it occupies at the confluence of two of my areas of interest: systemic and psychoanalytic thought, and early years' provision. It would be foolish for me to suggest that this interest did not then have any subsequent influence on the research process, despite my best efforts to 'bracket off' my previous experience so as to allow myself to come to each stage with 'fresh eyes'.

Also impossible to ignore was the context within which this work has been carried out. I undertook this research project as a trainee psychologist while on a placement within an LA Educational Psychology Service. As much of the work was to be carried out within my placement time, a delicate process of negotiation was necessary in order to contract a piece of research that satisfied not only my own requirements and interests, but that also aligned with the service's own aims. As originally contracted, this research project was a mixed methods evaluation of the WWW intervention, combining participant interviews with a quantitative analysis of the pre and post measures which were to be collected by the groups' facilitators. A combination of factors made this initially undesirable and ultimately unfeasible. As the first cohorts had already begun at the time of my initial involvement, it was not possible for me to influence the choice of measures which were being used to collect the data, and I had some concerns related to the appropriateness of the measures which had been chosen. I would also have been dependent on the facilitators of each group to collect the data from each member of their cohort, and to pass it on to me. However, the factor which finally precluded a quantitative analysis was simply that the low number of participants in the intervention (24 dyads attended four or more sessions) made a meaningful statistical analysis impossible.

In the absence of quantitative data, I doubted the capacity of my research to continue to be evaluative. I therefore reshaped it as an exploratory study, which would use parents' voices to explore what it felt like to take part in this intervention. However, during the analysis and subsequent write-up, I came to



both understand the evaluative possibilities inherent in qualitative approaches, and also to realise that the voices of these parents had something extremely valuable to contribute to our understanding of the efficacy of this intervention. I therefore decided to re-embrace the evaluative nature of the study.

Unfortunately, my interest in this topic and my enthusiasm for its methodology did not inoculate me from the difficulties involved in carrying out a project of this scale. I maintained a research diary throughout the majority of this process, and its entries record the frustrations which became part of my regular experience. Some were logistical – participant recruitment proved particularly difficult – but most were academic, as I struggled to cope with the particular demands of each stage of the study while also attempting to develop the project management skills required to maintain the pace of progress over a period of a year and a half. There was something about the scale of the task which engendered an academic paralysis in me that was frequently extremely challenging to overcome. I found the analysis to be a welcome relief from this frustration, consisting of enough structure to be containing and yet with ample scope for the application of creativity and a particularly satisfying form of pattern recognition and problem solving. The subsequent write-up of the results section followed almost effortlessly, in contrast to virtually every other component of this work.

Now that I come to look back on the research process from this long sought-after vantage point, I can acknowledge the benefits which I have reaped from it. In addition to what I have been privileged to learn about my participants' experiences, I have also developed some abilities as a psychological researcher,

abilities which by necessity have encompassed some practical as well as academic skills. I have also enjoyed the opportunity to learn about and apply IPA, and I am grateful for the chance to have experienced the value of gaining the 'voice' of participants in the study. Importantly, I also feel that the experience as a whole, difficult as it has been, has provided me with some additional insight into my own particular set of limitations and resiliencies. I feel that this information will be hugely valuable as I continue to develop my practice as a psychologist.

## 6 Conclusion

This study aimed to explore the experience of participants within a parent-infant psychotherapy programme, a group of people whose voice has otherwise been absent from the literature. By using an exploratory qualitative approach, this research has been able to learn in detail about their experiences within the programme. IPA was chosen as a method because of its phenomenological commitment to understanding the individual, lived experience.

The findings were organised into five superordinate themes:

1. Making Sense of the Group
2. The Role of Others
3. Power and Knowledge
4. Ghosts in the Group
5. Evolving Relationships

The first theme captured the participants' evolving understanding of the group, including their initial scepticism and developing understanding of the WWW programme itself, and their efforts to engage with and make sense of the processes and dynamics which underpinned their experiences within it. It notes the importance which various 'boundaries' assumed for each member, and analyses the differing understandings of the group's task which existed among participants.

The second theme examined the role played by other participants in each individual's experience of the group. Participants were unanimous in their opinion that other parents acted as a source of support, but expressed a wide variety of opinions regarding the appropriateness of comparison and competition within the group. These dynamics appeared to be quite active within the group, if not always acknowledged.

The third theme was concerned with power dynamics within the group. It related to the extent to which participants felt in control of their own experiences, and to their perception of and reaction to power dynamics within the group. Uncertainty was a major component of participants' experiences, and this related to three main aspects of their experience: their recruitment, the aims of the group, and the methods of the group. The facilitator was seen by participants to be an expert, a professional, who had access to a privileged viewpoint that was unavailable to participants.

The fourth theme relates to feelings of intrusion that permeated several participants' interactions with their children. The impact of past experiences on current behaviour was considered, and linked to this intrusive style of interaction. All participants voiced a feeling of inadequacy, or of anxiety about their ability to parent. An image of parenthood emerged as being fraught with opportunities for mistakes, where the sense of self is bound up in the developmental process of the child.

The fifth theme relates to the participants' appraisal of the group's impact. A common developmental goal emerged despite the variance in participants' earlier

experiences. All dyads ultimately could be said to have accomplished a similar task: the creation of additional psychological and/or physical space between the parent and child, and a consequent increase in freedom for the child to explore their own agenda and express their own preferences. In addition, several participants reported more general changes in perspective and outlook.

The discussion chapter examined each of these themes in turn, making links to the previously reviewed literature and other relevant research. The evolving nature of participants' experience and understanding of the intervention was discussed, as well as the presence of comparison and competition with the group. Issues of power and knowledge were considered in greater depth, and the sources of the uncertainty which characterised participants' experiences was analysed. The impact of past experiences on current parenting was explored, with reference to one of the mechanisms which may be responsible for perpetuating it. The positive outcomes experienced by participants are discussed, and a distinction is drawn between outcomes that would be appropriate for a universal provision, and outcomes that might be possible with a targeted, therapeutic intervention.

Significant uncertainty remains regarding the intervention's desired identity however, as the current iteration appeared to have struggled to find its place on the continuum between universal and targeted provision. Recommendations are made to service providers and commissioners regarding further clarity in this area. Finally, it is suggested that EPs might fruitfully seek to expand the range of services which they currently offer to children's centres and related settings.

**Word count = 35,584**

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## **Appendices**

### **Appendix A: Letter of Ethical Approval**

Quality Assurance & Enhancement  
Directorate of Education & Training  
Tavistock Centre  
120 Belsize Lane  
London  
NW3 5BA

Tel: 020 8938 2548  
Fax: 020 7447 3837  
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port.org](http://www.tavi-port.org)

24.03.14

Justin O'Hanlon

[REDACTED]  
[REDACTED]  
[REDACTED]

**Re: Research Ethics Application**

**Title: *An exploration of parents' experiences in 'Watch, Wait and Wonder' parent-infant psychotherapy groups.***

I am pleased to inform you that the Trust Research Ethics Committee has formally approved your application.

If you have any further questions or require any clarification do not hesitate to contact me.

May I take this opportunity of wishing you every success with your research.

Yours sincerely



Louis Taussig

Secretary to the Trust Research Ethics Committee



## **Appendix B: Information Sheet**

Justin O'Hanlon  
Educational Psychologist in Training  
Tavistock Centre  
120 Belsize Lane  
London NW3 5BA

[jo'hanlon@tavi-port.nhs.uk](mailto:jo'hanlon@tavi-port.nhs.uk)

Tel: 020 7435 7111

Fax: 020 7447 3837

Web: [www.tavistockandportman.nhs.uk](http://www.tavistockandportman.nhs.uk)

November 2014

**Parents' Experiences of the 'Watch, Wait and Wonder' Parent-Infant program.**

Dear Parents / Carers,

I am an Educational Psychologist in Training at the Tavistock and Portman NHS Trust and the University of Essex, and I would like to inform you about my research project, in which you may be interested in participating.

I am writing to you because of your involvement in the 'Watch, Wait and Wonder' programme. You will be aware that 'Watch, Wait and Wonder' is currently being run as a pilot in [REDACTED]. An important part of piloting a new program is seeking to investigate how effective it is in achieving its aims. In this way, service providers can ensure that they are effectively meeting the needs of their community.

My research project seeks to evaluate the 'Watch, Wait and Wonder' programme by investigating the impact that it has on its participants, and by exploring people's experiences of taking part in this programme. It will consist of in-depth interviews with some of the parents who have completed the programme in Enfield this year.

If you choose to take part in this research, but change your mind later, you may withdraw from the research without further explanation. The decisions which you make about your participation in this research will not affect your access to any services in any way.

Before deciding about your involvement, please note the following important points:

- The research has received formal approval from The Tavistock and Portman Trust Research Ethics Committee.
- Involvement in the project is voluntary.
- You are free to withdraw yourself and your data at any time.
- Your data will be anonymised and will be managed in accordance with the Data Protection Act (1998) and retained in accordance with the University's Data Protection Policy.
- The confidentiality of data will be protected, subject to legal limitations. In addition, information may be disclosed if the researcher believes that there is a threat of imminent harm to yourself or to others.

- If you choose to participate in an interview, it will be audio-recorded. The recording will be stored securely, and will be destroyed once an anonymised transcript has been produced.
- If at any time you have concerns about the study, or about myself as a researcher, you can contact Louis Taussig, the Trust Quality Assurance Officer [ltaussig@tavi-port.nhs.uk](mailto:ltaussig@tavi-port.nhs.uk).

If you would like to know more, or if you would like to participate in this research, please contact me by email me on: [jo'hanlon@tavi-port.nhs.uk](mailto:jo'hanlon@tavi-port.nhs.uk), or by telephone on [REDACTED]  
[REDACTED]

Best wishes,

A handwritten signature in black ink, appearing to read 'Justin O'Hanlon', with a long horizontal flourish extending to the right.

Justin O'Hanlon  
Educational Psychologist in Training

## **Appendix C: Consent Form**

Justin O'Hanlon  
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## CONSENT FORM

---

Title of Project: **Parents' Experiences of the 'Watch, Wait and Wonder' Parent-Infant program.**

Name of Researcher: **Justin O'Hanlon**

Please initial all boxes

- |   |                          |
|---|--------------------------|
| 1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.   | <input type="checkbox"/> |
| 2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. I understand that my withdrawal will not impact on my access to any services.  | <input type="checkbox"/> |
| 3. I understand that the study is for the purpose of research and not for intervention.   | <input type="checkbox"/> |
| 4. I understand that my data will be anonymised and that the researcher will comply fully with Data Protection Legislation.   | <input type="checkbox"/> |
| 5. I understand that the result of this research will form part of a doctoral thesis, and may be submitted for publication to a peer-reviewed journal. General findings will also be presented to the Local Authority. No identifiable information will be included, but anonymised quotations may be used. | <input type="checkbox"/> |
| 6. I agree to take part in the above study.   | <input type="checkbox"/> |
| 7. I am willing to be contacted by the researcher in order to discuss participation in an interview. If I choose to participate in an interview, I understand that it will initially be audio-recorded, and then transcribed.   | <input type="checkbox"/> |

---

Name of Participant

---

Date

---

Signature

---

Name of Person  
taking consent.

---

Date

---

Signature

## **Appendix D: Interview Schedule**

## Parents' Experience of the 'Baby Watching and Wondering' Parent-Infant Psychotherapy Group

### Interview Schedule

1. Please tell me about your situation before you heard about the Baby Watching and Wondering group? *(Prompts: Had you attended other groups?)*
2. How did you hear about the group?
3. Why did you decide to join this group?
3. What did you expect the group to be like?  
*(Prompt: What was the source of those expectations?)*
4. To what extent were those expectations met?
5. What was your experience of the group over the course of the six sessions?
6. Please tell me about a moment from the group / an experience in the group that you particularly remember.  
*(Prompts: Why do you think this experience was so memorable? Were there other moments like this?)*
7. Could you tell me about what you found most challenging in the group?
8. Could you tell me about what you found most enjoyable in the group?
5. How did the presence of other parents and children affect your experience of the group?
6. Tell me about the relationships between parents?
7. What role did the facilitators play in your experience of the group?
6. Do you feel that the group has had any effect on your relationship with your child?  
*(Prompt: Could you describe this effect for me please? or Why do you feel that it has not had an effect?)*
7. Please tell me about an interaction that you've had with your child recently that has been influenced by your experiences in the group?

## **Appendix E: Example of an Analysed Interview**



## Participant 4

descriptive = normal text

linguistic = green

conceptual = red

Line No	Emergent Themes	Original Transcript	Exploratory Comments: Descriptive	Exploratory Comments: Linguistic and Conceptual
1	Fear of inadequacy 8	<i>Ok, so first of all just tell me sort of what was going on for you before the group, before you heard about the group?</i>		<p>Feeling pressure to provide him with “all those different kinds of different experiences?”</p> <p>Intense experience?</p>
2		Before the group I wasn’t working part-time so I literally spent		
3		seven days a week with Billy erm, which gave me a lot of time		
4		just to sort of hang out with him you know.		
5		<i>Mmm hmm.</i>		
6		And just to get him up and try and walk and try and feed him		
7		and have all those different kinds of different experiences with		
8		him you know so it was just me and him pretty much every		
9		single day. Yeah.		
10		<i>Were you going to other groups?</i>		
11	Interaction as the purpose of group 15	No just the under-one group. That was once a week yeah.	Kids under one don’t interact, so groups are ‘pointless’ for them. Still serve a function for parents though.	
12		<i>Ok</i>		
13		That was ok. It was other kids their age but thing is when they		
14		are under one they don’t really do anything so that group was		
15		sort of pointless, not pointless because I got out to meet parents		
16				

## Participant 4

17		and things like that but kids don't interact at that age.		
18		<i>So you didn't feel that Billy was getting very far?</i>		
19		No. No. I was getting more out of it. But it helped me.		
20	Other parents as a source of support. 21	<i>That's important too.</i>	Groups can be helpful.	
21		Because I got to speak to other parents and listen to them moan		
22		and I could moan to them. [Laughter]		Democratic – everyone played each role.
23		<i>Kind of an outlet for you?</i>		
24		Yeah.		
25		<i>Yeah</i>		
26		Yeah. That's, that's what I enjoyed most out of it you know.	Interaction with other parents was the best part of the under-1's group.	
27		<i>Good. And then how did you hear about the watching and wondering group?</i>		
28				
29		Erm, Jo asked me if I would be interested in it and I saw it was		
30		a new group so I thought I would try it out.		
31		<i>So that was because you were going to the under ones group.</i>		
32		<i>And did she give you any indication of why you were asked or</i>		
33		<i>was everyone in that group asked or?</i>		
34		Erm, I think there were a few people that were asked that were		
35		in the group that I came to, but a few of them had other kids as	A limited number of people were asked to join the group.	Was she given any information as to why she was asked to join?
36	Exclusivity 37 Lack of clarity about recruitment 37	well that were older so they were only available for that under		

## Participant 4

37		one's group so it was a limited amount of people that were		
38		available I think. Yeah.		
39		<i>Yeah. Ok. Erm, so why did you decide to join the group then</i>		
40	Low expectations 41	<i>when you were asked?</i>		
41		I thought it was something different. Gets me out of the house,		
42		gives him something to do, something different, yeah.		
43		<i>Good. Erm, did you have any expectations about what the</i>		
44	Lack of clarity about aims 45	<i>group was going to be like?</i>		
45	Lack of clarity about methods 45	No. I had no idea.		
46		<i>Not at all?</i>		
47		[Laughter]		
48		<i>Did you have a home-visit?</i>		
49		No, I came in here and sort of had it here, yeah.		
50		<i>And so after that meeting did you have any expectations from</i>		
51		<i>the group at that point?</i>		
52		I didn't have any, I just wanted to sort of get in there and see	Eager to get started.	
53		what happened basically.		
54		<i>Right.</i>		
55		You know.		
56	Influence of past experiences 57	<i>So how, how...</i>	P4 has been taught by past experiences that it is better not	

'Different' as something that is very desirable.  
Dual benefits – to parent and to child.

Does this influence her approach to parenting?

## Participant 4

57		If I normally try to think about what something is going to be	to have any expectations,	
58		like and it's not how I imagined it, I get disappointed, so I don't	because then you cannot be	
59		do that. Yeah I get disappointed. If it's not how I expect it to	disappointed when they are not	
60		be, I get a bit gutted [Laughter] so you know even we were	met.	
61		going to go to the.., petting zoo tomorrow morning and I		
62		haven't got to start work till two so I am going to go in the		
63		morning and I don't even want to think about how it is going to		
64		be with the animals because I don't want to be disappointed.		
65		<b><i>Let down?</i></b>		
66		Yeah.		
67		<b><i>Have you had that experience before then?</i></b>		
68		Getting disappointed?		
69		<b><i>Yeah.</i></b>	P4 has experienced lots of	
70		All my life, [Laughter] all my life.	disappointments in her life.	
71		<b><i>Ok, let's move on to think about what your experiences of the</i></b>		
72		<b><i>group itself was. It was six sessions?</i></b>		
73		I came to four.		
74		<b><i>Alright.</i></b>	Attended 4 out of 6 sessions.	
75		Yeah.		
76		<b><i>So how did things change or evolve over the six weeks or how</i></b>		
	Resistance to acknowledging			Which ones? And why not the others?

## Participant 4

77	change 78	<i>did your experiences change?</i>	P4 doesn't think things changed, but goes on to give an example of how her child has changed his approach to play.	Unwilling to admit to change? Or unaware of it?
78		Erm, I don't think things changed. I just think the only thing I		
79		really noticed was Billy changing how he looked at things		
80		differently erm, what sort of toy he'd go for first, what sort of		
81		toy interested him or whether it was a noisy toy, the rattley toys		
82		you know? That's the only thing I saw, saw that changed really.		
83		<i>And what was that progression? What did he move towards?</i>		
84		I noticed that erm, anything that moved he liked more and		
85		more. So if it was a teddy bear, he wasn't interested. If he could	Child beginning to develop clear preferences, and exert his own agency.	This is an important observation that she's made.
86		spin it, rotate it, move it along the floor, he wanted that you		
87		know? And every time I came I noticed that it was mainly		
88		those toys that he was going to even if I put the other ones in	He was interested in dynamic, active toys.	Billy is very capable of communicating his preferences via his actions, and P4 is very capable of 'receiving' these communications.
89	The child as an individual 91	front of him he would go to those ones that were further away.		
90		<i>He was showing you his preferences very clearly?</i>		
91		Yeah. Even at that very young age he knew what he wanted.		
92		<i>So what did you think about the first session and the first time</i>		
93	Scepticism 94	<i>you did the actual watching and wondering?</i>		He knew what he wanted" Very clear recognition of the child's independent drives and interests, separate from that of his parents.
94		I will be honest with you. The first session I was like "mmm		
95		it's a bit weird" because you start, you watch there was no		"I'll be honest with you" – power dynamic within the interview?
96		interaction erm, and I think maybe weird is the wrong word... I	P4 found the group to be a bit weird at first, because of the	

## Participant 4

97	Lack of clarity about methods 99	just found it odd initially erm, and when I came home to talk to	lack of interaction.	"A bit weird"& "Odd". This group was something out of the ordinary.
98		my partner about it he said to me, "So what did you do at the		
99		group?" And I said to him, "Well we stayed and just watched		
100		the kids for a bit and saw what they were doing and everything		
101		like that." And he goes to me "What in silence?" And I said to	P4 doesn't feel that she understands the reasoning behind the group's structure.	Previously she stated that interaction was the best thing about groups, so this is perhaps unsurprising. Except that WWW is not about 'no' interaction, it's about following the child's lead in interaction. Did it feel like the same thing?
102	Lack of clarity about aims 103	him, "Yeah." And he goes to me "Well why?" And I said, "I		
103	Structure providing space 104	don't quite know why actually!" But as the groups went on I	P4 became accustomed to this different way of doing things, and began to see the value in it.	
104		found it not as weird, not as odd and it was nice to just sit and		
105		watch them without having to interact with him. Does that		
106		make sense?	The group created a space in which she could just observe.	"Not as..." – Did she still find it a little weird and odd then?
107		<i>Yeah.</i>		
108		But I am just letting him get on with it.		
109		<i>Yeah.</i>		
110		Yeah. So		
111		<i>So was it sort of your perception of it that changed, or were</i>		
112	The comfort of familiarity 114	<i>you doing it differently, or what had changed to make you</i>		
113		<i>more..?</i>		
114		I think it was me just getting more comfortable with it to be		
115		honest erm..., and I don't know I think it was just me getting	Familiarity brought comfort	Was it just the difference and 'unknown' aspect of this that caused the initial discomfort? Or was there something intrinsically discomfiting about
116		comfortable with it.		

## Participant 4

117		<i>Something quite different.</i>		the group?
118		Yeah. Yeah because before it was under ones and you just sort	Previous experiences of groups	Speaking almost dismissively
119		of left them there on the floor letting them play but you had	had been quite different –	about the children's needs.
120		other parents that you would be talking to and then you would	children were left to play, and	Despite being called an “under
121		have a topic each week for example breast feeding or weaning	parents were instructed on	1's” group, the apparent group
122	Comfortingly concrete 123	or erm, nappy rashes and things like that and you would have a	certain topics.	being catered to were the
123		topic and you would talk about it and whether you had the	These topics were quite	parents.
124	Distinctiveness of the group 125	problems or whether you didn't and what you did to deal with	concrete and practical.	Didactic quality to these groups.
125		those problems you know, whereas the watching and	Problems and solutions were	This stands in stark contrast to
126		wondering was completely different from that you know so...	dealt with in similarly concrete	the WWW group, which must
127		<i>Ok. Can you think of any particular moment that you</i>	ways.	feel ill-defined and ‘floaty’ by
128		<i>remember, that sort of struck you, or stayed with you</i>		comparison.
129		<i>particularly?</i>		
130		There was another time, a little boy called Tom. Yeah, erm, it		
131		had nothing to do with the watching and wondering really. It	P4 remembers a time when	Why does she disassociate this
132		was just that Billy had crawled over and that was the first time	Billy had sought out another	from the watching and
133		he like tried to kiss anybody.	child to interact with and had	wondering?
134		<i>Ok.</i>	kissed him,.	
135		And if I hadn't been doing the watching and wondering I		
136	The gift of observation 139	wouldn't have spotted that, because he crawled over and Tom	WWW allowed her to observe	
			this interaction, that she might	

## Participant 4

137		was on his back and Billy just sort of crawled over to him and	otherwise have missed.	Is this also in comparison to other groups, where she would normally have been focussed on the other parents, and not on her child?
138		gave him a kiss on the cheek and I just thought “that was		
139		adorable!”, you know, and if I wasn’t just sitting there and		
140		watching him I think I probably would have missed that you		
141		know so sometimes it’s good to just sit back and watch them	P4 acknowledges the value in ‘sitting back’ and observing sometimes.	
142		get on with it and do what they are doing, you know.		
143		<i>Were there any..., you talked about, you know, you were</i>		
144	Resistance to acknowledging change 146	<i>sitting back and watching them get on with it. Did you notice</i>		
145		<i>any change in his interaction with you?</i>		
146	Thinking about the child’s thoughts 148	No the only thing I did notice was initially he was looking for		
147		me more to sort of interact with him, whereas towards the end		
148		of the sessions he was a bit like “oh I don’t really need you that		
149	Dependence and independence 150	much anymore mum” and he wasn’t looking for me as much as		
150		he was doing at the beginning because at the beginning he was	Billy became more independent as the group sessions progressed, seeking out less interaction with his mum.	Does this increase in confidence mirror his mother’s growing comfort with the group?
151		like “are you going to sort of play with me?”, whereas towards		Or did he look for her less because he grew more secure about the availability of her attention/interaction?
152		the end he was “I’m going to do it on my own”.		
153		<i>Ok</i>		
154		“I don’t need you anymore” [Laughter].		
155		<i>And the other children because you just sort of mentioned</i>		
156		<i>one very nice interaction, were there others like that? As he</i>		The laughter here might suggest that this is actually an expression of a real concern – that her son is growing so independent that he literally will



## Participant 4

157		<i>was moving away from you, was he moving more towards the</i>		stop needing her.
158		<i>other children?</i>		
159		Erm?		
160		<i>As he was moving away from you was he trying...?</i>		
161		No he always liked that other little girl? The lady that couldn't		
162		really speak that much English? I don't remember her name. I	Billy sought out two other	
163		found that he played with the little girl more than anything else	children in the group in	
164		it was just that Tom and the other little girl, Nyah - that was it,	particular – Tom and Nyah,	
165	A secure base 167	erm, but apart from that I didn't find that he mingled whereas		
166		now he will go up to any other kids in the group. He won't pick		
167		which one, he will go over and look to see what they are doing		
168		and come back over and maybe every fifteen, twenty minutes	In subsequent (non WWW)	How does the quality of these
169		he will have a little look to see where's me mum but that's it.	groups that they have attended,	interactions compare with the
170		Other than that I don't exist.	Billy interacts with a wider	interactions in the WWW
171		<i>Just likes to check in with you.</i>	range of children.	group? Do they have the same
172		Yeah. Just to make sure I think that I am still there.		intensity and impact of Billy's
173	Dependence and independence	<i>Ok.</i>		interaction with Tom? He seems
174	175	But I think everybody even said to me that once he does go to	Billy is secure and independent,	more indiscriminate now.
175		nursery I am not going to have any problems at all because he	but still uses his mum as a	
176		just sort of gets on with it and he doesn't cry when he doesn't	secure base.	
			His independence is portrayed	"Other than that I don't exist" –
			as a positive thing by friends	again, the sense that humour is a
				defence against some real
				feelings of abandonment or
				obsolescence here.
				P4 seems to be testing her

## Participant 4

177		see me so before now I have hidden, and I have seen him	and family. It will mean less	child's attachment here. Is this
178		looking for me and I have just stayed there and he hasn't cried,	problems at nursery.	the result she hoped for? Or
179		he has just gone like that and sort of carried on. Yeah.		does she wish that he could
180		<b><i>Erm, and so at the beginning of the daily watching and</i></b>		remain more dependent?
181		<b><i>wondering group there was a bit of a difference?</i></b>		
182		Yeah. He wanted that interaction with me more I think.		
183		<b><i>What did you find most challenging about the group?</i></b>		
184	Guilt 186	Initially, not interacting with him. I found it hard, that even		Did she miss cues to interact at
185	Power dynamic 187	when he was looking at me, that I would just sort of stay and	P4 found it difficult to stay	this point? Were these looks
186	Fear of inadequacy 189	watch you know? Erm, I felt in a way a little bit guilty. Was	back, to watch and not interact.	from the child his 'invitations to
187		that bad?		play'?
188		<b><i>What did you feel like you should be doing?</i></b>		"Was that bad?" – power
189		Yeah like I should be playing with him and singing and you		dynamic in the interview,
190		know playing with the toys and just moving them about and		looking to me as the source of
191		jiggling about and stuff but I got used to that and I didn't feel		expert knowledge, and of
192		guilty afterwards or anything I just, I think it's where its new,		judgement.
193		it's something different I just had to sort of sit back and relax in	P4 felt that there were certain	Where do these expectations
194		a way.	things that she should be doing,	come from? Everyone else in
195		<b><i>And were their times when he was he inviting you into his</i></b>	and if she wasn't doing them, if	the group was doing the same
196	Thinking about the child's thoughts 198	<b><i>play?</i></b>	she wasn't interacting in that	(and probably feeling the same),
			way, then she was letting her	so these feelings must have been
			child down.	with her beforehand.

## Participant 4

197	Inviting the adult in 200	Oh yeah, yeah he wanted that. He, I don't think he would have	Billy is well able to communicate his desire to his mum, skilled at inviting her into his play.	P4 is being mind-minded – thinking about her son's thoughts and choices. Interpreting his communication.
198		had it another way. He wanted that interaction. He's like, right		
199		come on get on the floor and let's play cards. Even now if I am		
200		sitting on the sofa, he will come and bring me everything from		
201		his toy boxes, everything and I will have just toys all around		
202		me on the sofa you know and even sometimes I find that he is		
203		just sitting on the edge of the coffee table and he is lining up		
204		his cars or he is just playing and he looks at you and he looks		
205		bored, not bored but..., he looks like he wants to be played		
206		with. Does that make sense?		
207	Dependence and independence 208	<b>Yeah.</b>	Billy prefers to do his own thing when around kids.	This feels overwhelming. Like Billy is trying to pin his mother in with all his toys, to keep her attention?
208		You know but when he has got other kids around he likes to do		
209		his own thing..., so I am not sure. Do you get what I mean? If		
210		that's what he wants or if that's not what he wants because		
211		when he is with other kids he just wants to get on with it and		
212		when he's on his own he looks like he needs a buddy, needs a		
213		friend to sort of play with. Kids are confusing [Laughter].		
214		<i>Going back again to the beginning of the group when he was</i>		
215		<i>looking for you more and more. Was he looking for you then</i>		
216		<i>to direct his play or...?</i>		
	Intrusiveness 218		P4 feels that his attitude to company v solitude is confusing	"Does that make sense" – checking out with me, sense of a power relationship once again.  P4 is confused by this seemingly contradictory state of affairs. But is it not just that the buddy that he's looking for his his mum? Her attention and play is much more valuable to him than that of other children?  "kids are confusing" – expression of frustration at the difficulty of interpreting children's desires.

## Participant 4

217		More than likely because I was always, when he was that age,		
218		even now sometimes I get out the toys that I want him to play		
219		with. I think right you don't want those messy ones [Laughter]		
220		you don't want the Lego that I tread on and hurt myself with, I	P4 often controls her child's	These selections are based on
221	Intrusiveness 225	will give you what I want to give you and even today I do that	play, by selecting the toys that	her needs, not her child's.
222		still. I don't want to give him the stuff where I have got to	he will be allowed to play with.	
223		spend half an hour, forty-five minutes picking up and putting		
224		back away, I will give his easy, big toys like the fire truck so	P4 acknowledges that this is	This is a powerful
225		sometimes I think maybe I am guiding him to be who I want	restricting his freedom in	acknowledgement of the level
226		him to be rather than him being him and doing what he wants	developing in his own way	of her intrusiveness. Has this
227	Tension between child's and	to do and who he wants to be. Does that make sense?		awareness changed her
228	parent's needs 235	<i>Yeah. Yeah.</i>		approach? She admits to still
229		Yeah. See my partner comes home and he sees certain toys out		doing this sometimes.
230		and he goes, "You put the out didn't you?" And I tell him,		
231		"Yeah." He goes "Let the kid do what he wants." And he will		
232		get the box out and be like "Here you are Billy." And I think oh		
233		god I have got to pick all those up you know and I am a little		
234		bit anal, shall I say, when it comes to the house. I like		
235		everything to be put away. I don't like clutter you know so I		
236	Resistance to boundaries 240	limit. I like to say, "Ok you can have these toys and if you	P4's partner can see this	The tension here is between
			influence, can tell what is his	P4's feeling that she should be
			son's preference, and what is	letting him play with whatever
			P4's. He prioritises Billy's	HE wants, and her need/desire/
			needs over P4's.	compulsion to keep the house a
				certain way. Not easy to
				reconcile.

## Participant 4

237		don't want to play with these toys they go away and you pick		
238		out other toys."		
239		<b><i>Ok and how does he react to that?</i></b>		
240		He doesn't like that. No. He's like I want <b>all my toys or nothing</b>	P4 attempting to apply boundaries	
241		<b>at all.</b> I am going to go and sit in the corner and stop. He even		
242	Tension between child's and parent's needs 246	gets so annoyed if the car doesn't do what he wants it to do.	Child resisting boundaries. Wants everything all at once, or nothing at all.	Again, this feels overwhelming. Powerful need to have everything gathered around him. An insecurity? Is it a reaction to his access to toys being limited, so that this scarcity makes him want everything, because he is insecure about the availability of resources?
243		<b><i>So was it ever something that you tried at home then, the watching, wondering and waiting?</i></b>		
244		Oh yes I did afterwards, yeah during the week I just sort of let		
245		him play, put his toys down and <b>obviously the ones I selected,</b>		
246		and just let him sort of get on with it you know and just sat	P4 did WWW sessions at home also	Is it a problem that she is choosing the toys? In a way, she is still imposing her representations on him by not allowing him free choice. On the other hand, the toys used in the WWW sessions were also chosen by the facilitators, not the children.
247	Positive view of the child 251, 257	there and watched him which was nice and then if he had put		
248		his toy up towards me I'd then come down and play with him,		
249		you know otherwise I just leave him to play on his own. <b>He</b>		
250		<b>does play well on his own but he does want that interaction like</b>		
251		<b>he did then, so nothing has really changed,</b> he does want to be	P4 thinks that the group has not changed her son's way of interacting – he still plays well on his own, but also invites her to join him.	
252		played with, and he does want to invite you in to play with him.		
253		<b><i>But he seems like he is able to manage that?</i></b>		
254		Oh yes yeah. Yeah. If I am busy and I am cooking and things		
255		and I say to him, "Give me five minutes Billy." And I will say		
256	Thinking about the child's			

## Participant 4

257	thoughts 261	to him, "Go into the sitting room." He will take his toys into the	P4 seems to have a view of	
258		sitting room and just wait you know. But he knows if ten,	Billy as a robust child, who can	
259		fifteen minutes passes and you haven't come over...	tolerate waiting and can play on	
260		<b><i>You're getting a reminder are you?</i></b>	his own	
261		Yeah. He comes in and taps me on the bum as if to say, "Are		
262	Dependence and independence	you coming, you did tell me you were coming?" You know. So		
263	267	he does, he wants that interaction and he wants that playtime.	Billy will come and find her if	Billy is the one enforcing
264		<b><i>Ok, so that was something that you found challenging. Can</i></b>	she doesn't come when she says	boundaries here.
265		<b><i>you tell me something that you found most enjoyable about</i></b>	she will.	
266	A need to be needed 270	<b><i>the group?</i></b>		
267		Erm, I think maybe when he did ask to sort of invite me into it.		
268		I found that enjoyable, I felt wanted and needed. Everybody		
269		wants to be wanted and needed, that's just human nature but by	P4 has a strong desire to feel	Reinforces the sense earlier that
270		your own kid, that, they are looking for you and he is like,	needed by her child.	she had ambiguous feelings
271		"Come on mum play with me." That's what I found enjoyable.		about his increasing
272		Yeah.		independence.
273		<b><i>It's that idea of, you know letting him play on his own.</i></b>		
274		Yeah		
275	A special relationship 279	<b><i>And him spontaneously coming to you?</i></b>		
276		Yeah. It's like it stops me, it's sweet, its. Do you get what I		

## Participant 4

277		mean?		
278		<b>Yes.</b>		
279		And he wants me and nobody else, just me and that's a really		
280		nice feeling.		
281		<b><i>And how did that tend to play out then. So he invited you?</i></b>		
282		He, I think he would just be looking up at me and trying to give		
283		me the toy or playing with a toy whilst looking at me as if to		
284	Dependence and independence 289	say, "Come on then." You know.		
285		<b><i>And after you joined him?</i></b>		
286		He was happy, content, smiling you know.		
287		<b><i>Was there a point where he sort of...</i></b>		
288	A need to be needed 292	After that sometimes he would just sort of get on with it and		
289		play on his own as if to say, "I only wanted you for a few		
290		minutes, you can go back to sitting there now." But other times		
291		we would sit there and we would play for ages you know.		
292		<b><i>That's quality time I think.</i></b>		
293	Dependence and independence 296	<b><i>Yeah. I guess what I am interested in is, is that something</i></b>		
294		<b><i>that changed you know during the group or do you think that</i></b>		
295		<b><i>is something that came natural to him?</i></b>		
296	Letting go 301	I think that was just him naturally growing up and being either		
			Clear invitation to play	<p>It's actually more than the fact that she wants to be feel needed, she wants him to want her exclusively – nobody else, at least in that moment.</p> <p>P4 is attuned to these invitations – she is watching and waiting for them.</p> <p>The fact that he had specifically invited her to play with him made it 'higher'quality' in some way, in comparison to if she had just forced her presence on him. She knew that he wsan't just</p>

## Participant 4

297	Comparison 321	independent or needy at the same time because they have got	P4 doesn't feel like the group contributed to this natural process. It was just a standard part of growing up.	tolerating her – he wanted her to be there. Feeling needed, wanted.
298		their phases haven't they. Yeah yeah there are times when he is		
299		so needy and clingy and then other times where it was like I'm		
300		a big boy now. Sometimes I just think, "Oh he's my little		
301		baby." But he's not my little baby anymore. He is a proper little		
302		man now, just getting on with life really.		
303		<i>Is that what you sort of call his personality, someone who just</i>		
304		<i>gets on with it?</i>		
305		Yes. He does. He does. If you say no he just will strop in the		
306		corner, have a little fake cry, make his eyes go red but no tears		
307		come out so he knows what he is doing, but if you say no and		
308		you just walk away he just is like, "Fine alright then. I will go		
309		and get something else." You know, that's what he does, he		
310		just gets on with it you know.		
311		<i>Ok. The other thing I would like to think about then is,</i>		
312		<i>obviously this was a group so there were other parents, other</i>		
313		<i>kids. How did that affect your experience with the</i>		
314		<i>programme?</i>		
315		Erm, I preferred it being a group erm, I wouldn't have liked it		
316		to have been a one on one session. Yeah I wouldn't have liked		
			P4 feels that he is 'growing up', and moving away from her, becoming more independent.	Tension between wanting to be needed, and seeing him as a 'proper little man', who she needs to allow to be independent.
			P4 describes Billy as a very pragmatic child, who can get over disappointments quickly and carry on.	Does P4 also get over her many disappointments like this, and move on in a very pragmatic way?
			Strong preference for WWW as	This is interesting – rather than



## Participant 4

317	Ambivalence about comparison 322, 328, 333	that. I think as a group, first of all <b>you would have felt like a bit</b>	a group rather than 1:1	feeling more uncomfortable doing something 'weird' in front of others, having others there actually normalised it slightly.
318		<b>of a weirdo you know, just laying there, with your kid</b>	Having other parents there made it seem less of a strange situation.	
319		<b>Right.</b>		
320		Erm, plus I think it was nice that you could when you weren't		
321		watching your kid you could have a look at someone else's kid		
322		and see what they were doing erm, <b>nobody likes to compare but</b>		
323		<b>everybody always does you know</b> and like now there is a little	Having other people there allowed P4 to look at what they were doing and compare, something which she really valued.	
324		boy in there that's one month younger than Billy and he is only		
325		just walking and I think to myself well shouldn't he be...,		
326		where I thought that maybe Billy wasn't progressing as well		
327	Fear of inadequacy 337	because he doesn't know his numbers or anything like that still	P4 compares her own child's development favourably with another child. Makes her feel better about Billy's development, reassures her.	This is an interesting comment. 'Nobody likes to compare'? Does she mean that it's not socially acceptable to do this? Because clearly people do like to compare, as she admits here.  P4 gets reassurance from comparing, but then feels guilty about this.
328		and I thought you know what I shouldn't, <b>I really shouldn't</b>		
329		<b>compare</b> because he is walking, he is trying to talk, he knows		
330		everything what he is doing you know, he knows that's a fork		
331		and knife, how to hold it, how to cut you know he knows how		
332		to brush his own teeth and he washes his own hair with the		
333		shampoo, <b>he does all of that on his own and I think "why am I</b>		
334		<b>comparing?"</b> but I like to look at other kids and see what they		
335		<b>are doing.</b>	P4 feels the urge to compare even though she knows that her son is developing well, and she feels confident in his abilities.	
336		<b>Do you find it helpful to compare?</b>		

## Participant 4

337	Ambivalence about difference 358, 351	Yeah because then I don't feel like I am doing a bad job. I	P4 needs reassurance that she is a good enough mother. She gets this by comparing Billy to other children.	She doesn't seem to have an internal sense of being good-enough, and so constantly requires reassurance of this from outside of their relationship.
338		don't feel like I have missed out or he is not... Does that make		
339		sense to you? Plus I like to see there are other kids that can do		
340		more than he can and when I do see that I don't feel		
341		disappointed in Billy and I don't feel that he isn't progressed, I		
342		just think "good on you", you know. Well done. I mean there is		
343		another little girl that's two years two months and she can have		
344		a full blown conversation with you, she knows her numbers up		
345		to thirty, she knows her whole alphabet and I think wow you		
346		know. Do you get what I mean? And that's ok. I don't feel why		
347	The indescribable experience 361	isn't Billy doing it? Because when I see other kids that aren't as	Conversely, seeing children who are more developed than Billy doesn't make her feel disappointed in Billy.	Following on from the logic above, when she sees children who are more progressed, wouldn't the risk be that she feels disappointed in herself, not in Billy?
348		progressed as Billy I think they're all just different anyway. So		
349		even now the watching and wondering still takes a part of my		
350		life because I do sit back and still just watch him and what he		
351		does.. I do think it was a good group, a little bit weird in the		
352		beginning because it was nothing I had experienced before, all		
353		new and I am glad it wasn't a one on one erm, yeah I think if		
354		you were to do it again for younger kids, I think it would be		
355		good. Different people see it differently.		
356		<i>What do you think are other ways of seeing it?</i>		

## Participant 4

357		Erm, some people are probably a bit like, when I said to one of		
358		the other mums she goes, "That's a bit strange." She goes	P4 acknowledges that different people will experience WWW in different ways.	
359		"What are the people that are running the group do?" I go		
360		"Well they watch the kids too." And she goes "I'm not sure		
361		about that." And I said you have got to be there, it's different		
362	Lack of clarity about methods 371, 374	when you are there, and it's different to me explaining it. And		
363		she goes, "Oh I don't know if I'd like that." And I said to her		
364	Silence as oppressive 373	"Well, if I didn't like it I wouldn't have gone back, I would		
365		have said to Jo I am not that keen and I am not going back." So		
366	Lack of clarity about methods 376, 379	I think..., it just depends on your personality as well really.		
367		<i>What did you think was the sort of, what did you find the</i>		
368		<i>weirdest?</i>	P4 again acknowledges that different people will experience WWW in different ways, depending on their personality.	
369		It was the silence.		
370		<i>That's the difficult bit yeah?</i>		
371		Yeah. I was a bit like can I make a noise? And I was like please		
372		don't fart Billy [Laughter] and I was, it was just, at one point it	The silence was the most unusual part of the group.	
373		was really really quiet and I think parents felt a little bit		
374		awkward initially as if to say do I interact? The very first time		
375		when we went quiet and we had to watch and stuff I wasn't	Silence caused awkwardness amongst the parents.	
376		sure. Do I, can I play with him at all? Can I interact with him at		
				Is this group SO different and so hard to accept? What is it in particular? The sense of inactivity, of passivity?
				Here there is the idea that there is something about this group that cannot be explained, only experienced. What is this ineffable quality?
				The silence was perceived as oppressive, as a boundary that can't be transgressed

## Participant 4

377		all? And I wasn't sure whether I should or I shouldn't so I just		
378	Fear of judgement 384	stayed back just in case I wasn't supposed to. <b>I didn't quite</b>	P4 had a huge amount of uncertainty about what it was she was meant to be doing.	
379		<b>catch what I was supposed to be doing, the very first time</b>		
380		<i>So some of that uncertainty was there still about what you</i>		
381		<i>should do and what you shouldn't do?</i>		
382		Yeah.		
383		<i>In case you do the wrong thing?</i>		
384	Power dynamic 389	Yeah. I just sat back and thought ok won't do anything <b>just in</b>		
385		<b>case</b> [Laughter.]		
386		<i>That was the safe option.</i>	P4's uncertainty led to anxiety about her actions in the group.	
387		[Laughter]Not that I was going to get told off, but...		
388		<i>Yeah</i>		
389		Do you get what I mean? You don't know in that situation		
390		<b>when you are in a group</b> what you should be doing and what		
391		you shouldn't be doing.		
392		<i>Ok.</i>		
393		You know.		
394		<i>So it was that uncertainty really?</i>		
395		Yeah		
396	Comparison 401	<i>Ok. So let's go back to what you were saying about you know</i>		

“Supposed to be doing” – there is a right and wrong thing that she could be doing here. What will happen if she does the wrong thing?

“Just in case”... what?

“not that I was going to get told off” – this is exactly what it feels like. On some level, she feared judgement or rebuke

What is particular to being in a group? The idea that there are unwritten codes and rules of the group that need to be adhered to?

## Participant 4

397		<i>comparing and having the other kids there, and how that</i>		
398	Insecurity about parenting skills	<i>allowed people to compare. In a similar way, do you feel that</i>		
404		<i>there was comparison between how parents were interacting</i>		
400		<i>with their children?</i>		
401		Yeah. I do even now during messy play, if another kid is		
402		naughty I like to watch and see how they tell them off, or how		
403		they discipline them because the way I discipline Billy, I think		
404		“am I doing it wrong, am I being too harsh, am I being too		
405		soft?”, you know. Sometimes, the other day he opened the		
406		kitchen drawer and he tried to take the scissors out of the		
407		drawer and I smacked his hand and I said no and my partner		
408		said to me that was too harsh and he started crying and he went		
409		to the bedroom and he sulked. And I said to my partner I would		
410		rather be harsh, smack his hand and have him walk away in a		
411		strop than have him cut his finger off and he said, “Ok fair		
412		point but you didn’t have to be that harsh.” And I said to him		
413		well I did because he is going to remember that and he is going		
414	Comparison 420	to know that if he picks them up again he is going to get a		
415	Fear of inadequacy 421	smacked hand and get told off and sent to the bedroom. And he		
416	Fear of judgement 422	goes, “no you were too harsh.” And so I don’t know if I am		
			P4 values being able to observe how other parents discipline their children. She feels quite uncertain about her own discipline.	Too harsh, too soft, doing it wrong – the idea that there is one ‘right’ way to do this, rather than a large continuum of good-enough. It sounds like she feels quite insecure.
				This seems to be reinforced by

## Participant 4

417		doing the right thing or the wrong thing and I know there isn't		the conflict with her partner about harshness.
418		no right and isn't no wrong when it comes to bringing up kids,		
419		obviously you don't beat them and smack them too hard, there		
420		is a line. So I like also to watch other parents how they, how		
421		they are with their kids, to see how different I am and I also		Here P4 seems to acknowledge the possibility of being good enough, that there may not be a right and wrong way. But she finds it hard to stay with this feeling.
422	Thinking about the child's thoughts 429	like to see the reaction of the kid. I know that sounds a bit		"To see how different I am", not how different THEY are. One can assume that where she notices difference, she will assume that is her way that is 'wrong'
423		strange.		422 – she is assuming that I'll find this strange – is she heading off judgement from the 'expert' here?
424		<i>Was that something that you could do in the group or was</i>		
425		<i>that something that was happening in the group?</i>		
426		Yeah because with Nyah for example, at one point the mum		
427		wasn't paying attention, I think she was looking at Tom or		
428		another of the kids and Nyah literally threw the toy at her sort		
429		of knee area as if to say, "You are not watching me, pay		
430		attention woman." You know and she just sort of smiled at me		
431		and thought she wants your attention there but I didn't want to		
432		say anything do you get what I mean because who am I to say	P4 is trying hard not to judge other parents, while still noticing their lapses.	
433		"listen, interact with your kid", you know but you could clearly		
434		see she was calling out for her mum but where her mum was		She is very sensitive about judgement – about giving it and about receiving it.
435	The value of comparison 442	looking at the other kids seeing what they're doing which is		Does she feel that the facilitators could have said,
436		understandable and natural that's what you do, I was doing the		

## Participant 4

437	Interaction as a source of insight 447	same thing but she got to miss her own kid saying, “come on		“listen, interact with your kid”?
438		mum let’s play.” You know so I think it is, that’s why I		
439		preferred it being a group rather than one on one, you wouldn’t		
440		have got the same experience.		
441		<b><i>Tell me more about that.</i></b>		
442		I don’t think..., if it was one on one you wouldn’t have had the		
443		opportunity to look at other kids, how the other parents were		
444		erm, it would have been a lot more awkward I think if it was		
445		just one on one.		
446		<b><i>Ok.</i></b>		
447		Erm, plus the other kids act differently when other kids are		
448		around erm, I find that Billy if he is on his own, if he’s at home		
449		and playing he will be as good as gold but if he is with other	Doing WWW in a group provides a different experience to doing it individually.	This is a bit contradictory though. She’s just admitted that watching other children and parents can distract you from your own. Doing this as an individual session would eliminate this distraction, so surely you would see more?
450		kids he will snatch things, he will try and take things. He tried	Doing it individually would deprive parents of valuable opportunities to compare other children and parents.	Why would it be awkward? Because there would be a more intense focus on them? That might be difficult to bear?
451		to take the rubber ball off Tom one day during the session.		
452		<b><i>So right, you know, you have particular interests in looking at</i></b>		
453		<b><i>the discipline that was happening, were there other aspects of</i></b>		
454		<b><i>the relationships that you could have observed?</i></b>	Being around other children makes children behave differently , This provided insight into the child that cannot be gotten by watching the child on their own.	Which version of the child is the ‘real’ child? Is this true of the parents also?
455		Erm, the closeness. I found that Tom was very, he wanted, he		
456		wanted his mum’s love. Always wanted her kisses and cuddles		

## Participant 4

457		and didn't really want to leave her side that much. That's what		
458		I noticed from it anyway whereas Nyah was more wanting just		
459	Comparison 467	to sort of get on with it and play. She wasn't looking for her	P4 noticed how different	
460		mum as much and <b>it gave me the chance to see how other kids</b>	children had different styles of	
461		<b>were with their parents as well</b> , whether they had that close	interaction, and apparently	
462	Competition 470	bond or whether they just were more independent and didn't,	different needs.	
463		not 'need' them that much, but didn't mind that their parents		
464		weren't around you know.		
465		<i>And did any of these observations have any impact on you</i>		
466		<i>apart from you know curiosity and interest?</i>		
467		It made me want to cuddle him more. When I did see Tom and		
468	Resistance to acknowledging	his mum, and they were kissing and cuddling I just wanted to		
469	change 476	pick him up and kiss him and cuddle him you know because I		
470		think oh <b>I am missing out on</b> those kisses and those cuddles, <b>I</b>		
471		<b>want that as well</b> you know so it did have an impact I think.		
472	Guilt 480, 485	Yeah.	Watching the closeness of other	
473		<i>What effect has the group had on your relationship?</i>	dyads made P4 want to cuddle	
474	Fear of inadequacy 480	Erm?	her own child more. It made her	
475		<i>The way you guys...?</i>	aware of what she was 'missing'	
476		<b>I don't think it's had an effect on our relationship.</b> I think it's	out on.	
				How did this help P4? Did it offer reassurance that there were multiple ways of interacting?
				This is one of the first times where P4 has described how comparison has led to competitive feelings – "I want that as well".
				How did her son feel about this?



## Participant 4

477		had an effect on how I interact with him because if I see that he		
478	Letting go 486	is content I am more than happy now to just sit back and let		
479		him get on with it whereas sometimes I feel, before, before I		
480	Reducing intrusiveness 489	came to the watching and wondering I felt guilty if I wasn't		
481		playing with him. Does that make sense? I was just sort of, if I		
482		did just leave him there whilst I was doing the dishes and stuff,		
483		because he didn't really move at that stage, and I put the telly		
484		on or the radio on and he was just listening and observing that.		
485		I felt bad that I wasn't playing with him but after the group I		
486		found that it was alright to just get on with it, it's not a big deal.		
487		It opened my eyes a bit more to him, me allowing him in a way		
488		to be independent, allowing him to experience things on his		
489	Influence of past experiences	own, with me not constantly by his side next to him, pushing		
490	498	him to do this or pushing him to do that. Does that make sense?		
491		<i>So what was that feeling that you had been having when you</i>		
492		<i>were sort of feeling like you needed to be playing with him all</i>		
493		<i>of the time?</i>		
494		I felt like I couldn't do anything else because I needed to keep		
495		him company. I needed to keep him busy even at that young		
496		age, I thought he must be lonely.		
			<p>P4 does not seem to feel that changing how she interacts with her child impacts in any way on their relationship.</p> <p>WWW has changed how P4 feels about her interaction with her child, and the need for interaction. She is now confident to leave him to play by himself if he looks happy to do so, whereas previously she felt that she would be letting him down if she were not constantly interacting with him.</p>	<p>How does she reconcile this? Is there an unwillingness to acknowledge the change because that would mean acknowledging that something needed to be changed?</p> <p>From this description, it feels like P4 felt a real pressure to be doing the 'right' thing, all the time, something which she felt demanded constant attention and interaction to her child. This must have been exhausting. It must be relieving to be able to see other parents interacting less with their children, as it almost gives her permission to do similar herself.</p> <p>This has also allowed her to take up a less intrusive position in his play, and allow him more freedom in his choices and actions.</p>

## Participant 4

497		<b><i>Where did that come from do you think?</i></b>		
498		I don't know. I don't know. That's probably just me and my		
499		childhood probably feeling lonely or, I have got another		
500		brother. Yeah. So and my brother is four years younger and	P4 projecting her feelings, her	P4 is remarkably aware of and
501		obviously he is a boy so you don't interact as much. I used to	representations, onto her child	open about the influence of her
502		spend a lot of my childhood alone pretty much, even at school I		own childhood experiences on
503		was, I had loads of friends but I preferred to just go and sit and		how she is parenting Billy.
504		eat my sandwich and not be bothered.		
505	Fear of inadequacy 514	<b><i>That was your preference, then?</i></b>		
506		Yeah. I didn't want to listen to them all arguing and gossiping		This is echoing P4's description
507		and bickering and you know as girls do in school but.		of how Billy likes to just play
508		<b><i>But when it came to Billy, you didn't think that it would be</i></b>		by himself when other children
509		<b><i>the same?</i></b>		are around, even though it
510		Yeah. I always didn't see him as a loner and now I think do I		seems like he is looking for
511		have, should I have another kid to keep him busy? But I don't		company at other times.
512		want to have another kid just to, because I think he is bored.		...and as with her description of
513		So I prefer to just, I take him out to soft play and we do stuff		Billy, she presents this as
514	Children's interaction as the	every single day purely because I don't want him getting bored,		having been her own choice, her
515	purpose of the groups 522	I don't want him to not... When he was sick for the whole week		own preference.
516		we hadn't been anywhere and I found that he had thrown a lot	P4 has considered having	Part of her own desire not to
			another child just to keep her	interact was to do with avoiding
				the "things girls do in school" –
				competition, power plays?
				Is this just another form of
				interference? Displacing her
				own desire/ impulse to be

## Participant 4

517	Resistance to difference 532	of tantrums, he was starting to get very snappy, he didn't want	son busy.	constantly interacting with him
518		to share, you know. Even when I did go to play with him he		onto someone else – another
519		was more like, “No that's mine, you're not playing with that,		child – who would just fulfil the
520		that's mine.” I think maybe they should do watching and		same purpose?
521		wondering for older kids. Yeah because now they have got	P4 feels that her son exhibits a	P4 still seems to have anxiety
522		more personality. And then you can see how they are with the	change in personality/behaviour	about not doing enough for her
523		other kids, and what they're like, whether they want you to get	when he has not been stimulated	son, not providing him with
524		involved as well.	by going to groups etc.	enough.
525		<i>What would you, I mean if you had to explain to people, what</i>		
526		<i>would you say was the main point of the group, do you think?</i>		
527		Erm, being able to sit back and watch your kid and see whether	P4 believes that WWW for	P4 feels that children interacting
528		they want you to play with them or whether they are happy	older children would be more	with each other is the main aim
529		playing on their own. And seeing afterwards what you thought	beneficial, as it would be easier	of the group, as it allows you to
530		they were trying to do, you know. Whether they were just	to see more interactions	learn more about your child.
531		happy doing what they were doing really, you know. I do think	between children.	What would it mean for the
532		it was a good group erm, obviously it took me two sessions. I		parent-infant interaction?
533		think by the second session, the end of the second session I felt		
534		more comfortable. More relaxed. And by that time it was		This is not a bad starting point
535		finished pretty much. So by the time I had sort of felt		for an explanation of WWW,
536		comfortable and got into a routine of doing it and what not it		but I don't think it goes far
				enough. What's missing is any
				sense that this process of
				observing might have any
				impact on how you see your
				child, and on how you choose to
				interact with them subsequently.
				No sense of how it can help
				parents to develop a sense of

## Participant 4

537	Scepticism 546	was over.	P4 felt that the group had value, but it took some time to get comfortable with it – about two sessions. The group was then over too quickly.	their child's desires and wishes as being separate from their own.
538	Ambivalence about the group's value 547	<i>The last thing I wanted to ask you about is the paperwork that you were asked to complete before and after the group. What sense did you make of it?</i>		
539				
540	Resistance to difference 550	Erm, it was ok erm, I did lie on one of them.		
541		<i>Really?</i>		
542		It did ask me if I erm, if I had done watching and wondering at home and that was my first week and I hadn't.		Did she fee pressure to lie on the form? From where?
543		<i>Ok.</i>		
544		Initially I was a bit mmm and then I thought maybe I don't want to do this, maybe I do. I was in two minds then after the		
545	Feeling competent 561	second session when I had gone home I actually done the watching and wondering at home but the first week I didn't, I didn't, it didn't feel natural to me.	Lied about her 'homework'.	Certainly suggests she felt a pressure. Internal or external?
546		<i>Why not?</i>		
547		Because I wanted to get in there and play with him.		
548		<i>Right.</i>		
549		Because on the questionnaire it was asking whether since your last session you have done watching and I hadn't done that.	Ambivalent about the group to begin with, for the first two sessions, until she tried it at home.	
550	Ambivalence about the group 564	<i>Ok</i>	The group forced her to restrain her impulse, what she felt she	"it didn't feel natural" For a mother to go against what feels natural must be extremely difficult. It must require a lot of faith in the group to be able to do this.
551				
552				
553				
554				
555				
556				

## Participant 4

557		But after the second I felt more comfortable to do it at home	should be doing. This is an integral part of the group.	
558		because I had done it there and they had sort of introduced me		
559		to just letting him get on with it and see whether he wanted me		
560	Fear of judgement 570	to actually play with him, that's when I sort of relaxed and		
561		thought ok I can do it.		
562		<i>So was it about being comfortable enough to do it?</i>	She wasn't comfortable to do it at home until after she became comfortable doing it in the group.	It sounds like it was fear of the unknown that was stopping her doing it. Once it became familiar, she could relax into it and see its value
563		Yeah. Because even at home my partner was saying have you		
564		tried it yet and I was like "no". He was like, "why don't you try		
565		it?" And I said, "Oh..." And then after the second session the		
566	Power dynamics 576	day afterwards I tried it and he said to me, "and how was it?"		
567		and I said, "Yeah it was alright, actually."		
568		<i>So where do you feel that the pressure came from to lie on</i>		
569		<i>the form?</i>		
570		Erm, I felt bad because I hadn't tried it at home and I didn't	She received encouragement from her partner while she was feeling uncertain	
571	Fear of judgment 581	want anybody to think that I wasn't interested in the group.		A lot of resistance, that needed prompts from her partner to overcome.
572		<i>Were you?</i>	Once she had done it, she immediately felt a lot better about it.	
573	The indescribable group 583	Does that make sense?		
574		<i>Yeah. Were you worried more about the facilitators, or the</i>		
575		<i>other parents?</i>	She lied because of what other people might think.	
576		More the other parents. I mean with Jo and Paul I could have		

## Participant 4

577		said to them, "I'll do it Monday and Friday", you know		
578		whereas I didn't want to say to the other parents I hadn't given		
579	Self-consciousness 589, 593	it a go. I thinks that's trying to give false impressions and that		
580		kind of thing to other parents but no I just didn't want to seem		
581		like, "oh, she's the one that didn't try it at home" but I think		
582		after where the second session ended I just felt more, I got what		
583		it was about, I was more aware of why we were doing it and I		
584	Resistance to difference 594	thought more comfortable generally, and ready to just do it at		
585		home on my own.		
586		<i>Did you also by the end of it..., were you also more</i>		
587		<i>comfortable with sort of how other people or how the other</i>		
588		<i>parents were?</i>		
589		Yeah. I just felt more comfortable in general. I didn't feel like a		
590		plum sitting there watching my kid, not interacting with him		
591		and even when Tom's mum said to me by the third or fourth		
592		session that she was more comfortable with this now. She said I		
593		don't feel like. I don't feel like I am just being strange laying		
594		here watching him. She said I feel more like... Because it takes		
595		a while to get into it, because I have never done something like		
596		that and I have never done anything since like that. It just takes		
	Fear of inadequacy 607, 611			
			P4 explicitly states that it is the fear of being labelled / judged that caused her to lie on the form.	<p>"that's trying to give false impressions" ?? Surely lying is trying to give false impressions.</p> <p>It's interesting that she saw the other parents as the source of this potential judgment, rather than the facilitators.</p>
			Lots of talk about feeling strange and odd. This was aslo how they felt about the group itself, but it got into them too,	<p>"feel like a plum" – captures P4's awkwardness and discomfort at doing something 'unnatural'</p> <p>So much of the discomfort expressed by both parents seem</p>

## Participant 4

597	Comparison 611	a long time to get into that.	somehow.	to stem from their feelings about doing something that was very different from what they were used to. But I can't get a sense of whether this had anything to do with a 'performance' aspect of this – the fact that they were doing it in front of others. P4 earlier stated that it would be more awkward if it wasn't a group, so perhaps not. It's remarkable to think that they would feel this level of awkwardness even if they were doing it alone at home, which is what P4 seems to suggest. So this discomfort was really being internally generated, by doing something 'unnatural'? But this doesn't allow for the discomfort that P4 said was generated by the silence. Surely what was uncomfortable was being silent in a room full of others, with perhaps the expectancy that some speaking was required, but having no idea of what to do or say.
598		<i>Was it the fact that you had just done it two or three times</i>	This was a unique experience.	She doesn't really answer my question here, but my feeling is that she simply became comfortable with the process rather than seeing the value of it.
599		<i>that made it more comfortable or were you seeing value in it?</i>		
600		Where I tried it at home after the second session I think that's		
601		what had helped me because then I didn't feel..., when I came		
602		back here for the third session, I didn't feel because I had done		
603		it at home that oh this is new. Do you get what I mean? So it		
604		helped me doing it at home. I didn't feel like erm, "oh I am just		
605		laying here". I felt comfortable just watching you know		
606		because before that, even at one stage on the first day I thought		
607		"am I watching him right?" I know! There's only one way to		
608		watch your kid but, I thought am I doing it right? Am I not		
609		doing it right? But then I always panic about things like that.		
610		<i>Was that what was right in comparison to other parents?</i>		
611		Yeah. Yeah because at one stage I was looking at them to see		
612		how they were looking at their kids and seeing if I am looking		
613		at my kid the same way as they are, and there's that comparison		
614		thing again.		
615		<i>Ok, we should stop. Thank you very much, I really appreciate</i>	P4 is aware of what she is bringing with her in her approach to parenting. 'Panicing' about whether she is doing things right, or good	"am I watching him right?" So much anxiety had gotten into her about doing the group right, or perhaps parenting 'right', that
616		<i>it.</i>		

## Participant 4

617		It's alright.	enough.	she cannot approach even the most basic activity, watching, without questioning herself.
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## P4 – Emergent Themes

- 1 Fear of inadequacy (x8) 8, 189, 337, 421, 480, 514, 607, 611
- 2 Other parents as a source of support. 21
- 3 Exclusivity 37
- 4 Lack of clarity about recruitment 37
- 5 Low expectations 41
- 6 Influence of past experiences (x2) 57, 498
- 7 Resistance to acknowledging change (x3) 78, 146, 476
- 8 The child as an individual 91
- 9 Resistance to difference (x4) 94, 532, 550, 594
- 10 Lack of clarity about aims (x2) 45, 103
- 11 Structure providing space 104
- 12 The comfort of familiarity 114
- 13 Comfortingly concrete 123
- 14 The gift of observation 139
- 15 Thinking about the child's thoughts (x4) 148, 198, 261, 429
- 16 Dependence and independence (x6) 150, 175, 208, 267, 289, 296
- 17 A secure base 167
- 18 Power dynamic (x2) 187, 576
- 19 Intrusiveness (x2) 218, 225
- 20 Tension between child's and parent's needs 235
- 21 Resistance to boundaries 240
- 22 Tension between child's and parent's needs 246
- 23 Positive view of the child (x2) 251, 257
- 24 A need to be needed (x2) 270, 292
- 25 A special relationship 279
- 26 Letting go (x2) 301, 486
- 27 Comparison (x5) 321, 401, 420, 467, 611

#### P4 – Emergent Themes

- 28 Ambivalence about comparison (x3) 322, 328, 333
- 29 Ambivalence about difference (x2) 358, 351
- 30 The indescribable experience 361, 583
- 31 Lack of clarity about methods (x5) 99, 371, 374, 376, 379
- 32 Silence as oppressive 373
- 33 Fear of judgement (x5) 384, 389, 422, 570, 581
- 34 Insecurity about parenting skills 404
- 35 The value of comparison 442
- 36 Interaction as a source of insight 447
- 37 Guilt (x3) 186, 480, 485
- 38 Reducing intrusiveness 489
- 39 Children's interaction as the purpose of the groups (x2) 15, 522
- 40 Scepticism 546
- 41 Ambivalence about the group's value (x2) 547, 564
- 42 Feeling competent 561
- 43 Power dynamics 576
- 44 Self-consciousness 589, 593

## **Participant 4 – Emergent and Subordinate Themes**

### **Self-doubt**

Fear of inadequacy (x8) 8, 189, 337, 421, 480, 514, 607, 611

Insecurity about parenting skills 404

Self-consciousness 589, 593

Feeling competent 561

### **Ghosts in the nursery**

Guilt (x3) 186, 480, 485

Influence of past experiences (x2) 57, 498

### **A Special Group**

Exclusivity 37

The indescribable experience 361, 583

Distinctiveness of the group 125

### **Low Expectations**

Low expectations 41

Scepticism (x2) 546, 94

Ambivalence about the group's value (x2) 547, 564

### **Power**

Power dynamic (x3) 187, 576, 389

### **Uncertainty**

Lack of clarity about recruitment 37

Lack of clarity about aims (x2) 45, 103

Lack of clarity about methods (x5) 99, 371, 374, 376, 379

### **The work of the group**

Children's interaction as the purpose of the groups (x2) 15, 522

Interaction as a source of insight 447

The gift of observation 139

### **Intrusion**

Intrusiveness (x2) 218, 225

Tension between child's and parent's needs (x2) 235, 246

A need to be needed (x2) 270, 292

## **Attunement**

Thinking about the child's thoughts (x4) 148, 198, 261, 429

Inviting the adult in 200

A secure base 167

A special relationship 279

## **Comparison**

Fear of judgement (x5) 384, 389, 422, 570, 581

Comparison (x5) 321, 401, 420, 467, 611

Ambivalence about comparison (x3) 322, 328, 333

## **Other Parents**

Other parents as a source of support. 21

Other parents as models 442

## **Boundaries**

Resistance to boundaries 240

Structure providing space 104

Silence as oppressive 373

## **Letting go**

Reducing intrusiveness 489

Letting go (x2) 301, 486

Dependence and independence (x6) 150, 175, 208, 267, 289, 296

## **Appendix F: Theme Mappings**

## Matrix of Themes

<b>Superordinate Themes</b>	<b>Subordinate Themes</b>	<b>Sally</b>	<b>Susan</b>	<b>Jennifer</b>	<b>Elizabeth</b>	<b>Jane</b>
<i>Making Sense of the Group</i>	<i>Scepticism</i>	Lack of confidence in the group	Cautious steps	Mixed feelings	Low Expectations	-
	<i>Negotiating the Task</i>	Interaction as the work of the group	Opening up to interaction	Engaging with the task	The work of the group	The task of the group
	<i>The Benefits of Boundaries</i>	Containing Boundaries	The need to control interaction	Boundaries	Boundaries	Boundaries
	<i>The Indescribable Group</i>	Defining the group by comparing it	-	A Distinctive group	A Special group	A different kind of group
<i>The Role of Others</i>	<i>A Source of Support</i>	The need for validation	The need for others	The impact of others	Other Parents	Other people as a source of support
	<i>Comparison and Competition</i>	Conflicted feelings about comparison	Comparison and competition	Comparison and Competition	Comparison	Comparison
<i>Power and Knowledge</i>	<i>Uncertainty</i>	Uncertainty	Uncertainty	Uncertainty	Uncertainty	Uncertainty
	<i>The Expert</i>	The power of other's views	Privileged viewpoints	Power in the group	-	The 'expert' role
<i>Ghosts in the Group</i>	<i>The Past in the Present</i>	-	The risks of interacting	The influence of experience	Ghosts in the nursery	-
	<i>Intrusion</i>	-	The Desire to be in control	Intrusiveness	Intrusiveness	-
	<i>The Inadequate Self</i>	Devaluing own experience and needs	-	Getting it wrong	Self-doubt	Devaluing own experience
<i>Evolving Relationships</i>	<i>Letting go</i>	Letting go	Letting go	Letting Go	Letting go	Evolving interactions
	<i>A New Perspective</i>	New ways of thinking	Opening up to interaction	A new perspective	-	Increasing confidence

**Appendix G: Final Table of Themes,**

**with supporting quotes**

## Table of Themes

### Superordinate Theme 1: Making Sense of the Group

#### *Subordinate Theme 1: Scepticism*

Participant	Line Number	Quote
Sally	29-31	Um, I was a little bit sceptical at first, because I wasn't quite sure I understood, um, sort of, what was trying to get from it, um, but I thought I'd just give it a go anyway
	50-53	I don't know, this is going to sound a bit [laughter] but I thought it was just like a wishy-washy sort of thing [laughter], no offence.
Susan	317-318	At first it was like, "I don't know whether I could sit here and watch her playing with her toys"
Jennifer	201-203	First I was worried and a little bit concerned and stressed, like, "how will they manage"?
Elizabeth	94-97	I will be honest with you. The first session I was like "mmm it's a bit weird" because you start, you watch, there was no interaction erm, and I think maybe weird is the wrong word... I just found it odd initially



*Subordinate Theme 2: Negotiating the Task*

Participant	Line Number	Quote
Sally	365-369	I want to see how..., because in our home life, we haven't really got a lot of sort of babies that he would be playing with, so it's quite nice to see him with those other babies, in a different sort of way to the other group, um, because there are fewer babies.
Susan	51-53	it's just something for me and her to, you know, mix with other people and get more advice from other people that are the same, that are going through the same as what I am with her.
	203-208	To see basically how, all the children get on together. Obviously if you're on your own, you aren't going to see how she is going to mix with other children. So, if she was there with all the other kids that were there, it would give us an idea of how she will be hopefully in the future with playing with others, sharing toys.
Jennifer	75-77	It's something different and I thought it would be nice actually to watch her how she is with other babies, you know?
	231-234	I think the best thing is when the babies interact when they are together. That's the most great moment when one baby come to another one. And this is "OK, so now what they're going to do?", you know? That was very exciting.
Elizabeth	522-524	And then you can see how they are with the other kids, and what they're like, whether they want you to get involved as well.
Jane	51-53	Liz said that it was a group where it was for us to really learn about our babies and kind of to learn to look for signs and signals that they may give us
	288-290	I think it wasn't just watching them play, it was watching them interact, which is such an important part of their development, really
	446-447	I suppose the whole point of watch and wonder is about your interaction with the baby

*Subordinate Theme 3: The Benefits of Boundaries*

Participant	Line Number	Quote
Sally	70-72	Um, just more intimate, I think, um, and you had time to just focus on, not just on Sam but just on a couple of babies as well, um, because in the bigger group, it can be a bit chaotic
	443-446	Um, so I think, in a way, having some mums coming, and then mums not turn up, and then other mums coming, I think it would have been better to just have the same mums throughout the whole time.
Susan	81-83	But as we got on to know Maria and all that..., we could speak openly about what we liked about the group, what we didn't like about the group
	494-498	It just gives me a chance to interact with her, whereas I have got the other 3 at home and we don't get that chance to interact once it comes to after school time because obviously they are all home from school themselves. So, it's just our little 15-20 minute session that we have together
	440-444	We were all like a team. Maria wrote some rules down as well. You know like private and confidential rules in the thing (...) Like she said, "Whatever stays in the room stays in the room" sort of thing.
Jennifer	426-428	So this playgroup gave me the support I needed to show you "look, it's safe, nothing will happen, let her explore, let her develop, let her choose what she wants".
	475-483	they've been watching everyone and they've been there and make sure no one hurt and so it was good to have them really because they let, just because they be there and I kind of trust them I kind of let them to do it. So it was the situation that I would took Lisa from the some of the parts or situation but because they were there I said, OK I'm going to trust them. They know when to jump. I'm going to step back. But this is it, if it just would be the parents and everyone would jump how they feel. I think would be more mess!
Elizabeth	104-105	it was nice to just sit and watch them without having to interact with him
Jane	315-319	I suppose the fact three of us had done things together... I suppose meant it was quite a relaxed group and I suppose maybe we opened up and shared more than you would and I think actually as we went along we

	456-458	<p>probably shared more and got really comfortable.</p> <p>I think just having that time, just making that time to really focus on them. You know it's so easy when you are at home to get distracted by a thousand and one other things</p>
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*Subordinate Theme 4: The Indescribable Group*

Participant	Line Number	Quote
Sally	44-47	I kind of thought “is that not kind of what we do anyway?” at the Tuesday group but, but then it was once I started going to the group that I realised it was actually quite, quite a lot different to that group, um.
	49-50	Um, no, because I never [laughter], like because I didn’t know, although Jessica had explained it to me
Jennifer	513-517	I think from the beginning it’s really hard to say and it was difficult for me to come up with idea, but I think at the end of the group you will see the changes and you see how’s this group about. Once you experience it.
Elizabeth	357-362	Erm, some people are probably a bit like, when I said to one of the other mums she goes, “That’s a bit strange.” She goes “What are the people that are running the group doing?” I go “Well they watch the kids too.” And she goes “I’m not sure about that.” And I said you have got to be there, it’s different when you are there, and it’s different to me explaining it
Jane	54-57	we knew it was going to be with a, an educational psychologist and so it was going to be a bit more, not just a play, it was going to be some science behind
	326-329	Yeah because I think it was a much more personal group, you know I hadn’t done many of those groups. I had done the new parent group where I think it was, it was much more rigid and “this week we are doing this, this week we are doing that”.

## Superordinate Theme 2: The Role of Others

### *Subordinate Theme 1: A Source of Support*

Participant	Line Number	Quote
Sally	283-284	it was just interesting to see what other people thought about that incident.
	290-292	Yeah, the, the discussion afterwards, um, because it's interesting to see what other people's take on, on what they're doing is
Susan	47-49	And I just wanted something to not..., it was just basically to find friends for myself as well, because obviously I am at home all the time.
	392-399	It was nice to have parents there that had children there, like the same age or a little bit older than Karen. And if I had a problem then I could talk to them and see if they had the same situation like with her teething, or if there was anything like, sleeping pattern or different, or anything like that. We could have, we done the session and then we were talking about what, you know, what we could do with the sleeping or you know, just having a general chit chat about the kids really, afterwards.
Jennifer	57-58	Because it's nice to hear other parents' experience.
	203-206	Then second time was more relaxed and it's very nice, when we have this time for everyone to talk what was happened last week. So all parents say something and I think this was very nice to hear.
	269	It was nice to listen to stories, experience.
Elizabeth	21-26	Because I got to speak to other parents and listen to them moan and I could moan to them. [Laughter] (...) Yeah. That's, that's what I enjoyed most out of it you know.

Jane	173-175	we would just all have a chat generally to each other, and you know that was, you know, it was nice.
	251-254	Well I think the really, I think the play was obviously very important but what was more important was the chat afterwards where we would identify something or identify you know, talk about the play.
	331-334	this allowed for that kind of just general chat at the end, about where the babies are up to, what they're doing. So yeah I think for me, definitely, and the fact that as I said there was two people that I knew quite well there

*Subordinate Theme 2: Comparison and Competition*

Participant	Line Number	Quote
Sally	137-138	Because he's my first child, I, I don't have anything, any other child of my own to compare him to
	143-145	I didn't really want to compare him to other kids either, because everyone's different
	177-180	I then thought coming to the group would be more about, about comparing the different babies and seeing where they are and what they do with each other and [laughter].
Susan	249-252	I was watching what the other parents were doing as well. Yeah. I mean I was watching Sally's, her expressions on her face and what Ellie was doing, what expressions were on their faces. Something new that they were doing.
	268-274	Sally was comparing her to Sam, and she was saying, obviously she was doing a lot more than Sam was doing (...) I mean she was crawling at 6 months. She was walking around furniture at 7 months and she would say, "Oh, Sam why aren't you doing that" and I would go, "every child is different at the end of the day".
Jennifer	269-279	They give you some ideas and as well I thought this mum let her baby go further than I, other one as well. OK, so maybe in this situation I should too? So. So yes, watching the parents..., as well tells you quite loads. One mum was very relaxed, too relaxed for me, just like whatever, but she's mum of few kids so she's probably get this habit to be more relaxed and knows nothing going to happen. Other mums which actually have first time babies, being very stressed and straight away they're taking the baby. So it was interesting to watch them too you know.
	545-551	I've been quite sad one moment when I saw the girl in her age like five days I think older than her, already was crawling so active. And I said, what a shame Lisa, why can't you crawl, crawl, crawl baby? Just move around, you poor baby, just sitting and do nothing! I couldn't wait until she is going to grow. I was kind of thinking, ah I wish her to be a little bit bigger, or older, you know?
	379-382	it was just the time I was thinking "pick her up now, pick her up now, pick her up now!" And the fact that other parents doesn't react make me think OK, don't do it, they're all fine.

Elizabeth	320-323	Erm, plus I think it was nice that you could when you weren't watching your kid you could have a look at someone else's kid and see what they were doing erm, nobody likes to compare but everybody always does you know
	401-403	I do even now during messy play, if another kid is naughty I like to watch and see how they tell them off, or how they discipline them
	420-423	So I like also to watch other parents how they, how they are with their kids, to see how different I am and I also like to see the reaction of the kid. I know that sounds a bit strange.
	467-471	When I did see Tom and his mum, and they were kissing and cuddling I just wanted to pick him up and kiss him and cuddle him you know because I think oh I am missing out on those kisses and those cuddles, I want that as well
	611-614	Yeah because at one stage I was looking at them to see how they were looking at their kids and seeing if I am looking at my kid the same way as they are, and there's that comparison thing again.
Jane	478-487	Erm, I think I try not to compare Andrew because of his premi. Like I would say in some ways it's one of the benefits of having a premature baby really! (...) You don't have to engage too much in any of that erm, "oh god they're doing this, they're doing this". I mean I do, there is a certain amount of it with his corrected age, I look at other babies but yeah there's always that 'get out', Andrew will do everything in his own time and we have to be grateful you know.



### Superordinate Theme 3: Power and Knowledge

#### *Subordinate Theme 1: Uncertainty*

Participant	Line Number	Quote
Sally	53-57	Um, I dunno, I just, I didn't understand what we was trying to get from it, because I thought that was kind of what we did anyway, because we, on the Tuesday group, we come in, put the babies on the floor and we sit around and watch them anyway
	107-111	and then we set some goals as well about things that we might want to achieve from the group, um, which was quite hard because not totally understanding what the group was about beforehand, um, it was hard to kind of make appropriate goals
	157-159	I'm not a hundred percent sure why they wanted me to fill it out again, I dunno, I suppose to see how I was getting on, I dunno.
	232-234	because when you go into something first of all, um, yeah, I don't think the format was quite discussed exactly how it would go, um
Susan	20-22	they just said it was like a, wonder, watch and to see her. You know watching her play with her toys and stuff like that which I have never done with the other three
	89-90	Not sure on how to take the group because obviously it was a first for me.
Jennifer	30-33	I don't know, I think because it wasn't maybe much mum with small babies which she needed. And actually, when I come she just get this idea really. But, I didn't search or I didn't really know about this playgroup.
	505-507	They give me questions what this playgroup could bring, you know? And for the beginning it was hard to find what, you know?
Elizabeth	97-103	when I came home to talk to my partner about it he said to me, "So what did you do at the group?" And I said to him, "Well we stayed and just watched the kids for a bit and saw what they were doing and everything like that." And he goes to me "What in silence?" And I said to him, "Yeah." And he goes to me "Well why?" And I said, "I don't quite know why actually!"

	<p>374-379</p> <p>384-391</p>	<p>The very first time when we went quiet and we had to watch and stuff I wasn't sure. Do I, can I play with him at all? Can I interact with him at all? And I wasn't sure whether I should or I shouldn't so I just stayed back just in case I wasn't supposed to. I didn't quite catch what I was supposed to be doing, the very first time</p> <p>Yeah. I just sat back and thought ok won't do anything just in case [Laughter.] (...) Not that I was going to get told off, but..., do you get what I mean? You don't know in that situation when you are in a group what you should be doing and what you shouldn't be doing.</p>
Jane	<p>152-155</p> <p>380,386</p> <p>356-361</p>	<p>erm, I suppose it wasn't quite as rigid as I thought it would be, not rigid, that's the wrong word. I suppose it wasn't quite so, "these are the goals, this is what we are going to do".</p> <p>I think that might have been that I just misinterpreted what it was about (...) it wasn't really where, where the group was going.</p> <p>I think the week by week was very good but I think the end, it didn't necessarily..., there could have been more done to make the ending seem a bit more 'worthwhile' is the wrong word to use because it was worthwhile, but to kind of tie that in at the end, and yeah it was all very rushed.</p>

*Subordinate Theme 2: The Expert's Voice*

Participant	Line Number	Quote
Sally	387-389	Jessica maybe had a different, um, take on it, there was never anything like negative or anything like that, um, or maybe she would notice something that I didn't notice.
Susan	412-417	Maria would say, "Well I noticed this about Karen, and I noticed this about Sam" and then Jessica would come in and say what she saw and then we would take it in turns, in saying what we all saw of our children and what others were doing. So they were just sitting there and watching as well and taking notes of what the other kids were doing.
	420-421	It was good because obviously, stuff that I didn't notice they noticed.
	432-436	Or, and then Maria was saying "well did you see Karen smile when she had the toy and she was looking at herself in the mirror". And I was like, "No because obviously, she had her back towards me" and they would say, "Oh she did this". And then I think, "Ok then".
Jennifer	389-393	I mean obviously, if there wouldn't be no one I would straightaway pick her up! It was kind of the pressure of the fact there was Jessica with other lady who was doing this group and other parents, make me..., but I signed to this group I know what to expect so I was ready for that.
	488-493	And whereas two people who are kind of... professional, they know about this playgroup, or not even this playgroup because it's experimental but they know really what babies at this age, they know how far they can go. They are people who are experienced and know what to do.
Jane	83-87	I just thought it would be a nice experience. It would be good to have some kind of experts input erm, and that if I came away being able to learn a bit more about the way babies operate in general I suppose or Andrew in particular then that would be great.
	91-93	Particularly with your own baby but just that you would get that, yeah that knowledge of how to pick up on things and I thinks that's why I kind of thought it would be, yeah.

	113-115	So the home visit erm, both Dawn and erm, Liz came round erm, looked at, I think they wanted to observe how we interacted in our own home.
	146-151	I think what was really the, I think the good parts was erm, I think it was interesting having Dawn there. Yeah. Erm, Just to know, hear a kind of an expert or somebody you know who kind of looks at the way you're interacting and I think from that I gained confidence because she would say you know "you're clearly very in tune with each other", you know?
	261-269	obviously having Dawn there to kind of give you the kind of psychology I suppose behind where that came from. Yeah that was really important I think, why he was doing that, what he was, you know. When, particularly also when the babies was interacting with each other you know, she would say you know "that was really good" and you know "that was really good that they had that interaction and you as a parent you didn't get involved, you allowed that interaction, that's really positive you know, positive for the babies" erm.
	471-473	Without being, yeah. I mean obviously it's lovely to hear from anybody but I think coming from a psychologist...,

## Superordinate Theme 4: Ghosts in the Group

### *Subordinate Theme 1: The Past in the Present*

Participant	Line Number	Quote
Susan	131-133	Yeah in other groups, I mean not with her but my other daughter. I mean she got strangled by another child. So that's put me off a bit, you know.
	357-360	Just because obviously it's a new parent and a new child come into the group and I am anxious about how the other child will be. Obviously having the other child before being strangled, it would make it a lot harder for me to let go.
Jennifer	86-90	I mean I think they just all the time in the now, they don't think about the past and the future. They just enjoy what is going on now. They don't have worries. We just put them and they play and I think it's more in the mind of the mums, you know? What we think is happen, you know?
	335-337	So she can trust, because she never had bad experience so why shouldn't she?
Elizabeth	57-60	If I normally try to think about what something is going to be like and it's not how I imagined it, I get disappointed, so I don't do that. Yeah I get disappointed. If it's not how I expect it to be, I get a bit gutted [Laughter]
	494-502	I felt like I couldn't do anything else because I needed to keep him company. I needed to keep him busy even at that young age, I thought he must be lonely. (...) I don't know. I don't know. That's probably just me and my childhood probably feeling lonely (...) I used to spend a lot of my childhood alone pretty much

*Subordinate Theme 2: Intrusiveness*

Participant	Line Number	Quote
Susan	113-119	The other mums when she used to go up to them. They were like, instead of me just pulling her back like I would do anyway, they were just like, “no, it’s alright its fine, just leave her, let her do, let her do and touch someone’s hair or touch her face, you know. That’s what she wants to experience.” And I was like, “mmm, yeah ok.” And then I would pull her back away from them, like away.
Jennifer	131-137	So I think I was overprotective. I couldn’t relax much or leave her for a little bit longer than one minute or a few seconds, you know what I mean, and also I think I didn’t really... Like when I watch her how she’s playing, and I saw she really tried to grab some toy, I was always giving to her so I kind of didn’t let her try, you know?
	407-410	I think the most difficult maybe was just the first session but I think for every parents because we don’t know what to expect, we don’t know how hard for us would be to not involve, you know?
Elizabeth	218-222	I get out the toys that I want him to play with. I think right you don’t want those messy ones [Laughter] you don’t want the Lego that I tread on and hurt myself with, I will give you what I want to give you and even today I do that still.
	225-227	sometimes I think maybe I am guiding him to be who I want him to be rather than him being him and doing what he wants to do and who he wants to be. Does that make sense?

*Subordinate Theme 3: The Inadequate Self*

Participant	Line Number	Quote
Sally	20-22	that was the only group that we'd been to, um, but at home, just the normal things really, nothing, um, nothing different.
	379-380	I know that seems a bit selfish to hear what they want, er, to hear their opinions about my child, but, I dunno.
Jennifer	137-140	I thought like 'why am I going to frustrate her, I just want to give her, let her play.' But at the same time I kind of delayed her developing because that's how she's learning to growing
	150-154	And even if she couldn't get it then she wasn't bothered and after some times and she moves to something else and explore other parts of the room. Which she didn't before so I thought like, I just should have really left her.
Elizabeth	333-339	I think "why am I comparing?" but I like to look at other kids and see what they are doing (...) because then I don't feel like I am doing a bad job. I don't feel like I have missed out or he is not... Does that make sense to you?
	403-405	the way I discipline Billy, I think "am I doing it wrong, am I being too harsh, am I being too soft?", you know.
	416-417	And so I don't know if I am doing the right thing or the wrong thing
	606-609	even at one stage on the first day I thought "am I watching him right?" I know! There's only one way to watch your kid but, I thought am I doing it right? Am I not doing it right? But then I always panic about things like that.
Jane	103-107	I think one of the things I wanted at the time was maybe ways that I could help Andrew develop mentally, so what could I do that would really move him forward because I think being a premi baby there is always that fear that erm, that they might get left behind
	120-122	I probably look back and think I was probably doing all of those things but I didn't have the confidence that I was doing them.
	473-475	you always want to know, "am I doing something that's going to damage them?!" [Laughter] erm.

## Superordinate Theme 5: Evolving Relationships

### *Subordinate Theme 1: Letting Go*

Participant	Line Number	Quote
Sally	532-535	Yeah, I think, as well as the result of the group, I'm letting him go that little step further, if you know what I mean?
Susan	360-363	But because I knew them, I still pulled her back out of some situations, but then at the end of it I started letting her go and getting on with what she wanted to do at the end.
	385-388	So I just let her you know, get on with it. Let her know that I'm still there, but you can go off and play with the other children and do what you know, do what you have to do.
Jennifer	140-144	This playgroup helps me with that because at the end of the session I always thought like, well I'm going to bring her home. I'm just going to let her try by herself to do things not I see she's interesting in something I was giving to her, bringing, bringing, you know.
	213-219	We did, I did, yes, actually after this playgroups when I just was put her in a safe place of course, on the carpet with toys, I was more relaxed. I was like "why I should jump she's fine?" I don't want to interrupt her and I just left my time a little bit more in the kitchen and I don't have to every few seconds jumping and see what's going on. It's a safe room so what could happen.
	258-261	So I was moving her from this side and that side but then later, I thought later in the groups I thought I'm just going to leave her and see how she's going to manage to get it from this situation.
Elizabeth	300-302	Sometimes I just think, "Oh he's my little baby." But he's not my little baby anymore. He is a proper little man now, just getting on with life really.
	476-481	I don't think it's had an effect on our relationship. I think it's had an effect on how I interact with him because if I see that he is content I am more than happy now to just sit back and let him get on with it whereas sometimes I feel, before, before I came to the watching and wondering I felt guilty if I wasn't playing with him. Does that make sense?



	485-490	I felt bad that I wasn't playing with him but after the group I found that it was alright to just get on with it, it's not a big deal. It opened my eyes a bit more to him, me allowing him in a way to be independent, allowing him to experience things on his own, with me not constantly by his side next to him, pushing him to do this or pushing him to do that. Does that make sense?
Jane	548-557	what's lovely now is that he will really pick and choose what he wants to play with so I suppose we watch him in that sense you know (...)he will really pick what he wants and that's really nice to see you know, that he has you know, he will turn the basket or move things out of the way erm, to get at a favourite toy erm, so yeah I suppose we still do do it, but not in quite the same..., without really thinking I suppose. We just do it.

*Subordinate Theme 2: New Perspectives*

Participant	Line Number	Quote
Sally	259-265	going to the group has made me just look at him differently anyway, and think, 'Oh, what does that mean when he's doing that.' Um, yeah, so it's just made me think differently really, and maybe take that time a bit more to just sit and watch him, not be so busy doing everything else. Because I think without going to the group, maybe I wouldn't, I wouldn't have done that.
	524-526	it made me just question it a little bit more as a result of coming to the group I think, whereas before, I don't think I would have thought anything of it really.
Susan	255-257	Just we are playing more at home now, instead of it just being her on her own. We play ball together and I try and involve her dad a lot more, as well, in the playing as well.
	560-563	And then she will go over and get something else and she will sit there and play with it and then look as if to say, "Well you can come and help me now, you can come and play with me". [Laughter].
Jennifer	421-427	If I wouldn't have this playgroup I would never do it, I would never thinking to stop, carrying on what I'm doing, watching her so often, give her toys all the time around. I would never have even have this thought "leave her". I probably wouldn't have these thoughts just leave her alone, let her explore or something.
Elizabeth	78-82	Erm, I don't think things changed. I just think the only thing I really noticed was Billy changing how he looked at things differently erm, what sort of toy he'd go for first, what sort of toy interested him or whether it was a noisy toy, the rattley toys you know? That's the only thing I saw, saw that changed really.
Jane	235-241	I don't think there was one moment. I think it was just a culmination of the weeks, that I just came away thinking I've felt more positive, more positive about him and his development which again is probably just being around other babies and seeing where they are at erm, and my, my abilities with him and how, how good I suppose I was at reading him.

	412-413	which again I suppose for me it just kind of..., the group reiterated, that we were doing all of those things
	522-523	Erm, I think it was probably something I had always kind of thought but I think the group just reinforced it.