

**Waiting with Parents: An Interpretative Phenomenological  
Analysis of the Parent Experience of Psychoanalytically-Informed  
Parent Work**

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## **Covid-19 Impact Statement**

The following Covid-19-related factors significantly impacted the progress of this study.

Initial lock-downs slowed my recruitment procedures. I left London over this period due to family circumstances and could therefore not access the necessary systems to identify potential participants. Moreover, the wider impact of early pandemic months including the M80 training programme and clinical work moving online, interrupted my research momentum.

These pandemic-related factors, in combination with a period of serious illness and hospitalisation during which I took several months off of the training (and research), resulted in the majority of the study write-up being delayed until after my clinical qualification. An unanticipated scenario, I continued as a research student whilst simultaneously beginning as a newly qualified child and adolescent psychotherapist in a London Child and Adolescent Mental Health Service (CAMHS). My new role involved running a mental health clinic in three schools, where the needs of the student population had escalated dramatically; my caseload comprised children and families with complex and high risk difficulties. Despite having set aside time each week to devote to this research I was often not able to make use of it, needing instead to catch up with essential clinical tasks.

Due to the above, I carried out this research over a lengthier period than anticipated. The research process was fragmented and the final phase of writing-up involved drawing together multiple strands of the project completed over several years.

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## Abstract

**Background & Aims:** Psychoanalytically-informed parent work is central to the success of a child's psychotherapy. Although well-documented in literature, there is a dearth of research which is reflected in the limited attention parent work receives on clinical training programmes and resource-stretched NHS CAMHS. This study primarily examined the lived experience of parents in parent work.

The secondary research aim, guided by the interdisciplinary research project, *Waiting Times*, was to investigate experiences of waiting and time in parent work. In line with project theory, parent work was conceptualised as a form of temporal care: *waiting with*. During data analysis the aims converged: *waiting with* provided a framework through which to explore parent experience.

**Methodology:** IPA methodology was employed to examine the semi-structured interviews of five parents. The analysis comprised two sequential stages: a classical IPA followed by a dialogical exchange between the results of the first analysis and the extant *Waiting Times* theoretical notion, *waiting with*.

**Findings:** A first-order IPA generated themes pertaining to experiences of ambivalence, containment and temporality. Building on these findings, a second-order analysis generated an idiographic theoretical model based on three statements: **1.** The offer of parent work is linked with ambivalent feelings **2.** The prolonged experience of being *waited with* creates new time, and parents feel: a sense of relief; understood and less alone **3.** Parents' experiences of time and waiting are linked to their capacity to *wait with* their child.

**Conclusions:** This study highlighted the potential of parent work to engage parents in a transformative process, a shift in their experience of time and capacity to wait which is linked to an improved capacity to support their child. Whilst not claiming to be generalisable, the findings support literature that champions parent work in child psychotherapy interventions. Clinical implications and ideas for future research are also considered.

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## Introduction

In the UK, one in seven primary school-aged children has a mental health related difficulty, a rise of 9.4% from 2017; 75% of mental illnesses begin in childhood (MQ Mental Health Research, 2021). These startling statistics provide the backdrop to increased pressures on Child and Adolescent Mental Health Services (CAMHS) to deliver timely and effective interventions to children and their families. Links between parent<sup>1</sup> and child mental health are well-known (e.g., Lewis et al., 2018; Eckshtain et al., 2018); clinicians have long argued that contact with a child's parents is an important source of support and facilitator of change. Parents "present at CAMHS in a complex state of mind" (ACP, 2011) and more often than not, their parental capacity is in some way impaired and they too are suffering. Across treatment modalities, involving them in the work has been found to have a positive influence on treatment effectiveness (Dowell & Ogles, 2010; Odhammer, 2011); a child's access to help often hinges on their support and understanding (Baldwin, 2014). Parental engagement in therapeutic work, however, varies greatly, ranging from limited contact in reviews every three months, to longer-term interventions in which parents become co-therapists for their children (Creswell, Cartwright-Hatton & Rodriguez, 2013).

Child and adolescent psychotherapy, one of CAMHS core treatment modalities (ACP, 2018), approaches parent work in a distinct way. Parents are ordinarily seen by separate clinicians (Holmes, 2018; Rustin, 2000), and although there are no universal guidelines for how the work should be carried out or specification around the parent worker's clinical background, child psychotherapists are increasingly relied upon, and a psychoanalytic approach is highly valued (Rustin, 2009). The title of Novick and Novick's (2005) *Working with Parents work makes therapy work* encapsulates the current view held by many clinicians and theorists in the child psychotherapy community (e.g., Tsiantis et al., 2000; Sutton & Hughes, 2005).

While clinical writing on parent work spans several decades (e.g., Kraemer, 1987; Rustin, 2000; Tsiantis et al., 2000), it has not gathered the same momentum in the clinical research community, and is considered a "neglected element among researchers" (Midgley et al., 2021, p. 52). Though there is some empirical evidence that a child's psychotherapy offered

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<sup>1</sup> For the sake of brevity, throughout this study the term "parent" or in some cases, "mother", will be used to indicate the child's primary carer, or adult with parental responsibility. Of course in many instances this may not be a child's biological parent.



with parallel parent work will have better outcomes than without (Trowell et al., 2007), and the demand for this work is increasing (Rustin, 2009), there is a dearth of qualitative research exploring *how* it can be most helpfully offered (JCP, Research Digest, 2018). Moreover, in line with UK government commissioned research that highlights the importance of parents being “at the centre of plans to work out how best to help them and their children” (MQ Mental Health Research, 2021), there is a particular need for qualitative research to uncover the parent perspective and experience, by hearing from parents themselves (Midgley et al., 2014; Urwin, 2007). By understanding what it is like and how it is received, therapists can better sensitise to parents’ internal processes, and provide more attuned therapeutic work (Levitt et al., 2006).

A scarcity of research has likely contributed to limited emphasis on parent work in psychotherapy training courses (Rustin, 2009), and a lack of parent work for cases in CAMHS (Taylor, 2013). As a child psychotherapy trainee in an inner London CAMHS, I witnessed first-hand how strained resources limit a clinician’s scope to carry out this crucial work, a significant failing if one considers the role of parent work in treatment success. Furthermore, my training focus on individual work with the child left me somewhat apprehensive about encounters with parents. In the consulting room with an adult client, despite my clinical experience I became conscious of my age and felt ill-equipped to understand their parenting dilemmas - I was younger than most parents and I have no children myself. The more I carried out this work, the more I understood the unique task of “parent psychotherapy” (Sutton & Hughes, 2005). Complex projections and other unconscious communication seemed central to my understanding of both the parent and their child, but I felt unsure of how or whether to take this up and share these insights with them. My hesitance translated into a certain degree of ambivalence towards carrying out the work, despite my knowledge of its key significance.

As such, I decided upon parent work as a research focus to deepen my knowledge of this clinical terrain, and specifically how parents themselves made sense of it. I hoped the findings would contribute to the clinical research base, provide evidence for commissioners’ decisions around resource allocation, and ultimately support psychoanalytic trainees and clinicians to get alongside parent clients, and work effectively with them through times of crisis. Reading others’ experiences and ideas from a clinical standpoint had allowed me thus far to glean clinical perspectives on parent work. I hoped this research could compliment a

clinician's encounter with a parent in the consulting room by generating another form of knowledge, an emotional understanding closer to Wilfred Bion's notion of *Learning From Experience* (1962). With this aim in mind, I interviewed parents and adopted an interpretative phenomenological (IPA) methodology, an approach that foregrounds lived experience and gives attention to relational aspects of the research encounter. The primary aim of the project was to explore the way in which parents make sense of psychoanalytically-informed parent work.

The second line of enquiry was aimed at shedding light on a more focused understanding of *how* psychoanalytic work with parents truly works. My particular interest came about through my awareness of an interdisciplinary research project, Waiting Times (<https://waitingtimes.exeter.ac.uk/>), a collaborative endeavour led by scholars of humanities, psychoanalysis and social sciences. Waiting Times seeks to investigate temporalities in healthcare: how time and waiting can be understood as modes of care. The project places emphasis on psychoanalytic practice as “a form of treatment that takes time and the relationship with another as its primary materials” (Salisbury & Baraitser, 2020, p. 113). Drawing on the work of Bion and other psychoanalytic thinkers, the Waiting Times project conceptualises clinical listening (Baraitser, 2022) of psychoanalytic work as a form of *waiting with*<sup>2</sup> or staying alongside those in pain (Baraitser, 2017). This specific form of care, they claim, not only develops over time, but *creates* time, allowing for an individual to recover from states of mind or conditions that had felt chronically and unbearably stuck.

Through my engagement with the Waiting Times project literature, combined with clinical experience of work with parents in a time-pressured CAMHS clinic, it struck me that parent work is itself a layered form of *waiting with*. Parents are offered the opportunity of being *waited with* in order to not only support their parenting, but also to develop their own emotional endurance and stay alongside their child's distress, with the ultimate goal of re-routing their child onto ordinary developmental lines and recovery. The development of a sense of time and the capacity to wait are key developmental achievements (Perelberg, 2007), and considered to be “essential element[s] of analytic treatment” (Goldberg, 1971, p. 415). Written about in literature concerning both adult (e.g., Levin, 2012) and child clinical

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<sup>2</sup> The concept *waiting with* will be fully elaborated upon in the Literature Review, *What does it mean to wait with?*, section.

contexts (Canham, 2012), time and waiting have never been considered in relation to parent work. As Goldberg (1971) states, “we bear waiting, but we probably rarely try to understand it” (p. 414).

My research sought to enter this new terrain and investigate the experience of time and waiting within the clinical remit of parent work. In line with Margaret and Michael Rustin’s (2019) research claim that psychoanalytic thinking can deepen meaning and further explain individualised phenomena, I hoped that bringing together parents’ lived experience of time and waiting in the work, with psychoanalytic concepts and theories of temporality from the Waiting Times project and beyond, would offer a unique contribution to the clinical and theoretical field of psychoanalytic parent work. In this overlap I hoped to create the basis of a clinical framework that could guide practice, by drawing attention to a parent’s transformed experience of time and waiting and how this could operate as a mechanism of change with implications for the child and parent.

## Aims

- 1) To explore the lived experience of parents engaged in psychoanalytically-informed parent work
- 2) To examine the extent to which psychoanalytic theory around time and waiting can shed light on parents' accounts of the experience of parent work

The two study aims began as distinct entities. As the research developed, however, and specifically through intensive analytic engagement with the data, the concept of *waiting with* emerged as an organizing frame through which the entirety of parental experiences was explored. In this way, the two project aims moved closer together and the second aim became a way in which the first was operationalised. The lived experience of parents engaged in parent work was explored through their experience of time and waiting in the work.

## Literature Review

### Overview

Given the diverse literature that could usefully inform both an understanding of psychoanalytic parent work and psychoanalytic theory on the subject of time and waiting, a narrative approach was adopted. A narrative method is often employed to review literature of diverse subjects as it allows for meaningful syntheses of topic areas.

The review will be divided into two sections:

- 1) *Psychoanalytic Parent Work*
- 2) *Psychoanalytic Theories of Time and Waiting*

Arguably, the researcher's knowledge of these two key 'starting points' could be seen as biasing the search results and therefore the outcome of the review. A balanced overview was made possible through comprehensive searches to identify relevant clinical, theoretical and research papers. The search strategy is outlined below, followed by a presentation of the findings. Within the psychoanalytic parent work section, the review will historically contextualise the topic, relate theoretical ideas with clinical practice, and highlight points of controversy therein. Gaps in the literature are illuminated, with particular attention paid to areas of limited research.

The time and waiting section will begin with a focussed summary of key psychoanalytic literature informing the topic<sup>3</sup>. Following this, the Waiting Times interdisciplinary project literature will be explored, with particular attention given to the project's central idea of waiting as a form of care: *waiting with*. Exploring this concept will give context to the current study aims, in particular, the link between time, waiting and parent work. A brief summary section will elucidate how each of the reviewed areas individually shaped the study aims, and moreover, how a convergence of the two strands provided the basis of the evolved research inquiry.

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<sup>3</sup> Due to the vast nature of this topic, parameters around literature reviewed were established and will be described in the section below.

## Literature Search Strategy

Two separate search strategies were employed to reflect the differences between the bodies of literature informing each section of the review.

### *Psychoanalytic Parent work*

Four databases were selected for the literature search as together they cover an extensive range of psychoanalytical literature: PsychINFO, the Pep Archive, PsycArticles and SocINDEX. Key terms were identified for the central concepts of each search, and lists of synonyms drawn up. A Boolean operator was used to create final complex searches by combining synonyms using the OR function, and whole concepts using the AND function. Limiters were applied to reflect the following inclusion criteria:

- Literature in the English language only
- Adult subjects only (for research studies)
- Only peer-reviewed papers
- Parent work defined as parents or carers being seen adjacent to the child's individual psychotherapy

In addition to the above inclusion criteria, literature was considered regardless of its country of origin, its methodology or literature type (i.e. empirical, clinical or theoretical). Ancillary search procedures were also employed, comprising manual searching of the reference lists of key eligible papers, and key word searches of the Child Psychotherapy Journal and the Tavistock and Portman e-Library.

Using the methods described above, a second search was conducted for research that captured the parent experience of parent work by hearing from parents themselves. Three eligible studies were identified in this more focussed search. Of note, one study included parents involved in psychoanalytic parent-child work. Despite this being outside of the search inclusion criteria, this study employed IPA methodology and was therefore treated as an exception, due to its methodological parallel with the current study.

Finally, a literature search for key concepts of time and waiting in psychoanalytic parent work yielded no results.

## *Psychoanalytic Theories of Time & Waiting*

The Waiting Times project ideas shaped the time and waiting strand of the current research inquiry. This section of literature searching therefore began with a manual search of the Waiting Times project literature guided by my supervisor, a senior research fellow on the Waiting Times project. Literature searching was an iterative process, and as the Waiting Times project's concept, *waiting with*, became central to the current study aims, the search expanded to encompass psychoanalytic literature from which the idea originated. A snowballing technique was employed to discover pertinent theoretical and clinical papers around psychoanalytic theories of time and waiting, using reference lists from the Waiting Times project literature as a starting point.

### **Literature Review Findings**

#### *Psychoanalytic Parent work Literature Overview*

Within the field of child and adolescent psychotherapy, there is general consensus that parent work is a fundamental component of a child's intervention (e.g., Sutton & Hughes, 2005; Rustin, 2009; Slade, 2008); parents' engagement in the work is thought by clinicians to be integral to a successful treatment outcome (Novick & Novick, 2005; Sutton & Hughes, 2005) and there is some evidence in research (e.g., Trowell et al., 2007; Dowell & Ogles, 2010) to support this claim. This review found that a rich and diverse literature base has developed over the past 20 years consisting primarily of clinical and theoretical papers, whilst parent work continues to be somewhat neglected in research (Holmes, 2018; Midgley et al., 2021) There have been even fewer attempts to hear about the experience from parents themselves.

It has been argued that a combination of its clinical complexity and traditional position as an adjunct to a child's therapy (Gvion & Bar, 2014), have resulted in a scarcity of comprehensive frameworks to inform parent work practice (Novick & Novick, 2005). There are no universal guidelines around how to carry it out, and there has been much variance and debate about appropriate models of work (Sutton & Hughes, 2005; Whitefield & Midgley, 2015; Rustin, 2000). At one end of a spectrum, there are clinicians and theorists who prioritise a model in which one therapist works with both parents and child (Chazan, 2003), and others who claim that parents should be seen separately, with the child not involved directly in the treatment (Jacobs & Wachs, 2002). It has been suggested that an absence of a

comprehensive framework is reflective of the highly individualised work carried out (Holmes, 2018).

As the literature is primarily clinical and theoretical, wherein authors apply theoretical ideas to clinical case vignettes, this section of the review will be organised by different areas of work covered, as well as broader points around overall technique and theory underpinning it. To give context, a summary of the history of parent work will begin the section and to conclude, the few studies that capture parents' voices will be examined.

### *Historical Context*

The first form of parent work accompanying child psychotherapy in the UK appeared in "child guidance" multidisciplinary clinics of the 1920s, and was carried out by psychiatric social workers (Lanyado & Horne, 2009). Following this, the rise of the object relations school of thought saw a decrease in parent work, perhaps because this child psychoanalytic method was a derivative of adult work, in which seeing family members was unusual and thought to be contraindicated (Novick & Novick, 2005). Anna Freud, having developed a different theoretical position to Melanie Klein and the object relationship theorists, was unique in her emphasis on working with parents when their child was in treatment. She drew attention to the importance of involving parents to ensure the child's treatment was sustained (Freud, 1974 [1926]), and would only carry out analysis with a child if their parent was also engaged in treatment (Gvion & Bar, 2014). As theory and practice of child psychotherapy progressed, the contributions of several key thinkers, namely Donald Winnicott, Erna Furman and Selma Fraiberg, led to a renewed focus on parallel parent work, and ultimately the development of models of work with parents that exist in child psychoanalytic psychotherapy today (Tsiantis et al., 2000). In contemporary practice, parents are seen more frequently than in the past, and often by a separate therapist with a background in child and adolescent psychotherapy (Rustin, 2000; Harris, 1968).

### *Relational Shift*

This renewed focus on a parent's role in the work has been linked to a paradigm shift in clinical thinking, influenced by developmental psychology and infant research, towards understanding development as an interactional process between parent and child (Jacobs, 2006). The mechanisms of change in a child's psychotherapy intervention are no longer seen



as solely concerning the mental state of the child, and psychic change in the parent has received greater attention. This *relational shift* (Jacobs, 2006) is aligned with the previously established view of parenthood as a developmental phase in itself (Benedek, 1959), in which an individual is “psychically open to change” and “in a state of more available fluidity” (V. Green, 2000, p. 26) with respect to clinical work. As such, parent work moved from being primarily concerned with developing a therapeutic alliance to secure and support a child’s treatment (Tsiantis et al., 2000), towards the view that a parent too must shift alongside their child (Novick & Novick, 2005; Sutton & Hughes, 2005). Relatedly, the work has been described as taking place in a “liminal zone which entails both keeping the child’s own treatment in view, while also in some ways being akin to a psychoanalytic setting for the parent” (Holmes, 2018, p. 264). Adrienne Sutton and Lynette Hughes (2005) capture this nuanced clinical position by terming the work *parent psychotherapy*.

### *Parent or Patient?*

Though many acknowledge that parent work often has an impact on the individual’s life and personality beyond their parenting (e.g. Sutton & Hughes, 2005), there is debate around the extent to which a parent is considered a patient in their own right. Some argue that a parent should be referred to adult departments “when the material emerging [in the work] seems to originate from the unconscious mind” (Horne, 2000, p. 63), whilst others take a more liberal view, claiming that a child psychotherapist can offer a helpful focus on the infantile parts of a parent, in work that is more akin to adult psychotherapy alongside a child’s treatment (Rustin, 2000). Despite these ongoing debates, there is consensus that the core principles of the technique and formulations in the work are psychoanalytic. Novick and Novick (2005) stipulate parent work should make use of the “full repertoire of psychoanalytic interventions” (p.21) established in child and adult contexts. This includes working with transference and countertransference understanding, analysing resistance, and using techniques of interpretation and working through, alongside educative and ego-supportive work. In keeping with the Novicks’ thinking, most clinicians would agree that the work is best carried out by those with a background in the psychoanalytic field (e.g. Rustin, 2000).

### *Multifaceted Aims*

The aims of parent work have been described as multi-faceted due to the highly individualised way in which the work is carried out (Cregeen et al., 2017). It requires a high

level of responsiveness, agility and sensitivity on the part of the therapist (Rustin, 2000) who must continually adjust the approach to the time-specific needs of the parent, whilst keeping the child in focus (Sutton & Hughes, 2005, p. 182). Conveying this agility and responsiveness, Viviane Green (2000) writes: “[the therapist] will be engaged in a continual process of responding and reflecting, picking up on the moment and closely watching to see how interventions are responded to – which of them bear fruit, and which wither” (p.45).

Due to the ideographic nature of the work, there have been but few attempts in literature to create a comprehensive framework or summate the organising principles, and those that exist (e.g. Novick & Novick, 2005) do not inform practice universally. Several theoretical and clinical papers have attempted to delineate areas and levels of work, or divide it into categories. Sutton and Hughes (2005), for example, identified five distinct “areas” (p. 173) of work as follows: practical support regarding child’s therapy and wider network; communication relating to the child’s therapy; support for parental function; exploration of family relationships and of parents’ childhoods. Rustin (2000), meanwhile, divides the work into the following four categories: protecting and sustaining the child’s therapy; strengthening parental function; promoting shifts in family functioning and individual psychotherapy for both or one parent. In both papers, theorist clinicians place emphasis on flexibility between categories across the intervention.

Given a lack of singular vision in clinical literature, it seemed helpful to turn to recent research (Holmes, 2018) that sought to refine the aims described in the literature through interviewing psychoanalytic clinicians. The aims identified in Joshua Holmes’ research, consonant with the literature, were as follows:

- To focus on a parent’s individual, unique personality and help them to identify their struggles
- To contain parental anxiety
- To foster empathy for the child and to support a parent to emotionally disentangle from their child

Holmes’ (2108) findings also introduced the idea of ‘levels of work’, centring on the importance of a developmental sequence of tasks. The containment of parental anxiety, for example, was found to be a necessary precursor to later shifts or transformative experiences.

The research also drew attention to the importance of clinical ‘pitching’, to ensure the work was carried out at a level the parents could best access.

### *Therapeutic Alliance*

There is agreement in the literature that in the initial stages of work with parents, the therapist must work to establish a therapeutic alliance (e.g. Tsiantis et al., 2000), engaging them to fully understand their child’s (and potentially their own) presenting difficulties. Described in adult treatment as an individual’s “conscious or unconscious wish to co-operate, and his readiness to accept the therapist’s aid in overcoming internal difficulties” (Sandler et al., 1992), the concept has been referred to in parent work as a “background of safety” (V. Green, 2000, p. 29), and a necessary foundation for ongoing emotional work (Marks, 2020; Fraiberg et al., 1975; Tsiantis et al., 2000).

Novick and Novick (2005) position the therapeutic alliance as a centralizing framework through which to understand development across the intervention as a whole, demarcating different *alliance tasks* parents must be supported to navigate. It is the quality of the alliance, they argue, that determines the outcome of the intervention, both for the parents and their child. Influenced by Anna Freud, they highlight her central goal of child psychotherapy as the “restoration of the child to the path of progressive development” (p.17) and offer an addition to her developmental model by suggesting a parallel goal for parents: “helping parents achieve the developmental phase of parenthood” (p.17). The Novicks hereby gesture at scope for parent work to have lasting impact, by cultivating a resource in the parent for the child to draw on post intervention. This view is supported by many others in the clinical field (e.g., Marks, 2020).

### *Approach to the Transference*

Interpretative work using transference and countertransference phenomena is a central component of child and adult psychoanalytic practice, and a key mechanism of change. When working with parents, it is understood that transference layers in the work are especially complex due to the increased number of individuals involved (i.e. child, parent, two therapists) (Sutton & Hughes, 2005). A unique form of transference relationship, specific to parents and parent workers, has been identified and termed by Sutton and Hughes (2005) as a *grandparental transference*. This niche way of relating involves the parent’s desire for an

adult (their parent worker) to contain their infantile anxieties i.e. a grandparent-type figure. Relatedly, V. Green (2000) describes how gathering the positive transference can facilitate a secure therapeutic alliance, and enable the parent to identify with the parent worker as a “reactivated or new developmental object” (p. 31).

Understanding the nature of these transferences, and their potential to influence the course of the child’s intervention, has been emphasised within the literature. Though most acknowledge a need to monitor and use transference insights to inform clinical formulation and technique, there is debate around whether and when they should be interpreted explicitly. Some authors advise against verbalising transferences (e.g., Horne, 2000; Palombo, 2001), whilst others offer guidance around the necessary conditions or appropriate context in which transference interpretation might helpfully be introduced. Factors such as the frequency of the work, and consent of the parent in relation to the depth of the work have been highlighted (Rustin, 2009).

Within this debate is the argument that a failure to take up the negative transference may result in a parent acting out, putting their child’s treatment in jeopardy (e.g., Sutton & Hughes, 2005). Baldwin (2014) deepens this idea, by highlighting the pivotal nature of alliance ruptures or transference resistances in the work. She describes different forms of rupture, e.g. confrontation or withdrawal, and attributes them to common feelings of guilt and shame that parents’ harbour when beginning the work (see also Jarvis, 2005). Without explicitly mentioning technique in relation to the transference, she illustrates how alliance repair, guided by the parent worker, is necessary to safeguard the parent’s (and child’s) continued work.

### *Containing Parental Anxiety*

Clinical literature and research highlight the central place of parental containment in the work (e.g., Rustin, 2000; Holmes, 2018; Whitefield & Midgley, 2015), a finding noted above in Holmes’ (2018) research. Clinicians interviewed noted how for parents overwhelmed by infantile anxiety and unmet needs of their own, less session time is devoted to explicit thinking about the child, and the primary goal of treatment lies in the containment of their anxiety. These findings link to the claims of Fraiberg et al. (1975), in their seminal clinical

paper in which they state: “when [a] mother’s own cries are heard, she will hear the cries of her child” (p. 369).

Rustin (2000) also suggests that the initial task of parent work is to identify infantile anxieties that interfere with a parent’s capacity to function as a parent. She draws attention to key aspects of the setting that facilitate this process. Firstly, she notes the receptivity and tact of a child psychotherapist to attend to these particular transference aspects of a parent’s mind, and their consonant skill in developing a shared language with a parent with which they can feel their pain has been processed. Secondly, she places importance upon the therapist’s commitment to establishing a reliable setting i.e. session regularity in time and space. In line with the assertions of Fraiberg et al. (1975), Rustin describes how a parent’s capacity to understand and contain their child may be rooted in a new experience of feeling themselves understood. What is more, having their own needs met, especially for those parents who are experiencing this as a first, has been claimed by some to be in itself a sufficient intervention (Chethik, 2000).

A recent small-scale qualitative study in which clinicians were interviewed to investigate the way in which parents’ own childhood experiences are worked with, confirmed Rustin’s assertion around the importance of a consistent setting (Whitefield & Midgley, 2015). Researchers found that parents were more able to explore this layer of their experience when offered longer term, regular sessions. Findings also shed light on the clinical imperative to seek permission from a parent to pay explicit attention to their childhood. Interestingly, the researchers make a distinction between the way in which a parent’s childhood is approached in adult work, versus how in parent work it is explored whilst keeping the adult’s role as a parent and their child in view. Moreover, they claim that though clinicians do hold in mind an awareness of transference processes, they do not work on issues rooted in a parent’s childhood via transference interpretation. Despite providing important contributions to the field, the research highlights the lack of parent voice in its findings and suggests future research interviewing parents themselves.

### *Parental Projections & Developing Empathy*

Another potential hinderance to a parent’s clear perception of their child’s mind is attributed to excessive parental projection (Holmes, 2018; V. Green, 2000). Untangling what does not

belong to the child, and in this way establishing a sense of a child with a separate mind and needs of her/his own, has been platformed as a key goal in the work of a parent intervention (Holmes, 2018; Pantone, 2000). Processing their own projected anxieties in the work, allows parents to develop new internal space in which they can foster greater empathy for their child (Holmes, 2018).

Some authors have further theorised on this topic, adding nuance by arguing that there may be some benefit to a dyadic situation in which the child is a receptacle for parental projections. When the projections are ego-synotic for the child, and therefore do not disrupt development, the parent may be offered a unique opportunity to work through their projected anxiety in the displacement (i.e. in their child). A positive outcome of this process would not only support parental ego-function to better their parenting, but may also have broader implications to supporting other aspects of their personalities they may not otherwise address (Sutton & Hughes, 2005).

### *Parents' Experiences*

As evidenced in the above section, clinical studies written by practitioners make up a majority of the literature surrounding parent work. Parent work continues to be a neglected area of empirical study (Midgley et al., 2021) and in particular, the parents' accounts of the therapeutic experience is largely absent (Ablon & Marci, 2004; Rayner et al., 2011). Some research exists in the form of studies using methodologies such as Q-sort coding to examine parent work session interactions (e.g. Kufferath-lin et al., 2021) and thematic analysis of clinical process notes (e.g., Karpetis, 2016) to explore therapeutic process. Though the parent voice is present in these studies, an examination of session material is not reflective of the parent's experience from their own point of view. Other studies investigating effectiveness and outcoming in the work (e.g., Odhammer et al. 2015; Urwin, 2007) feature the parent voice in the first person. However, despite capturing first-hand experience, narrow foci of perspectives on child progress and goal setting, did not allow for an in-depth investigation into experiences of their parallel therapeutic work. The following three qualitative studies were the only research initiatives found, that captured parents' experiences of sessions from their own perspectives.

Stapley et al. (2017) identified three patterns of experience amongst 28 sets of parents of depressed adolescents engaged in parent work:

1. *Learning Curve Parents* – found session work life-changing, and adapt to a novel view of their child’s difficulties and of themselves as parents.
2. *Find my own solution Parents* - initially receptive to support though disappointed by it, therefore seek their own solutions.
3. *Stuck Parents* - caught in an unchanging cycle, they value help for themselves and their child, but do not feel CAMHS was helpful. Most likely to suffer mental health difficulties.

This longitudinal large-scale study broadly categorised *ideal types* of parent, but in so doing missed out on the nuances of the parent experience gleaned at interview.

Using grounded theory methodology, Nunez et al. (2021) investigated the parent experience of the therapeutic relationship, as one of an intervention triad comprising a parent, child and therapist. The sample comprised 12 triads, four of whom were engaged in child psychotherapy and parallel parent work and the remaining six in systemic and cognitive constructivist therapies. Answering the central aim of this study, findings revealed that a positive and trusting therapeutic relationship was experienced as a gradually constructed process, facilitated by positive emotional exchanges between all three parties, including collaboration from parents. Positive therapeutic relationships were also found to shape parents’ motivation and foster changes in the work. Despite offering a rich contribution that included the parent experience, the variety of treatment modalities make the findings less specific to the experience of psychoanalytic parent work. What is more, the pre-established focus on the therapeutic relationship, and partial focus on parents as one of three in each triad, limited the breadth of parent experience explored.

Kenny et al. (2017) lay out five themes of change from interviews with eight parents, concerning their experience of parent-child psychotherapy. These include: self-compassion; feeling understood and enabling understanding; changing expectations; allowing the therapist into the parent-child relationship and the value of psychotherapy and risks of potential harm if discontinued. The importance of the therapeutic alliance was identified; when participants felt held in the mind of the psychotherapist, they were enabled to hold their child’s needs in

mind. This study concentrated on change experience in parent-child psychotherapy, which is distinct from stand-alone work with parents.

Collectively, these three qualitative studies capture: three ideal types of parents engaged in psychoanalytic parent work; a cautious finding relating to parents' experiences of the therapeutic relationships in the work and an in-depth exploration of the parent experience of parent-child psychotherapy. The current study addresses a gap that remains unfilled: a singular focus on the lived experience of a parent in psychoanalytic parent work.

### *Time and Waiting: Key Psychoanalytic Literature*

As is depicted in the above section of the review, parents' infantile anxieties are often stirred up in parent work; an initial task for a clinician is identifying and containing these anxieties (Rustin, 2009). It follows that a parent's experience of time and waiting, key processes rooted in early development (Freud, 1911; Perelberg, 2007; Shulman, 2019) may be an important component of the therapeutic process in parent work. The subjective experience of time passing is known to have clinical significance in psychoanalytic work (Perelberg, 2007). There is no literature to date on this topic relating to psychoanalytic parent work. My study sought to venture into this as yet unexplored terrain. The following section will outline key psychoanalytic literature around time and waiting, including a brief review of the clinical literature exploring these concepts. Turning to current research on temporality in clinical settings, the Waiting Times project will be introduced and reviewed, with a focus given to the psychoanalytically-informed project concept *waiting with*.

### *Psychoanalytic Temporality*

Despite the distinct lack of a consolidated account of Freud's theory of time (Noel-Smith, 2016), many authors and clinicians writing on the topic have clearly elucidated his concepts and ideas, as well as developing their own theories using Freud as a starting point (e.g., A. Green; Lacan; Laplanche). To present them all would be an extensive exercise, beyond the scope and necessary remit of this section. I therefore narrowed focus by selecting the following core temporal concepts for review: psychoanalytic temporality as heterogenous and nonlinear, the Unconscious as a timeless entity; the sense of time passing as a developmental achievement involving loss and separateness, and finally, the unique nature and function of temporality in the analytic encounter. In reviewing these central tenets of psychoanalytic



thinking around time, I hope to set the scene for the Waiting Times project ideas, that I operationalise in my research and will be later examined in this review.

### *Non-linear and Heterogenous Temporality*

There is consensus across psychoanalytic schools of thought that psychic temporality is multi-dimensional and complex and that traditional boundaries between the past, present and future are too reductive in their sequence and divisions to accurately capture experience (Canestri & Fiorini, 2009; Perelberg, 2007). André Green (2002) articulates this concept in a comprehensive engagement with Freud's ideas. Green demonstrates how the constituent agencies of Freud's topographical models of the mind - the system Unconscious (Ucs.), Preconscious and Conscious of the first, and the id, ego and superego of the second - are governed by unique temporalities that contradict and oppose one another. The psychic activity of each part of the mind, Green suggests, depends upon tensions created through their opposing temporal currents. He elaborates Freud's ideas by introducing his own term, *shattered* or *exploded time*, to refer to the temporal setting of dreams, in which everything occurs in the present, yet fragments of the past and future are scattered throughout. Time is in this way dismembered. Green draws attention to the topographical nature of regression experienced by the dreamer, i.e. she/he does not return to the past, instead transitioning to an earlier state of mind, akin to that of being in the womb, in which there are no past, present and future distinctions.

Green proposed that distinct temporal currents flow through an individual's mind, not solely within the context of dreams. The mind is perpetually involved in a balancing act, shifting between temporalities and "seeking above all not to allow a current to develop in the psyche which might overwhelm it" (A. Green, 2002, p. 61). He draws attention to the Freudian concept *Nachträglichkeit*, most often translated as *deferred action*, to illustrate the nonlinear logic of temporality in wakeful life. *Nachträglichkeit* captures the idea that past "experiences, impressions and memory-traces may be revised at a later date to fit in with fresh experiences or with the attainment of a new stage of development." (Laplanche & Pontalis, 1967, p.111). Importantly, the earlier psychic experience only becomes meaningful to the individual once associated with the present event. Times gone by can in this way obtrude the here and now, and an individual's past becomes a historicization of their present. Another linked temporal concept, appearing later in Freud's works, is the compulsion to repeat (Freud, 1920). Freud

describes an unconscious acting out of repressed and forgotten material, that has not been consciously remembered and stored in the past. So long as it remains unconscious to the individual it will appear repetitively in their present, obscuring their sense of ordinary progression in chronological time.

### *The Timelessness of the Unconscious*

Central to a psychoanalytic understanding of temporality, and a notion upon which A. Green's ideas rest, is the relationship between time and the Unconscious. In a systematic review of Freud's works relating to this topic, Kelly Noel-Smith (2016) comes to the conclusion that his stance was unfaltering: the Unconscious bears no relation to time. In his work *The Unconscious* (Freud, 1915c) he writes: "The processes of the system Ucs. are *timeless*; i.e. they are not ordered temporally, are not altered by the passage of time; they have no reference to time at all." (p. 187). Despite its timeless quality, the Unconscious has a significant impact on an individual's subjective experience of time passing, as is made clear by the notion of *Nachträglichkeit* and the repetition compulsion. It is repressed unconscious material that has potential to block or disrupt times ordinary flow and the very existence of an Unconscious substantiates Green's claim that psychic life exists on the boundaries of different registers of time.

### *Developing a Sense of Chronological Time*

The development of an awareness of chronological time is considered to be one of the earliest developmental achievements in the psychic life of an individual, essential to the formation of a sense of self (Perelberg, 2007; Shulman, 2019). Freud's theories on this topic are rooted in an idea of discontinuity; he conceptualised a rudimentary perceptive apparatus in the mind which extends and retracts 'feelers' or antenna into the external world, experiencing or 'testing out' reality in periodic brief encounters. Elaborating on this theory, he goes on to describe an infant in her/his early feeding relationship, engaged in a process of discovery, loss and re-discovery of the breast. It is the temporary loss of the breast that provides the driver for an infant's periodic contact with reality, whilst simultaneously testing out an infant's tolerance of a gap, or capacity to wait (Freud, 1920). The rhythmic nature of these combined experiences, the loss, the wait and the search for the breast, occurring in the earliest states of consciousness, provide the basis for an infant's first experience of a sense of time passing.

Many have echoed and elaborated upon Freud's views of the link between rhythmicity in the first relationship and a sense of time (e.g. Anzieu-Premmereur, 2013; Sander, 2002; Maeillo, 1995). Drawing on the work of Winnicott, Graham Shulman (2019) offers a compelling account of how a "sense of continuation and continuity" of the self occurs in the earliest interactions between mother and infant (Shulman, 2019, p. 323). Through the rhythmic experience of separations and reunions with a mother, the infant learns that not only does her/his mother return, or *last over time*, so does the infant, in parallel. This durable sense of self and other, Shulman claims, provides the foundation for an awareness of linear or realistic time.

Centring on the role of the parent in the temporal psychic developments of an infant, others have brought increased focus to the importance of a mother's unique sense of time and timeliness in these early exchanges (Namnum, 1972; A. Green, 2000a). Aisenstein and Moss (2015), in their detailing of Freud's notion of the growing capacity of the infant to wait, emphasize this transitional process involving psychic work from both mother and infant: "a good-enough mother is one who is able, [through her words], to help the baby wait" (p. 65). This psychic work requires that both mother and infant are "[forced] out of [their] specific temporality: the infant from his past pleasures, the mother from her future ones". (A. Green, 2000b, p.141), in this way creating a new form of time, termed by A. Green - with influence from Winnicott - as a *transitional* time (2000b). The development of a sense of time in her infant therefore puts a mother into contact with her own internal rhythms, rooted in her experience of time and waiting in infancy.

In her edited collection of key psychoanalytic works on the topic of time and memory, Jozef Perelberg (2007) places emphasis on later psychic developments, rooted in the early mother-infant situation, that are necessary for a mature and consistent realisation of the passing of time. The chapters of her collection identify the following developmental achievements: the capacity to mourn, to achieve separation from one's internal objects, and to recognise oneself as an autonomous individual. From a Kleinian perspective, these achievements align with states of mind associated with the depressive position.

## *Time and Waiting in the Consulting Room*

There is currently a small yet important psychoanalytic clinical and theoretical literature base around a patient's subjective experience of time passing, in which time-linked disturbances are considered in relation to particular psychopathology (e.g. Kernberg, 2008; Bell, 2008; Davies, 2008; Canham, 2012). To deny time's existence and live in a world in which nothing changes has been linked to developmental failures in an individual's capacity to mourn and achieve psychic independence, with potentially catastrophic consequences (Bell, 2008; Rose, 2008; Birksted-Breen, 2003). Clinical literature suggests that insight into a patient's phenomenological distortions of time can be obtained via their reactions to and engagement with temporal aspects of a psychoanalytic setting, including the strictly time-bound session structure (Meissner, 2007).

Perelberg (2008) makes an important distinction between the timelessness of the Unconscious, connected to the capacity to dream in which there is creativity and free association, and the notion of killing or murdering time relating to psychopathology. Moreover, contact with timeless unconscious material that a psychoanalytic encounter brings about is considered to play a key role in psychic change (Sabbadini, 1989). Freud's broad task of psychoanalytic work has been described as ego strengthening, which involves making conscious what was previously inaccessible and timeless within the patient's mind (Noel-Smith, 2016). Unconscious material is in a sense time-stamped, supporting the patient's capacity to remember the past and move forward in linear time.

It follows that a psychoanalytic clinical technique involves a particular engagement with and awareness of temporality on the part of the analyst. Clinical literature on this topic highlights an analyst's careful attendance to the temporal setting of the work, and the "creative, receptive attitude" (Davies, 2007, p. 93) an analyst maintains in order to tune in to distinct temporal and a-temporal currents in patient material. Drawing on the works of Bion, Birksted-Breen (2012) brings focus to the analyst's capacity for *reverie*, that facilitates a unique temporal space foregrounding unconscious communication. Winnicott (1969), who wrote extensively about intersubjectivity and the role of the environment in ordinary development, encouraged a particular temporal attitude on the part of the analyst. Describing his own technique he wrote, "I have become able to wait and wait for the natural evolution of the transference arising out of the patient's growing trust in the psychoanalytic setting, and to

avoid breaking up this natural process with interpretations.. if we can wait, the patient arrives at understanding creatively.” (p. 711).

Writing about the patient experience, Arnold Goldberg (1971) claims that waiting within adult mental health contexts can have a “salutary effect” (p. 417) on psychic process: “Waiting is considered an essential element of analytic treatment” (p. 415). Gloria Levin (2012) denotes a psychic shift occurring within therapeutic work between *mindless waiting* in which developmental processes are inhibited, towards *reflective delay* involving a more active engagement with realistic time.

Despite time and waiting being written about in clinical and theoretical psychoanalytic literature, there is no known empirical research on the topic that captures the perspective of clients themselves. A unique investigation into the *lived experience* of time and waiting in the current UK-based healthcare system is being carried out currently by the Waiting Times project.

#### *Waiting Times Project Literature: What does it mean to wait with?*

Whilst waiting can be a synonym for things going wrong, it is also a practice of careful attention. Indeed care, as we understand it, is a temporal practice: not just a relational practice that develops over time, or one that takes time, but a practice that produces time in conditions that are otherwise felt to be stuck and unable to change. (Baraitser & Brook, 2021, p. 233)

The Waiting Times project situates the notion of time and waiting in the context of the current UK healthcare system, in which waiting is associated with lengthy time on waiting lists and a lack of thinking or support, in other words, a failure of care and neglect of service-users. They attempt to “move beyond thinking focused on the urgent need to reduce unnecessary Waiting Times in the National Health Service (NHS) , towards a more comprehensive understanding of the relation between waiting, care and changing experiences of time” (Baraitser & Salisbury, 2022, p. 3). Drawing on psychoanalytic literature, some of which has been reviewed in the previous section, they use the term *waiting with*, to conceptualise waiting as a form of care. What follows will be an attempt to elucidate the nuances of *waiting with* as a phenomenological concept. Theoretical origins will be explored,

as well as the small-scale empirically-based Waiting Times projects that investigate the lived experience of this temporal form of care.

Salisbury and Baraitser (2020) draw on interdisciplinary literature to explore waiting as a concept, and how it is typically defined by the sense of active anticipation, a wait for someone or something. Tracing the etymological origins of the word, they illustrate how it had once been a more passive act, a “remain[ing] for a time without something expected or promised” (English Oxford Dictionary, as cited in Baraitser & Salisbury, 2020, p. 107). It is this earlier form of waiting, uncoupled from a “for”, and more akin to the notion of endurance, staying with, or alongside someone, that constitutes their idea of *waiting with*.

In earlier writing Baraitser (2017) explores the notion of *waiting with* as a relational situation in which the “maternal subject bears the suspension of time” and offers “simply a willingness.. to stay alongside another regardless of the outcome” (p. 91). The influence of Bion, is here apparent. In his theories of containment, Bion (1962) defines a mother’s particular state of mind in early exchanges with her baby, that maintains a commitment to delaying action, and engaging in a form of psychic digestion that involves metabolizing raw, unprocessed feeling states from the baby. A mother’s reverie, as he terms this, act to transform these previously unbearable projections into knowable experiences that engender thought and self-understanding for the baby. Salisbury and Baraitser (2020) give particular attention to the temporal dimension of reverie, how it requires a mother to *wait* or *stay with* unprocessed material from her baby, in the place of mobilising against it. They go on to describe how psychoanalytic work, a corollary to the mother-infant situation, can be conceptualised as an experience of “prolonged *waiting with*” (p. 115), in which the analyst *waits with* rather than for the analysand. It is therefore a treatment of or with time.

Another of Bion’s concepts, *negative capability* (1967), or the mother/analyst’s capacity to tolerate uncertainty with respect to the outcome of the container-contained process, provides another fundamental component of the Waiting Times notion of *waiting with*. Quoting Puig de la Bellacasa in their work, Baraitser and Brook (2021) claim that it is the temporal attitude on the part of the mother that enables a “suspen[sion] of the future and disten[tion] of the present” (Puig de la Bellacasa, as cited in Baraitser & Brook, p. 233), in this way *producing* time, and new experiences of being in time.

The mother/analyst staying with or *waiting with* her baby/patient, in this way “gestures towards the possibility of a future that might not merely be a repetition of a stuck past or swelling, obsessively revolving present” (Baraitser & Salisbury, 2020, p. 116). Related psychoanalytic constructs such as the notion of *working through* and Klein’s oscillations between psychic positions in infancy, provide further theoretical backdrop to *waiting with*. Time and space restrictions in the current project narrowed the scope of this literature review, and these constructs will therefore not be explored here.

### *Investigating the Lived Experience of Waiting With*

In line with the phenomenological interest of the overall research endeavour, and a backdrop to the current study aims, a collection of empirical projects are being carried out as part of the Waiting Times collaboration (see <https://waitingtimes.exeter.ac.uk>). These projects are investigating the lived experience of waiting, and span a range of healthcare settings (see Anucha et al., 2021). Collectively, they demonstrate the idea of ‘making time’ as a practice of care using inventive methods of research, that seek to engage a reflective criticality (Lury & Wakeford, 2012) whereby the researcher evaluates ways in which time is *created* during the project, whilst being themselves active participants in this process. The current study sought to contribute to this research effort, by investigating waiting in a different healthcare setting, that of psychoanalytic parent work, using a method that has not been previously employed, IPA.

### **Summary: What we have learned so far**

This narrative review of literature highlights several key debates in the field of psychoanalytic parent work, including controversies around how it should be carried out, and who is best placed to provide it (e.g. child and adolescent psychotherapists). Over the past two decades a substantial clinical and theoretical literature base has been developed, primarily in the form of rich and diverse clinical writing from the perspective of clinicians in the field. Though this literature provides significant insight into the experience of this clinical practice, as well as the theoretical frame within which the work can helpfully be understood, it does not offer an empirical basis for the claims made. Moreover, of the research that does exist - a slim collection of qualitative investigations into clinician views combined with large-scale outcome studies into treatment effectiveness – very few attempts have been made to address *how* and *why* the intervention is successful, or investigate the experience by hearing

from parents themselves. There have been no studies that explore the parent experience of parallel parent work first-hand<sup>4</sup>. There is some acknowledgement in clinical literature of anxiety towards carrying out work with adults and the complexities this may bring for a child and adolescent psychotherapist trained primarily to work with children and adolescents (e.g. Rustin, 2000). To investigate and learn more about a parent experience of the work would mean being into contact with aspects of their professional identities that perhaps feel on less stable ground. It may then be that this lack of research into parental perspectives in part reflects clinician anxiety, after all it is the clinicians themselves who would most likely be pioneering or pursuing this research area. The current research will attempt to mitigate against this potential and likely unconscious hindrance to research in the field, as well as attend to the extant call made by the child psychotherapy research community for the experiences of parents to be brought to the fore (Urwin, 2007; Holmes, 2018; Whitefield & Midgley, 2015).

The second half of this review, investigating psychoanalytic literature and research on the topic of time and waiting, revealed a substantial base of theoretical literature, rooted in Freudian concepts (e.g. timelessness of the Unconscious) and expanded by contemporary psychoanalytic thinkers (e.g. A. Green). Accompanying theoretical work, clinical papers on time and waiting spanned several decades, and drew attention to temporal aspects of the analytic encounter including the attitude of the analyst and the link between a patient's time distortions and their psychopathology. These works were primarily focussed on adult patients, and solely from the perspective of the clinician. As with parent work, empirical research into the phenomenological experience of time and waiting from the patient's perspective, lagged behind other forms of knowledge, i.e. theoretical. The sole research inquiry with this particular aim, to investigate the lived experience of waiting, is the Waiting Times interdisciplinary project. Wider psychoanalytic literature reviewed around time provided a helpful context with which to understand the Waiting Times project, and in particular the project concept, *waiting with*, introduced in the second part of this review.

Bringing the two strands of the review together, captures the overlap between parent work and a psychoanalytic understanding of time and waiting, and specifically the notion of

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<sup>4</sup> Both Nunez et al. (2021) and Stapley et al. (2017) investigate parent experiences of parallel parent work via parent interviews. However, the results reflect samples in both studies of parents in multiple treatment modalities and the specific experience of psychoanalytic parent work cannot therefore be differentiated.



*waiting with*, that shaped the ultimate aim of this study. Psychoanalytic parent work is by definition the offer of another mind to stay alongside, or *wait with* a parent as they endure a particular form of crisis in parenting, a period in which time is no longer serving to advance their child's growth in an ordinary developmental way. Theoretical literature points to the idea that parent work stirs up time-related infantile experiences in a parent, and more broadly that psychoanalytic work creates the necessary temporal conditions for psychic change. It follows that parent work is an opportunity for psychic change to occur within the parent, via a particular engagement with temporality in an analytic encounter. Parent work is the opportunity for parents to be *waited with*, to not only bear the crisis time, but develop their own emotional endurance or capacity to *wait with* their child. In this way, new time could be generated, that would allow for both parent and child to find their way onto the ordinary development tracks of forward moving time.

### **Current Study**

The current study sought to address the significant gap in the research literature around parent work, by interviewing parents themselves about their experience. As described, bridging the two topic areas together i.e. parent work with waiting and time, shaped the second, conceptually-based research aim: to investigate the parent experience of time and waiting in the work. Through the data analysis phase of the project, elaborated in the next section, the aims moved closer together, and the focus on time and waiting became central to the research inquiry.

## **Methodology**

### **Design**

This study sought to examine how participants make sense of their experience of parent work, with a focus on time and waiting. The exploratory foci of this work were considered best suited to a qualitative methodology. Quinn Patton (2002) claims that “in new fields of study where little work has been done, few definitive hypotheses exist and little is known about the nature of the phenomenon, qualitative inquiry is a reasonable beginning point for research” (p. 193). It can discover new insights about a particular phenomenon and ask questions of the data in a limber and flexible way, unlike nomothetic quantitative approaches. IPA was chosen as the most appropriate methodology, and was employed to analyse data from four semi-structured interviews<sup>5</sup>.

### **Phenomenology and Hermeneutics**

Rooted in phenomenology, IPA “aim[s] to transcend our everyday assumptions” (Larkin & Thompson, 2012, p. 102) in order to uncover the essence of experience; “it strives to see the world as [the participants] see it” (Larkin et al., 2006, p. 110). The hermeneutic strand within IPA takes the investigation beyond a descriptive domain, towards interpreting meaning and significance of phenomenon in relation to particular individuals in their particular contexts. These two complementary research stances precisely address the primary research aim: to identify what parent work means to parents, or what matters to them in their experience of it. Whilst attempting to stay as close as possible to the individual experience of participants, IPA recognises a double hermeneutic wherein the researcher makes meaning of the participants’ interpretation of the targeted experience. This allows the researcher to produce a theoretical framework from the analysis, that, whilst based upon the participants’ terminology and conceptualisations, can reveal aspects of the experience that the participants themselves may have been oblivious to. The second aim of this study<sup>6</sup>, to explore the participants’ accounts of their experience of parent work in relation to pre-existing psychoanalytic theory around time and waiting, is encompassed within a hermeneutic position of questioning, that can “open up a dialogue with extant theory” (Larkin & Thompson, 2012, p. 103). It was acknowledged that

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<sup>5</sup> The original sample included five interviews, one was dropped from the analysis. The rationale will be explained within this section.

<sup>6</sup> As described in the introduction, the secondary aim became a principle focus of the investigation following the data analysis detailed below.

investigating time and waiting had to be grounded in the phenomenological account of experience (i.e. the participants' views of the world); time and waiting as experiential constructs must first have been “uncovered” in participants' accounts. To acknowledge this I ensured that the second aim was addressed in a later stage of analysis – and only if the construct had been “found” in the participant’s account. It was considered that it may not be found or add additional meaning to the results.

### **Idiographic Focus**

IPA takes an idiographic position in relation to research, focusing on the understanding of in-depth, particular experiences of individuals. The initial sample size was therefore appropriately small (five interviews/seven recruits), to allow for intensive engagement with the material in each case. Findings were not meant to be generalisable, rather, “theoretical transferability is possible as [the researcher] examine[d] the case from the perspective of [her] own experiential knowledge base, and [began] to think of the implications for [her] own work” (Smith et al., 2009, p. 51). Furthermore, the idiographic analysis investigates “what it is to be human at its most essential” and so, though the specifics of each case are unique, “they are hung on what is shared and communal” (Smith et al., 2009, p. 38) and in this sense, tentative transferable claims can be made with respect to parent populations undergoing parent work.

### **Epistemological and Ontological Frame**

This research aligns itself with a contextualist epistemological position, taking the view that we can only learn about reality through individuals in their particular contexts, with their unique way of relating to the world. The ontology of critical realism complements this, which Larkin et al. explain in the phrase “what is real is not dependent on us, but the exact meaning and nature of reality is” (Larkin et al., 2006, p.107). There is an objective reality, however, it can never be separated from the subjective account through which it is accessed.

### **IPA: Goodness of Fit**

Previous research into parent experience has successfully employed qualitative methodology (e.g. Kenny et al. 2017; Nunez et al. 2021). Before choosing an IPA methodology for the current study, however, other qualitative approaches were considered. Table 1, inspired by Smith et al. (2009), outlines the justifications for their rejection. An alternative research

question is provided to further illustrate how the research questions of this study would not adequately be answered with alternative methodologies.

*Table 1 : IPA Rationale*

<b>Qualitative Methodology</b>	<b>Description</b>	<b>Rejection Rationale</b>	<b>Alternative Research Question</b>
<b>Grounded Theory</b>	Developing a theory or explanatory-level account of a particular phenomenon.	GT would not capture unique characteristics of parents lived experience; it does not have same idiographic focus as IPA. Time-limit of current research did not allow for the necessary sample size to do GT method justice.	What factors in parent work do parents attribute to changes in their parenting?
<b>Thematic Analysis</b>	Codes and categorises themes arising from data.	Emphasis on looking for patterns across data would not give adequate depth to the analysis of a participant's unique experience, as in IPA.	According to parents, what are the most salient aspects of parent work?
<b>Narrative Analysis</b>	Importance placed on meaning-making through storying life events.	Focuses too heavily on the way in which participants retell events and phenomenon; not sufficient space given to investigating the phenomenon itself.	What sort of narrative structures do parents use to make sense of parent work?
<b>Discursive Analysis</b>	Examines the function of language in interactions to understand experience.	Parents' use of language, over and above content, would be the focal point of investigation. Taking a traditionally social constructionist epistemology poses a risk in DA that the subject (parent experience and meaning of it) would be lost.	How do parents talk about parent work?

## **Setting**

This research was conducted within an inner city CAMHS, a community department of a wider NHS Trust, in co-operation with the current team of child and adolescent psychotherapists. Due to Covid-19, recruitment and data collection stages of the project were carried out remotely.

The current research is informally linked to a large-scale collaborative research project, Waiting Times, described in the Introduction. Led by research teams at the University of Birkbeck and Exeter and funded by the Wellcome Trust, Waiting Times is a collaborative

project with the Tavistock and Portman NHS trust where the current research is being carrying out, under the supervision of a Waiting Times project senior research fellow. The current study will sit within the *Psychic Life of Time* strand of the Waiting Times project, seeking to understand how time and waiting can operate as a mode of care.

## **Participants**

The idiographic focus of an IPA approach dictated a small sample, and participants were selected in a purposive manner to represent one perspective on a particular phenomenon, rather than a heterogeneous population (Smith et al., 2009). Sample homogeneity is encouraged, to allow for an in-depth examination of psychological variability between participants; patterns of similarity and difference can be more delicately analysed. Key inclusion criteria were as follows to ensure reasonable homogeneity:

- To be the parent(s)/long-term carer of a child between the ages of 5-18 who received individual psychotherapy for one year minimum
- To have engaged in fortnightly<sup>7</sup> parent work that ended within the last five years, for a minimum of one year
- To be able to communicate fluently in English, without an interpreter

Potential participants were excluded if: they were open cases to CAMHS at the time of recruitment and their child was receiving ongoing treatment; they had previously been known to me; the CAMHS psychotherapy team lead deemed the family inappropriate to contact due to issues of risk or case vulnerability.

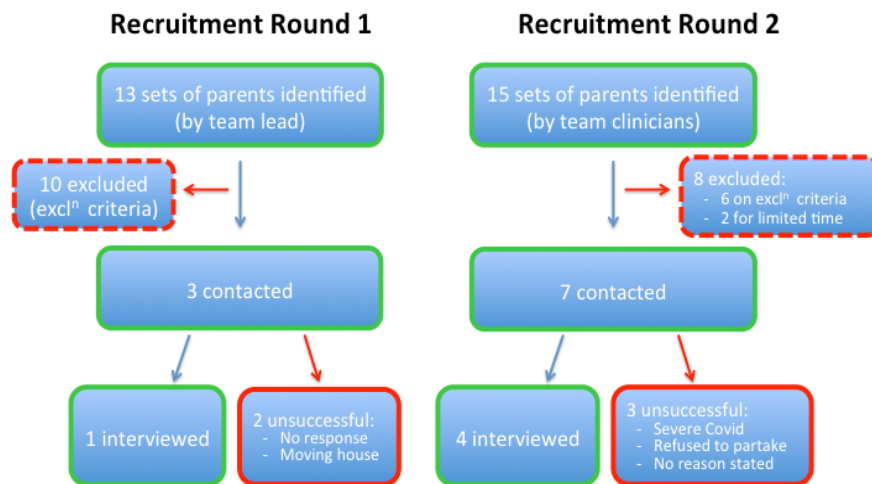
A significant number of exclusions from an initial list of potential recruits provided by the psychotherapy team lead called for a review of recruitment strategy. In a second round of recruitment, the entire psychotherapy team was approached and asked to provide details of eligible parent work cases. To guard against recruitment bias, clinicians were asked to refrain from preselecting cases they felt may be more likely to engage.

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<sup>7</sup> Inclusion criteria was reviewed to include participants in monthly parent work, as fortnightly frequency excluded too many potential participants in the recruitment phase.

Figure 1 outlines the recruitment process through which the sample of 5<sup>8</sup> recruits was achieved.

Figure 1 : Recruitment Flow Chart



Potential participants who met eligibility criteria were sent the Participant Information sheet<sup>9</sup> (PI, appendix A) via email and post. If they did not respond within one week they were contacted by telephone. A virtual interview date at a time convenient for them was arranged with the three single participants and two participant couples who agreed to partake. Participants were sent a consent form (appendix B) to complete prior to interview. During interview, one participant couple struggled to remember the work in substantial detail; their treatment period had occurred four years ago. It also came to light that they had experienced multiple changes in parent worker throughout the intervention, some of whom were not child and adolescent psychotherapists. For reasons of sample homogeneity as well as a lack of richness in the interview material, this interview data was excluded from the analysis. The final sample therefore comprised three single participants and a participant couple.

Table 2 below displays an adapted version of Hollway and Jefferson’s (2012) *pen portraits*, in which brief descriptive accounts of participants are presented, aimed at enabling the

<sup>8</sup> Sample initially included seven participants as two of the sample recruits were parent couples.

<sup>9</sup> Of note in both the PI sheet and consent form, there is mention of a focus group with the CAMHS psychotherapy team to discuss thematised findings. This component of the research proposal was not carried out due to unanticipated time pressures, outlined in the Critical Appraisal.

participant to “come alive for the reader” (Hollway & Jefferson, 2000, p. 65). In line with IPA method in which the researcher seeks to temporarily inhabit the world of the participant, it was hoped that these vignettes would aid the reader to do the same. Vignettes would also give context to ethical considerations, the *microethics* (Guillemin & Gillam, 2004) of this research, elaborated upon in the Reflexivity section below. Of note, participant anonymity was prioritised above purposes of readability or context for the reflexive commentary. For this reason, some participant characteristics were omitted and others presented in nonspecific terms. Participants were also given pseudonyms.

*Table 2 : Pen Portraits*

<b>Participant Name</b>	<b>Pen Portrait</b>
<b>Nadia</b>	Nadia is a married woman of colour, from an ethnic minority background. She suffers from mental health difficulties, and described having an insular existence within her community. Nadia’s adolescent daughter was in individual psychotherapy, and Nadia engaged in parent work for two years. The frequency of this work began as monthly and shifted to fortnightly and then weekly. Nadia gave the interview as a single participant. At times, her husband could be heard in the background throughout the interview.
<b>Elodie &amp; Rachel</b>	Elodie and Rachel are a lesbian couple; they are adoptive mothers. Both are white. Their primary school daughter received individual psychotherapy for three years and they engaged in parent work fortnightly throughout. They have now moved to another region of the country, where they have sought further parent work for themselves.
<b>Fiona</b>	Fiona is a white, single parent of four children. Fiona suffered domestic abuse in a previous relationship and has a serious physical health condition. Fiona’s adolescent child received individual psychotherapy for two years, and Fiona was seen in parent work fortnightly. She continued in this work for one year after her child was no longer seen in CAMHS.
<b>Alice</b>	Alice is a white, single parent. She is no longer in a relationship with the father of her child, and is now in a new relationship. Alice’s adolescent daughter received child psychotherapy for one year, and she engaged in parent work fortnightly alongside this work.

## **Interviews**

Interviews lasted between 45 minutes and one hour and a half and were carried out over Zoom. Participants were asked to find a private setting, free from interruptions and where they would feel comfortable. All participants set up the meeting at home. An interview schedule and prompt sheet (see appendix C) were drawn up to provide a loose agenda, ensuring that all participants were asked the same questions.

### *Interview Questions*

- Can we start with you telling me about your experience of how the work was set up, setting the scene a bit?
- What was your experience of the parent work itself?
- What is your sense of how the work progressed over time?
- I wonder how you experienced time passing over the work, between sessions, and while your child was being seen?
- Looking back, knowing what you know now, what do you feel about that stretch of her/his life and your life/lives?

The open style of questioning allowed “novel perspectives or topics, which [had] not been anticipated [to] arise” (Pietkiewicz & Smith, 2014, p. 11) across the interview and ensured participants felt free to share experiences that mattered to them. Participants were reminded prior to interview that there were no right or wrong answers and that the interview was not a service evaluation.

During initial interviews, the researcher noted how the question regarding time passing, aimed at investigating waiting, did not resonate with participants. Considering how to best access this phenomenon, Jordan Osserman, a Waiting Times research fellow, noted how direct questions about time passing or the experience of waiting may not produce results as rich as questions which approach the issue in an indirect manner (personal communication with research supervisor, 2021). As such, these questions and the accompanying prompts were refined for the final three interviews (see appendix C). I was cautious to guard against “looking to find” meaning where participants did not, i.e. the concept of time passing. In interviews I attempted to bracket my assumptions in this area. This methodological issue will be further explored in the Critical Appraisal.



Interviews were audio-recorded and I transcribed them verbatim. All participants were given a debrief form (appendix D) post interview. I made notes post-interview on the impression the participant gave, including countertransference observations and other significant nonverbal communications that may not have been captured in the audio-recording.

## **Data Analysis**

### *First-Order Analysis*

The first phase of data analysis was guided by the IPA steps outlined in Smith et al. (2009) and involved several close readings of the transcriptions as well as listening to the audio recordings several times. In an initial engagement with this process, I found the “noise” of ideas and possible connections somewhat overwhelming. As advised by Smith et al. (2009), I recorded these initial sparks in a research diary and kept them separate from formal analysis so as to maintain focus on the data itself. I returned to these notes at a later stage in the analysis and salient ideas were used to inform the interrogative stage of analysis. Also recorded separately throughout the analysis were personal reflexive moments in the session e.g. how my personal characteristics (age, gender, professional experience) may have affected rapport with the participant.

Repeatedly reading and listening to interviews allowed me to fully immerse myself in the world of the participants and, in so doing, become as familiar as possible with what mattered most to them, and the meaning these specific *objects of concern* held. To aid this perspective shift, I followed a recommended technique (Mook, 1999) and read paragraphs in reverse with sentences ordered backwards. This unique reading is claimed to support a researcher to “get away from [their views] and look from another place” (Mook, 1999).

IPA’s phenomenological approach prescribes an initial position of taking participants’ comments at face value and in a first formal reading, I made comprehensive notes of these descriptive accounts of experience. During a subsequent reading, I noted linguistic and non-verbal communications present in the interaction in interviews, allowing for interpretations to arise as to *why* and *how* participants may have come to have their own specific *objects of concern* describing their experience.

I annotated a final reading with a conceptual commentary, speaking to the “questioning” hermeneutical stance adopted in IPA. See appendix E for an excerpt of interview one, with annotations of these three experiential layers. The commentary at this stage of analysis moved away from the explicit claims of each participant towards a more interpretative account of experience and the focus shifted from a moment-by-moment analysis of text towards a more holistic view of the participants’ contextualised experience. Each segment of text was then “interrogated” to prompt questions around the participants’ accounts of experience and again, to make interpretations around how and why the participants’ experience the phenomenon in the manner that they do.

### *Convergence and Divergence*

The next stage of analysis involved mapping interrelationships, connections and patterns between the exploratory notes of the descriptive, linguistic and conceptual stages outlined above. Notes were transformed into succinct phrases that captured wider concepts whilst remaining grounded in the text. In this way, themes emerged from the participants’ original thoughts and words as well as my interpretations. Once emergent themes were gathered, they were clustered into linked, wider groupings termed superordinate themes. This intricate process involved pruning themes with no connections, amalgamating separate themes and, over time, collapsing groups into three superordinate themes – “Navigating the Client Position”, “Understanding and Being Understood” and “Temporality”.

IPA’s commitment to idiography guided my sequence of analysis: I analysed interviews one at a time, and examined each participant case according to all aforementioned steps of analysis, including thematising the data before examining the next interview. This promoted the individuality of each participant; whilst working on a new participant case, themes from an old analysed case were bracketed as far as possible.

After the analysis of all four cases, cautious steps were taken towards examining areas of similarity and difference. Higher-order themes tracking similarities across cases were established. After establishing similarities, I returned to each individual account, noting the differences between those that spoke to the unique voices and perspectives of each participant. Smith et al. (2009) make the claim that “In a good IPA study, it should be possible to parse the account both for shared themes, and for distinctive voices and variations

on those themes” (p. 38). Appendix F displays a graphic representation of the thematization of converged participants’ data; three superordinate themes with related subordinate themes.

### *Second-Order Analysis : Waiting and Time*

Examining connections between interpretative layers of experience, including a holistic view of temporal stages in the work, led to another finding: the experience of psychoanalytic parent work, and specifically temporality, seemed to illustrate the Waiting Times theoretical notion of *waiting with*<sup>10</sup> (Salisbury & Baraitser, 2020) in practice. This interpretative finding pertaining to the secondary research aim, prompted a formal second-order analysis of the material (see appendix E), involving a dialogical exchange between the extant Waiting Times theory and the thematised case material. Literature of the Waiting Times project was revisited and broader psychoanalytic literature about time and waiting was sought out, in order to deepen the sense-making of participants’ lived experience of temporality in the work. In this way, the research became a more holistically iterative process; the first-order analysis prompted a return to the literature, which then guided and contributed to the second-order analysis.

The secondary research aim became a more central line of investigation as participants’ experiences of parent work were investigated through the lens of the Waiting Times project psychoanalytically-informed notion *waiting with*. It is important to note that extant theory was only employed at this unusually early point in the analysis in response to interpreted phenomenological findings from the first-order classical IPA.<sup>11</sup> The thinking of the Waiting Times project therefore provided a loose theoretical framework for this second-order analysis, whilst the analysing of specific content stayed closer to principles of phenomenology and was driven by the material in each case.

This second phase of analysis was guided by a form of IPA that lays emphasis on the interpretative component of the method, and draws from grounded theory. The method is set out by Smith et al. (2009, p. 171), illustrated in Smith’s research (1999; 1994), and involved the following steps:

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<sup>10</sup> Definition of *waiting with* according to noted theoretical papers is outlined in literature review.

<sup>11</sup> Prior to this unanticipated second-order analysis, given the superordinate theme of “Temporality” had been discovered in the data, the intention had been to discuss this theme in dialogue with *Waiting Times* and psychoanalytic literature around time and waiting in the discussion.

- Three provisional hypotheses were created via a process of close examination of specific case material in findings from the first-order analysis, in connection with the theoretical concept *waiting with*
- Each hypothesis was modified in light of material from each case, to ensure micro-theory development remained ideographic, and final theoretical statements were true for all cases, with clearly articulated exceptions
- Three statements were finalised, accompanied by several supporting subordinate themes that underpin the theoretical claims

These final theoretical claims were closely tied to the experience of the participants, and were not intended to be generalisable, but rather to provide a working hypothesis for further empirical investigation within this specific sample population (i.e. parents in parent work).

### **Ethical Considerations**

Full ethical clearance for the current study was obtained from the Tavistock Research Ethics Committee, involving approval from the Research and Development department of the Whittington NHS Trust (see appendix G).

Participants were reminded that their participation was voluntary and they had the right to withdraw at any time. They consented to interviews being recorded and transcribed and were made aware that identifiable data would be stored securely and anonymised when presented in research results. Post-interview, participants were given the opportunity to debrief with me, and were provided contact details of the research supervisor and the university Academic Governance and Quality Assurance Team, should they have any concerns. At the time of recruitment and data collection, I was also a trainee clinician in the CAMHS psychotherapy team. Participants were informed of this link when recruited, and assured that their participation in the current research would not impact any future involvement with CAMHS.

## Researcher Reflexivity & Ethics in Practice

With support from my supervisor, I engaged in a reflexive process throughout my research. As stipulated by Guillemin and Gillam (2004), reflexivity is “an active process that requires scrutiny, reflection, and interrogation of the data, [myself as the] researcher, the participants, and the context that [we] inhabit” (p. 274). I kept a research diary, with the sole purpose of protecting space for this reflective practice.

The ultimate goal of phenomenological research is to allow data to reveal itself on its own terms. To this end, in the data collection and analysis I attempted as far as possible to leave my world, bracketing my ideas and assumptions about my participants, and coming around the hermeneutic circle to their unique vantage points. It was important to acknowledge, however, that irrespective of this effort, I could not achieve a pure description of my participants’ experience. It has been argued within the IPA tradition that the hermeneutic component *requires* another perspective on participants to be taken (Smith et al., 2009); analysis involves uncovering meanings that participants are not themselves aware of. A distanced point of view was therefore desirable and, what is more, my clinical experience and knowledge of the participant group supported later interpretative stages of data analysis.

To leave things here, however, would not constitute satisfactory reflective practice. It would fail to acknowledge that research exists within wider social structures, and that the knowledge produced in the research encounter is co-created between researcher and participant, a relationship which carries traces of wider contextual factors and dynamics. True reflexivity therefore requires “a process of critical reflection both on the kind of knowledge produced... and how that knowledge is generated.” (Guillemin & Gillam, 2004, p. 274). As a white middle class woman carrying out doctoral level research, and a trainee clinician in the hosting clinic, I was not a neutral party in the research encounter. My participants’ accounts and meaning-making will have been shaped by their experience of me. For example, Nadia shared how within her culture mental health difficulties are not spoken about. Secrecy was a prevalent theme within her account and her partner’s silent presence in the background of her interview added to the sense of a woman caught between worlds. I wondered if this “secrecy” extended to the interview context, and how able Nadia felt to speak openly about all aspects of her experience with a white mental health professional and researcher. I discussed with my supervisor how I could include this layer of understanding when analysing her interview

material, considering the potential meaning it had, when carrying out the interpretative stage of the analysis.

I was also conscious of an ethical dimension of this area of researcher reflexivity.

*Microethics*, as termed by Guillemin and Gillam (2004), pertain to ethically important moments in the everyday goings-on of research, that are linked to yet separate from the broader ethical considerations described in the previous section. These ordinary ethical tensions appeared, for example, in my interview with Fiona. Mid-interview, Fiona shared her experience of domestic abuse. I was alert in this moment to the subtle yet important ethical tension between ensuring Fiona felt empathetically listened to having shared a traumatic life event, and my research purpose in gathering data and continuing the recording. I made the decision ad hoc to inquire as to whether Fiona felt comfortable to continue, which she did, and I slowed the pace of the interview for a period to ensure that she felt unrushed and respected. I discussed the event with my supervisor, which enabled me to increase my sensitivity to and preparation for ethical tensions in subsequent interviews.

Considering the *microethics* of my research, shed light on another site of ethical tension: the participant sample. My participants were a group of predominantly white, middle-class women. Though within IPA, sample homogeneity is encouraged with the purpose of obtaining a deep understanding of the particular perspective of one population, from an ethical perspective, this homogeneity seemed problematic for the following reasons. My research sits in a wider socio-political context in which the experiences of certain groups, namely white, middle-class persons, are given a frequent platform, whilst others are less often foregrounded. Pragmatically, time and access restrictions meant I was not able to purposefully select a sample in which other voices from within the client community were included. To make steps towards rectifying this, I will return in my recommendations to consider how further research could be carried out to reflect the heterogenous population of parents who engage in parent work.

## Results

### Overview

Findings reflect the results of an evolved hermeneutic process, in which the final step comprised a dialogical exchange between Waiting Times theory of *waiting with* in the context of healthcare, and participants' lived experiences of parent work, with a particular emphasis on how they made sense of time and waiting. Three theoretical statements were generated, ordered temporally from the start of the intervention<sup>12</sup>. The language of the statements captures the overlap between Waiting Times *waiting with* terminology and the language of participants, to reflect the dialogical exchange. They are as follows:

1. The offer of parent work is linked with ambivalent feelings
2. The prolonged experience of being *waited with* creates new time, and participants feel: a sense of relief; understood and less alone
3. Participants' experiences of time and waiting are linked to their capacity to *wait with* their child

Presented in three sections, statements will be explored via subordinate themes that underpin and deepen meaning behind the findings. Themes will be presented in an order that offers greatest readability. Individual accounts<sup>13</sup> are portrayed via short interview extracts, interwoven into each theme, and accompanied by interpretative commentary. Moments in accounts were selected on the basis of their capacity to capture shared experience, as well as demonstrate idiosyncratic meaning-making. Punctuation in extracts is used in the following way: ellipsis indicates where I have extracted interview material; “..” indicates a long pause in speech, and “,” indicates a short pause. Of note, many rich experiences were omitted from the write-up, as the findings were focused on responding to particular research aim of the study: to explore the participants' experiences of parent work with a focus on time and waiting.

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<sup>12</sup> Of note the order does not correspond to timing material that came up in interview, but rather, how participants ordered their experience.

<sup>13</sup> Elodie and Rachel's account will be presented mostly as a joint experience, with individual differences noted as they arise.

To clearly demonstrate the phenomenological roots of this inductive theorisation, sections will begin with a participant table, illustrating how the statements apply to each participant's lived experience with clearly stated exceptions.

**Statement One: The offer of parent work is linked with ambivalent feelings**

*Table 3 : Statement One Participant Application*

<b>Participant (s)</b>	<b>How does the statement apply?</b>
<b>Elodie &amp; Rachel</b>	Elodie and Rachel hold ambivalent feelings towards having needs of their own. Somewhat “masked” by a self-professed openness towards the initial offer of support, conflicted feelings in their account seemed to manifest in two ways: locating pain primarily in their child, and making sense of the work as a “partnership”.
<b>Alice</b>	She locates the primary suffering in her child, acknowledging her own pain as a witness to her daughter’s struggle. She also demonstrates a degree of enmeshment between herself and her daughter when more in touch with her own needs. This confusion around where the pain is located may indicate ambivalence towards acknowledging need for support herself, with parental function and perhaps in other areas of her personality.
<b>Fiona</b>	Fiona’s ambivalence manifests through her simultaneous willingness to attend sessions and engage with her parent worker, despite holding a sceptical view of the benefits of the work at the outset: “ <i>I really couldn't understand how it will help at all</i> ” (p7).
<b>Nadia</b>	This statement is less applicable to Nadia, who seems the least ambivalent towards acknowledging her own needs and engaging with the work for herself.

**Subordinate themes:** Locating the pain in the child; Resolving ambivalence over work

*Locating the Pain in the Child: “we needed tools, and she needed help”*

Ambivalence towards the offer of parent work takes different forms and appears with different degrees of intensity in participant accounts. For a subset of participants, it is accompanied by, and perhaps expressed through a tendency to locate the pain in the child and become the provider of help. Though at one level this focus on the child’s pain suggests a desire to engage in the work and better their parenting, the way in which these subordinate themes appears in accounts suggests another layer of meaning: ambivalence towards addressing needs of their own.



Throughout their accounts, Elodie and Rachel, Fiona, and Alice all located the primary source of suffering in their child. Describing the aims of the work at the outset of the intervention, Rachel and Elodie capture the essence of this subordinate theme:

*it wasn't we want to hurt less or [both laugh] or we want us to - yeah, it was [Elodie: no, yeah, no they were] the goals were definitely [child name] specific (Rachel, p.31)*

Emphatic word choice - “*definitely*” - conveys Rachel’s conviction that the “*hurt*” belonged to their child and their joint laughter at the idea of parent-centred goals may be a way of accentuating this; they seem to ridicule the idea that they may also be in need. Elodie’s oscillating “*no, yeah, no*”, however, belies a trace of ambivalence that foreshadows their later shift from this position.

Reinforcing the idea that participants harbour initial resistance (that seems a manifestation of ambivalence) towards a direct focus on their needs, Rachel delineates:

*it was us seeing that she was hurting, and knowing that we needed tools, and she needed help (Rachel, p.11)*

The language of “*tools*” to better equip them to attend to their child’s difficulties, also found in Alice and Fiona’s accounts, evokes ideas of participants as active agents of a repair, somewhat distanced from being in need themselves. A linked finding, Rachel and Elodie make sense of parent work as a “*partnership*” (Rachel, p.3) between their parent worker and themselves, describing “*seeing the internal mechanism*” (Elodie, p.37) of relationships, and focussing on “*technical aspects*” (Elodie, p.32). This way of conceptualising the work, through acquiring tools and improving technique in relationships, may suggest a wish to intricately understand problems faced and work collaboratively with the parent worker to tackle them. Another interpretation is that the dynamic they describe could be likened to a joining up of professionals, with their roles closer to that of therapists than parents.

Reinforcing this alternative reading of the text, they go on to describe a fear:

*[parent-]work actually takes some of the um emotional, possibly some of the love out of it, by focusing on this as a project.. (Rachel, p.32) on the technical aspects of [Rachel: yeah] the therapeutic parenting (Elodie, p.32)*

The risk of a loss of ordinary feelings a parent would have towards their child via becoming “*therapeutic parent[s]*”, seems to capture a somewhat defensive layer of their experience. By being “*project manager[s]*” (Rachel, p.43) they protect themselves from the risks of more vulnerable feelings of their own. As adoptive parents, the couple recount much prior experience of professional involvement in supporting the adoption and their child. It may be that their tendency to locate the pain in their child and become providers of support is for them linked to their particular experience of being adoptive parents of a child with complex developmental trauma rooted in her life prior to being with them.

Despite framing support for themselves as in the service of becoming therapeutic parents, Elodie, seemingly the one in the pair to vocalise vulnerability, depicts the period before the intervention as “*difficult for us as well*” (p.4) and how they felt “*quite helpless*” (p.7). Linked to this, Rachel explains that they had begun the work “*not thinking there were things we had to be circumspect about*” (p.14), perhaps conveying an openness to exploring areas of difficulty not only related to their child, but also to themselves. Their ambivalence is therefore apparent in these contradictory feelings in the initial period of work, and seems to manifest in how they make sense of the focus of the support.

Ambivalence towards acknowledging needs of her own also appears in Alice’s account. In different moments she apportions need and difficulty more centrally within her daughter, positioning herself in parent work as the provider of support.

*I was very aware that she had a lot of problems and I needed to get good enough at handling them (Alice, p.23)*

*I can't give her therapy because I'm not a therapist, and also it would be inappropriate for her mother to give therapy (Alice, p.9)*

Like Elodie and Rachel, she seems to harbour a wish to be not only a provider of help, but a professional in the network, only hindered by the fact that she is not qualified. Despite this

attempt to distance herself from her own vulnerability, Alice simultaneously indicates her own anxiety resulting from witnessing her daughter's struggle and her ambivalence comes to the fore:

*when someone's going through something that's quite difficult to watch.. I was always just worried (Alice, p.6)*

Her use of the word “*someone*” in the place of her child's name, as a linguistic device seems to make the situation generic and less about her particular experience. In this way it perhaps has the function of distancing her from her own pain, further evidencing ambivalence. Moreover, in later moments of her narrative, when more in touch with her own needs, Alice continues to display ambivalence in a different form.

*people are like, oh you don't need it you don't need it, or, oh you do need it but the waiting list is super long and then by the time you are seen you're just like, my kid's life is falling apart, my life is falling apart.. barely holding it together (p.31)*

She seems here to make indistinguishable the needs of herself and her daughter: both of their lives are “*falling apart*” and they are in identical need. Though perhaps not conscious to her, it may be that this enmeshment of need protects Alice from feeling her own vulnerability and need of support in parent work. The imagery she uses, of “*barely holding it together*” implies a wish to be held; two infants desperate for time with a mother-type figure.

*Resolving Ambivalence over the Work: “she obviously needs the support.. but so do we”*

Though ambivalent feelings are present throughout the accounts, experientially they seemed linked to the offer and the beginning stages of the intervention. The predominant trajectory was one in which ambivalence somewhat resolves across the work. Alice, and Elodie and Rachel's accounts are here presented to illustrate this participant trajectory.

Throughout her account, Alice frequently switches between referring to the parent worker as her “*therapist*” and her “*parent work person*”. She articulates her sense-making of this confusion, an awareness that perhaps indicates a degree of resolution of conflicted feelings:

*I kept having to remind myself sometimes that it's not actually my therapy [laughing], it's parent work, because it's, it's kind of parent work is this weird thing where like, you're talking about stuff to do with your kid, you're talking about strategies, you're talking about all this stuff but, that is intrinsically so much of your personal stuff, that it feels very much like it's your therapy [laughing slightly uncomfortably] (p. 32)*

It seems that Alice may have felt an external pressure, “kept having to remind myself”, to conceptualise sessions with the parent worker as “not actually my therapy”, perhaps masking true desire for therapeutic time for herself. The choice of words “weird thing” to depict the experience reinforces discomfort and conflicted feelings she harbours towards it. Later in her account she says as much: “it made me kind of wonder if perhaps having my own therapy might be useful” (p.33), acknowledging how the experience itself had put her more in touch with her own needs and perhaps allowed her ambivalence to somewhat resolve.

The couple express some resolution of their ambivalent feelings in the following extract:

*[parent work] really opened our eyes and our understanding to, you know, the fact that it's, it takes two to tango [small laugh].. if you see what I mean, which is that [sharp intake breath] she obviously needs the support and the work and the understanding but so do we. And I think the sessions we had with [parent worker name] really opened our eyes to that, you know, we are part of the solution, we are part of the problem. And it's, you know, it's got to be an interactive work that we all do, together. ( Elodie, p28)*

A related finding appearing here, is that with resolving ambivalence came new understanding about their role in the child’s difficulties. Reduced ambivalence seemed an opening to a new stage or level of parent work in which participants were more able to consider need in themselves. It could be that time elapsing, and specifically the prolonged experience of being *waited with*, had the effect of allowing for the acknowledgement of parental need, in this way ushering in a different level of therapeutic work. What occurs within this prolonged experience of being *waited with*, perhaps relating to the partial resolution of their ambivalence, will be the focus of the following statement.

As an exception to the current statement, Nadia expressed limited ambivalence in her account. From the outset she approaches the offer of work as a therapeutic space for herself. It may be that her own struggle with mental health difficulties - she is the participant with the most significant mental health need - provided a frame through which she experienced parent work as her own therapy. Indeed, therapy for herself was arranged at the end of the work. A linked tentative finding in her account was a subtler form of ambivalence. Nadia's clear difficulty to stay with focus on her child's needs, often subsuming them in her own, may have indicated ambivalence towards accessing support for her parental function, instead making use and sense of the work as a space for her own mental health support.

**Statement Two: The prolonged experience of being *waited with* creates time and participants feel a sense of relief, understanding and less alone.**

*Table 4 : Statement Two Participant Application*

<b>Participant (s)</b>	<b>How does the statement apply?</b>
<b>Elodie &amp; Rachel</b>	They capture the experience of time created : a unique “ <i>pause</i> ” offering space and time for difficult feelings of their own. There is relief at feeling understood and appetite for more understanding.
<b>Alice</b>	Alice experiences parent work as a period of time she depicts spatially; a “ <i>place</i> ” to bring difficult feelings rooted in her parenting. Her account suggests that key components of the experience in this new temporal space were: feeling less alone, feeling understood and being liberated from excessive guilt*.
<b>Fiona</b>	Fiona makes sense of the work as an opportunity to experience a new form of undisturbed and unrushed time, protected by her parent worker. She develops trust in him and describes feeling and less alone in her parenting.
<b>Nadia</b>	Nadia describes parent work as a <i>new</i> experience of a continuous relationship through time that allows her to feel less alone, as well as relieved at being supported with her own mental health. She also feels understood, and attributes this to better understanding her child as well as lessening guilt around damage she feared she had caused*.

\*Though a feature in Alice and Nadia's accounts, guilt was not explored in this study due to space restrictions and research aim focus.

***Subordinate themes: New Time Created; Feeling relief; Feeling understood and Feeling less alone***

*New Time Created: “the pause that it gives you”*

In different ways, all participants revealed a new experience of time, created in the work.

*the magic of, of therapy of any kind.. is the, you know, the ability to.. it helps you pause (Rachel, p.34)*

*I like the word pause, I think you should come back to the.. to the pause that it gives you, to pause to reflect and to improve and, and to change and to understand’ (Rachel, p.37)*

Though a “pause” could imply something still or stopped, it seems Rachel experienced this hiatus as one filled with activity, emphasized through a list of infinitives – “*to reflect, to improve, to change*” - and consonant with a later comment Elodie made about sessions “*always [feeling] quite flu-fluid, and fluent*” (p.18), the antithesis of stillness. Rachel’s choice of the word “*magic*” is also perhaps significant in that it gestures towards an atypical form of time offered by the work. Of note, this is the only part in their account in which these participants refer to the work as “*therapy*”, perhaps an indication that the idea of paused time brought about feelings of being in therapeutic work themselves. Within the same sense-making sequence, Rachel develops the phenomenon of a pause by introducing a new idea of “*slow[ed] down*” time:

*I'm just thinking it's actually it's, it's slows down, it slows it down, you know, the books over the last decade of taking more time and slowing things down actually, that's possibly what it does’ (Rachel, p.35)*

For Fiona, a new experience of time, created by the parent worker and session work, manifested in a different way to Elodie and Rachel. As in many participant accounts, Fiona names trust as a fundamental feature allowing her to carry out necessary emotional work: “*I needed that trust to, to bring it all to the front*” (p.11) . Unlike other participants, however, she delves deeper into how trust was built, and in this way evidences a new experience of time facilitated by the work.

*[building trust] takes time because you know, one he was a man, I really didn't think I would tell him anything [laughs] but, he was he was just so so friendly, no push, no hurry, um, no demands or you have to, you know, you have to say XYZ, you have to do this, it was just in your own time when you're ready. It was just done so calmly.. no, why didn't you do this quicker or nothing ( Fiona, p.27)*

Of note, trust took on particular significance for Fiona; she had been a victim of domestic violence in a past relationship and implies a linked struggle to trust her parent worker as he was male. Alongside positive qualities she attributes to him, she centres the quality of the time he offered - her “*own time*” without external impingement - as the key factor allowing her to build trust, despite her particular experience of his gender. Parent work for Fiona was therefore an experience of a new way of being in time, in which her parent worker warded off demands from external reality. The parent worker provided care in this way as an attuned mother would for her baby, allowing the baby to exist in a rhythm organised around her/his unique needs.

Linked to the notion of a “pause” put forward by Elodie and Rachel, Fiona suggests this unique time is distinct from the ordinary flow of chronological time, via the relationship with her parent worker. Her mention of developing trust during this *new* time also aligns with Elodie and Rachel’s idea that within the “pause”, crucial activity is occurring.

In this extract, Fiona also gestures at another temporal idea, the time the work “*takes*”. At other points in her account she refers to time’s “*worth*”, or in other words, how time taken to engage in parent work had been worth it. Elodie and Rachel also describe the time of parent work in economic terms. Taken together with the notion of a pause, it seems that these participants experience the work as a suspended temporal space where repeated activities are banked, as a kind of accumulative investment.

*Relief: “it felt really nice to be looked after”*

For all participants, a focus on themselves seemed linked to an experience of relief. It appeared to give them permission to acknowledge their own pain, perhaps linked to the resolving ambivalence depicted in Statement One: “*it was also, you know, how, how much [child name] could hurt us.. how painful that is for parents*” (Elodie, p.24).

Later in her account Elodie captures an embodied aspect of the experience of relief:

*you think about the parent's needs... it's as important, and to be honest with you, you know it felt, it felt really nice to be looked after, you know, because all through the adoption process, all through the first two, three years of [child's name] it was all about [child's name] all about [child's name] all about [child's name]. And all of a sudden when it was a little bit about us we just like woof [big sigh out] you know just like.. yeah, of course you know, it matters too so (Elodie, p.55)*

Her expression “to be honest with you” frames the idea of a focus on parents’ needs in a somewhat confessional manner, and her laughter reinforces a sense of discomfort around admitting this unexpected truth. Her sigh and onomatopoeic “woof” evidences how unburdening the experience was for her. The extract also uncovers another layer of experience: with relief comes perhaps some envy of the child focus. Although this layer may be specific to their experience of adoption, evidence of relief in other participant accounts suggest it was a shared experience.

Nadia also expresses relief in her account. Linked to the evacuation of painful feelings, her solace centres around feeling rescued from a struggle to cope. Speaking in the present tense, a narrative choice she often employs that will be explored in a later section, she says:

*if you hadn't stepped in, I don't know whether I would be, you know, I told you, I probably wouldn't be alive... in some ways it was a relief to have the safety net there of somebody else to step in, because I will never help myself (Nadia, p.21)*

The depiction of the work as a life-line, gives the impression that for Nadia the relief was immense: the difference between life and death. As the participant with diagnosed mental health difficulties, who at the time of the parent work was not receiving treatment, for Nadia the relief may have had a different level of significance than for other participants.



*Feeling Understood: “She really understood me”<sup>14</sup>*

*And to be honest with you, and, you know, the reality of the sessions also was that it felt quite good to talk to somebody who could understand [small laugh]. You know just like [big sigh out] I'll get that off-out of my chest now, just you know, all our frustrations and all our, you know, pains and all our difficulties, you know, it was good to throw them at [parent worker name] and then [breath out] you know (Elodie, p.11)*

In the above vignette, Elodie highlights the value of a parent worker who “*could understand*”, implying that feeling understood lay at the heart of the relief the couple experienced. Powerful corporal imagery (used by many participants) of getting pains “*off-out*” of her chest to then be thrown at their parent worker, conveys the force of the release or evacuation of difficult feelings. Participants unanimously echoed Elodie’s view, all making explicit claims about the significance of feeling understood in the work.

Alice describes how her parent worker “*really got how I work*”(p.22), and later elaborates on a linked experience, that of developing insight into her parenting behaviour.

*it definitely helped me to be a more insightful parent, because, I think, yeah, I kind of, I questioned why I do things the way I do more.. more than I did before when I was just kind of reacting (Alice, p.34)*

Perhaps here implied by Alice, participants also conveyed how self-understanding was acquired via exploring their own childhood experiences of being parented. Rachel speaks of “*very raw*” (p23) feelings and a “*high level of trust*” (p.23) linked to this aspect of the work, implying that a prerequisite to speaking about their own experiences of being parented, was feeling themselves understood by, and trusting of, their parent worker. Nadia explores this experience:

*my mother was never affectionate, never demonstrate-, you know, we didn't get hugs and kisses and you know, it was quite a cold environment so, it's difficult, it was*

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<sup>14</sup> Quote from Nadia’s account (p44).

*difficult and sometimes I used to feel like [child's name] was- you know... I used to feel quite defensive... and I think it was to understand that- it's because, it's because she was feeling insecure. She felt mummy doesn't love me so she's constantly seeking reassurances that I love that I um-, that I'm sort of like, you know, that I, you know, I'm thinking about her, I-I don't, you know, so, it was really, really, you know, it was hard, but it helped to understand, and he- and also to help me to deal with it, in a better way, rather than just reject her outright, and make her feel like I don't love her and sort of like push her away (Nadia, p.27)*

Nadia here depicts how her own mother's lack of warmth in her childhood played into her current response to her daughter's tactility, and expresses how understanding had enabled her to adjust and “*deal with it, in a better way*” when parenting her daughter. Also of note, is how she includes a deepened understanding of her daughter “*feeling insecure*” as part of this layered experience. It seemed that understanding her own response rooted in her childhood was linked to having a better understanding of her child, i.e., in feeling herself contained, she felt more able to empathise with her child. Greater empathy for their children was a shared experience amongst participants that they all linked to feeling themselves understood.

In Rachel and Elodie's account, Rachel introduces a linked experience of an appetite for the work, “*it would have been nice to see her more*” (p.13). The positioning of this sentiment, directly after naming the significance and relief of feeling understood, indicates their hunger for more of this particular experience, and perhaps also a curiosity to develop furthering understanding themselves. Elodie gives evidence of the latter at the end of their interview:

*she opened the doors to us finding out more and more and more and more and more. You know, I don't think we ever stopped. You know, trying to understand, we've acquired so much understanding over the past ten years, and I think we can really pin that down to the work we done with [parent worker name], you know she's enabled that opening in understanding that we had to understand in order to, you know... we're not there yet (Elodie, p.52)*

*Feeling Less Alone: “you’re not alone in it”*<sup>15</sup>

For all participants, parent work involved being joined up with another mind, framed as a positive experience in which they no longer felt on their own in their parenting. Fiona captures much of the participants’ experiences in the below extract:

*it was good for me to talk um, for the first time.. and get things out for me, but I couldn't understand where it would lead to, um, so I think after the first six months, I'd stopped, I'd kind of built up such trust, um I was able maybe to let some more information out and um, and get some more actual proper help back, and to not always feel like I have to keep it in here, and it's all down to me, and everything's on my shoulders (Fiona, p.10)*

For emphasis, Fiona juxtaposes the two experiences of “*everything on [her] shoulders*”, implying a heavy weight of difficulties, with that of “*actual proper help*”, in which she was able to “*let some more information out*” and feel less alone in her parenting. Crucially, she highlights how developing trust in her parent worker over time played a key role in this shift. Her trusted company had allowed her to move from the position of not “*understanding where [the work] would lead*”, towards the experience of “*proper help*” involving feeling less by herself with her parenting struggles and child’s difficulties.

Speaking about what she missed after the work ended, Nadia illustrates the value she placed on feeling less alone:

*I missed her because for a couple of years, she was like a person continuous in my, in my life, and um she recognised and acknowledged things that, you know, I've or she got me to acknowledge things that, you know, I'd always kind of like.. kept hidden, you know, and refuse to think about, you know, so yeah, yeah, she was she coordinated the whole thing, she got it all sort of like together, and everybody put their heads together, you know, four people put their heads together to work out how best to support me, and it made me feel like, wow, you know, there is, there is*

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<sup>15</sup> Quote from Alice’s account (p.18).

*somebody there for me, you know I'm not being left to cope with this all on my own*  
(Nadia p.23)

Like Fiona, Nadia links the experience of feeling she can share or “*acknowledge things*” with the parent worker that before she had found a struggle to manage alone. She emphasises her shock with onomatopoeia, “*wow*”, perhaps indicative of the newness and surprise of the experience. Whilst trust in the parent worker was key for Fiona, Nadia placed importance on the consistent presence of a receptive and understanding parent worker, in other words, being held in mind over time. She elevates the significance of this experience by contrasting it with her relationships in her socio-cultural community, where shame and secrecy around mental health difficulties seem prevalent and she feels isolated. Moreover, though not expressed with reference to time, Nadia’s experience seems to resemble what Fiona described as her “*own*” time (see *New Time Created*) in that the relationship with the parent worker, who facilitates a new experience through time, is key. Interestingly, it is these two participants, who most frequently platform the broader reach of parent work in their lives beyond parenting.

Of note, all subordinate themes of Statement Two appear to be linked to the theoretical concept containment (Bion, 1962). They capture different aspects of the concept, linked together by their root in a unique temporal experience. *New time created* is more consciously described in temporal terms, whereas within the themes of *Feeling relief, less alone*, and *Understood*, unique experiences of time are more implicit (and perhaps less conscious to the participants). This holistic finding will be returned to in the discussion.

**Statement Three: Participants’ experiences of time and waiting are linked to their capacity to *wait with* their child**

*Table 5 : Statement Three Participant Application*

<b>Participant (s)</b>	<b>How does the statement apply?</b>
<b>Elodie &amp; Rachel</b>	They demonstrate a capacity to wait in the work, and continue emotional work over gaps between sessions. Developing emotional “ <i>patience</i> ”, they feel better able to stay alongside their child’s painful feelings. Through parent work they understand recovery as a lifelong process, a shift from their previous temporal expectations. They reference their child’s adoption to contextualise their experience, however, the essence of phenomena in their accounts capture experiences mostly shared across participants.
<b>Alice</b>	In early stages of the intervention, Alice struggles to endure difficult periods with her child, experiencing crises in the gaps when the wait was too long. She is impatient for change and notes a lengthy and difficult wait for treatment to contextualise this, as well as a personal intolerance of frustration. Alice shifts over the work, developing a greater capacity to <i>wait with</i> her child. Via the work she becomes less reactive emotionally, and begins to consider her child’s recovery with a more flexible understanding of time.
<b>Fiona</b>	Fiona found the experience of waiting difficult in the work and expresses surprise at the prospect of lengthy recovery for her child. She appears to experience growth in her capacity to <i>wait with</i> her child, and attributes this to her parent work sessions i.e. being <i>waited with</i> .
<b>Nadia</b>	Nadia could not manage gaps in the work, and had limited capacity to wait. Her parent work sessions supported her to avert mental health break-downs that had previously absented her from parenting, in this way providing a foundation in which she could begin to <i>wait with</i> her child. She did not express temporal expectations of her child’s recovery, and more broadly did not offer substantial reflection on the pace of the work. Nadia’s narrative style indicated a broader struggle to observe time passing in an ordinary chronological manner. Boundaries between past, future and present seemed less clear in her speech, perhaps linked to early trauma, and may have hindered her from holding an overview of the work through a temporal lens.

***Subordinate themes: Waiting in the work; Capacity to wait with child; Shifted temporal expectations and Time ‘Unstuck’***

## *Waiting in the Work*

When asked about breaks between sessions, a question aimed at investigating the experience of waiting in the work, participants made manifest diverse experiences, ranging from the intolerance of waiting and crisis time, to the capacity to continue thinking and carrying on emotional work outside of sessions. All participants posited experiences that contained traces of the first position – the struggle to wait, and a subset of participant accounts, Elodie and Rachel being the prime example, evidenced a more positive waiting experience. Participants introduced variables that they linked to their capacity to wait. Fiona claims that the wait was tolerable “*as long as I knew something was coming up*” (p.24), and Alice names a difficult experience on the waiting list as foreshadowing her impatience during the work itself.

Both Alice and Nadia bring into focus the struggle to wait, each account revealing unique layers and shifts in the experience.

Alice is in touch with her difficulties with waiting, acknowledging a sense of deprivation over gaps in the work. She recounts one longer break, during which she contacted her parent worker for an “*emergency*” (p.28) session when her daughter had “*gone completely off the rails and I was like I don't know how to handle this*” (p.28). She here connects her own struggle to wait with her difficulty to endure her daughter’s distress, a sentiment reinforced by an earlier comment she makes: “*it's hard to know how best to be there for somebody*” (p.6).

Alice is the only participant to link a difficult experience on the waiting list to the struggle with gaps and a sense of impatience i.e. difficulty waiting, during the work.

*partially it is the system, because by the time you get that kind of help you like, super extra need it, whereas I think sometimes if you've got it a bit sooner, things would feel less desperate, you will feel less like you're at crisis point. So I think if that were different then people might feel less that way and I wouldn't feel less that way but I think also um, I'm not most people, and I'm quite anxious so I'm just like, I need to be doing something, I need things to be moving (p.29)*

She describes a painful process of being passed back and forth between CAMH services before the intervention began, and a building sense of desperation that reached crisis levels. Alice seems to hold the belief that she is “*not most people*”, indicating that her particular psychological make-up may account for some of her struggle to wait. In fact, Alice purports that her underlying proclivity towards impatience would render a shortened time on the waiting list insignificant to her – “*I wouldn't feel less that way*”. Nevertheless, she makes a fundamental distinction between the experience of waiting during treatment, and the wait to be seen; waiting too long on a waiting list had a negative impact on her experience.

For Nadia, gaps in the work proved catastrophic at times. Similarly to Alice, she uses somewhat medicalised language of going “*into crisis*” to indicate the severity of her intolerance to waiting.

*I went into crisis over Christmas. I didn't see- I didn't speak to her for about two weeks. Um and I think what it is, is just if I'm left unchecked, my thoughts run away with you know.. this parent work it really you know, and her observations really brought home to me how difficult it is in between therapy, you know, if I don't have somebody to talk to (Nadia, p.38)*

Nadia here labels her parent sessions as “*therapy*”, and describes the risk of “*unchecked*” thoughts that threaten her mental stability. In a sense, this demonstrates how consecutive weekly parent work sessions had the function of holding Nadia’s crises in abeyance, enabling her to be more consistently available for her child. Along with making observations, elsewhere in her account Nadia details adjustments her parent worker made in order to respond to her struggle to wait i.e. altering session frequency from monthly to fortnightly to weekly, in this way shortening the gaps to suit Nadia’s needs.

Another linked finding in Nadia’s account, came about from my experience of interviewing her. Nadia’s narrative style took the form of a continuous stream of consciousness; it was difficult to find pauses to ask questions, and hold in mind the direction of the interview as a whole. Consonant with the previous finding that Nadia found waiting intolerable, she seemed unable to leave pauses for reflection and the interview was somewhat claustrophobic with thinking space eroded.

Later in her account Nadia notes a slight shift in her attitude towards gaps in the work, perhaps indicative of the development of a capacity to stay with painful feelings (and not act out) in herself:

*it got to the point where I'd actually wait to see- for my sessions so I could talk things through with her because um... I need help to see other perspectives on things um, so it really, really, you know, I did, I used to sort of, like, look forward to the sessions, so that I can just talk through things that were confusing me um, it was almost like it gave me a chance to unders-, you know, understand it from a different viewpoint (Nadia, p.32-33)*

Though in her phrasing “*it got to the point where*”, Nadia negatively frames this development in her experience, she seems to be describing a growth in her capacity to stay with confusion and wait to “*talk things through*” with her parent worker, contrasting going “*into crisis*” she depicted earlier in the work. The knowledge of a parent work session in future seemed to have enabled her to *wait with* these feelings within herself. She links this with a desire to understand, a link also made by Elodie and Rachel (see *Feeling Understood*); the understanding she acquired in sessions seemed a key factor in what had enabled her to wait for them. As noted elsewhere, Nadia’s tensing indicates a blurring of time boundaries; she switches to present tense in describing past parent work experience. This may be linked to early trauma, and will be elaborated on in a later section.

*Capacity to Wait With their Child : “just remaining, you know, accepting what he is”*

Evidence of a growth in the capacity to *wait with* their children appeared in participant accounts in two key forms. The first, termed by Elodie and Rachel as “*patience*” (p.30), relates to a strengthened emotional endurance on the part of the participant in interactions with their child, and a concurrent reduction in their own emotional reactivity.

*I feel that.. we got a better understanding of how feelings work. You know, how pain happens, how loss is felt, you know, it-it's this better ability we got to put ourselves in somebody else's shoes... and, and you know, it was also because it was a bit of a let the steam out for us. We were then more able to be patient and open our ears and, you know, practically change things at home, because we, you know, felt like [parent*



*worker name] had sucked the tension out a bit. You had somewhere to bring, you have somewhere to put and talk of and think about things that-that happened, that that maybe you needed a place for, and hadn't had a place for before. (Elodie, p.30)*

Elodie's images of "[letting] out steam" and "[sucking] the tension out" vividly capture how the parent worker played a pivotal role in allowing participants to avert potentially dangerous or explosive scenarios with their child. They make sense of this experience by highlighting the newness of a temporal space created in the parent work, "*somewhere to put, talk and think about things.. that maybe you needed a place for, and hadn't had a place for before*". Elodie describe how not only did their patience in the moment increase, but a parallel shift in the way in which they became able to "*open [their] ears*" and better empathise with their child's experience. It could be that the creation of a pause, noted in *New Time Created*, and described here in spatial terms as a "*place to put things*", enables them to release feelings that would otherwise cloud their way of relating to their child; in a sense they capture how being *waited with* enables them to better *wait with* their child. A layered form of containment seemed here to be in action; this reflection will be returned to in the discussion.

Reinforcing the idea of a strengthened capacity to *wait with* their child through the work, Rachel's description depicts a central theme in their experience at the beginning of their account:

*it was not about whether she would run away, it was about how to enable her to know she could come back. You know, it wasn't about running away, it was about returning (Rachel, p.10)*

Though at one level they are speaking about a concrete risk of their adopted child running away, these participants often convey the meaning of their experience via metaphors. With this in mind, symbolically they may be gesturing at how the work supported them to facilitate an environment in which pain and suffering could be stayed with and endured; a form of *waiting with* their child.

Like Elodie and Rachel, Alice describes how parent work enabled her to be less emotionally reactive.

*I think [parent work] helped because, having somewhere to then be able to be, well we had this conversation, it was so heart-breaking because of this that or the other, having somewhere to talk that through, meant, I kind of, I could tuck it away and be sort of less emotionally reactive in the moment, which I think helped her a lot because, you kind of, you feel safer when somebody isn't, I guess, hysterical.. you don't want somebody who's just like, oh my god, the world is ending, like you don't want somebody who's going to be in bits about it, because that doesn't make you feel safe about it (Alice, p.15)*

Her use of hyperbolic terms, “*hysterical*” and the “*world is ending*”, conveys the extremity of her previous emotional responses to her daughter. The capacity to “*tuck away*” these highly charged feeling states - and wait for a parent work session – allowed Alice to offer more emotional security to her daughter, and help her daughter to “*feel safe*”, and contained. In line with a finding reported in *Locating the pain the child*, highlighting possible enmeshment between Alice and her daughter, her use of the second person, “*you*” as opposed to her daughter’s name, makes it seem as though she may be including herself in the experience of greater security. Relatedly, Alice does reference elsewhere a difficult adolescent period in her own life.

Elaborating further on what it meant for her to be less emotionally reactive, Alice describes an interaction in which she felt at risk of “*getting drawn into something*”(p.18) with her daughter.

*if you can just take that step back. And I think the parent work helped me to do that. To be able to kind of just breathe a minute, like, give myself a minute to breathe, and just be like, alright, well, I can see that you're struggling, this is what we're gonna do (Alice, p.17)*

The need to “*breathe*” evokes an image of a suffocating proximity between mother and child, lending support to a building picture of Alice’s somewhat enmeshed relationship with her daughter. The metaphor conveys just how crucial Alice found the capacity to “*tuck away*” her emotions; without this she could not breathe. Moreover, her spatial metaphors

imply that the work had opened space in her mind within which she could contain painful emotions in herself, and tolerate holding them until her next session.

Within Fiona's account is an experience of perhaps the largest growth in capacity to *wait with* her child. She recounts an incident, during which her daughter alleged that Fiona had been physically abusive. Her initial reaction was to ask for her social worker to remove her child from her house, "*I said, no I'm sorry, I ju- I can't do this, you need to go... so that was really, for me, that was devastating um.. I was absolutely floored*" (p.12). Sending her child away seems a concrete representation of her inability to stay with painful feelings; her vivid descriptors of being "*floored*" and "*devastated*", similar to Alice's "*going to bits*", illustrating a catastrophic state of mind that she could not bear. Fiona did not, however, send her child away. When asked what had led to this shift, she describes how parent work had been the primary facilitator of change:

*I think without [parent worker name], I don't think I could have understood why she was doing this, um, I thought it was a personal attack on me and that she absolutely hated me, I really honestly, I thought she hated me um.. [parent worker name] made me see exactly what was happening- I couldn't have seen it otherwise.. and I don't think we'd have got through it (Fiona, p.14)*

She later adds another layer to the experience. New understanding allowed her to stay closer to her child's experience:

*I think really getting the- somebody else's perspective, because when you're in this situation, and I mean, at the time, ach, it was so hard to see past what was happening at that moment, and to stand back and just say, right, this is what's going on.. and be- just remaining, you know, accepting what he is, dealing with how she is bless her, and she's improving all the time. I'm understanding her better than I ever have, um, I think she's understanding herself as well, um I can point out her triggers (Fiona, p.20)*

In a similar manner to Alice, she here depicts how new insight offered by the parent work paradoxically allowed her distance from her child, to "*stand back*" whilst ultimately staying closer to and *waiting with* her child through an emotional experience. The shift between

sending her daughter away, to “*just remaining*” beside her is seismic; Fiona seems to have developed in the work a greater capacity to stay alongside her child.

### *Shifted Temporal Expectations: No Quick Fix*

A linked finding, featuring in a majority of participants’ accounts, was an observed shift in their expectations of the pace and/or trajectory of their child’s recovery over time. All participants began the intervention holding the view that recovery for their child would be a quicker and more linear process than it turned out to be. Registering this new temporal reality was experienced by participants in different ways, ranging from a “*shock, because that’s not what I expected*” (Fiona, p.30), to a seemingly more gradual awareness of the change, demonstrated by a *feeling* Rachel describes having in hindsight.

*if there's one thing I feel now with, you know, with all the support we've been lucky enough to have, it's, um, it's that actually, this is not an OK here you are adoption goes like this, and you might have a few wrinkles and can sort those out with some counselling. It's actually.. the journey [laughs]. The journey is probably lifelong. (Rachel, p.1)*

Rachel contrasts the image of wrinkled material in need of straightening with the idea of a “*lifelong journey*”, implying that recovery is lengthier than she had anticipated. She may also be gesturing at an idea of an end point in recovery that cannot be known, unlike unwrinkled cloth, that has a final shape known in advance. In this way she ushers in a new understanding of the future, in which there is no definitive end point in recovery and the work in this ongoing journey is an end in itself. Though adoption for them provides a frame in which they situate this phenomenon, its existence in the accounts of other participants, which will be elaborated on below, suggests that it is a shared experience.

Alice makes clear her initial impatience for change in relation to her daughter’s difficulties at the start of the work. She describes insight gleaned through parent work:

*I think, I always have that sense of hurry up, hurry up, hurry up, but I kind of, I understand that that's not realistic. I understand that that's how [sic] therapy works, and that's.. simply partly what is a lot more um, at least, like that is a problem*

*[incomprehensible] not a the solution kind of, but um yeah, I kind of, really I just want a magic wand but, that's not life (Alice,p.30)*

Alice's "magic wand" brings about ideas of effortless quick fixes, and goes with an almost obsessional desire she seems to have for constant forward movement. Moreover, her parapraxis ("that's how therapy works") may indicate how deeply rooted her intolerance of frustration is. Nevertheless, Alice consciously describes her impatience in itself as a "problem", and not in line with an ordinary or realistic way in which time flows or "therapy works". She attributes this insight to work with her parent worker : "he [parent worker] was very good at showing me like, reminding me that that's not realistic" (p15). Qualifying the impact of parent work on her new temporal insight, and shift in expectation of her daughter's recovery journey, she recounts:

*I just think I went into it not entirely understanding the nature of the problems she has, which I think I have better understanding of now, that you can't just, have therapy with somebody and magically have different coping strategies entirely, and never go backwards at all. That's not- nothing is just like a straight journey. Sometimes things slide backwards (Alice, p.35)*

She depicts her transformed understanding of time, one of nonlinearity where there is space for "backwards" movement to be part of a change process. This nonlinear trajectory is also distinct from the idea of a "quick fix", which restricts backwards movement to that of negative or regressive repetition that is anti-recovery. Recovery seems to have acquired greater flexibility for Alice; time is now able to fold over itself in the service of development.

Implicit within these shifts in participant expectation of change, is the idea that they are developing a greater patience or malleability in relation to both how the future and recovery will look, as well as how long it takes to get there. This shift therefore reflects another manifestation of a growth in participants' capacity to stay closer to the reality of their children's recovery journey, and *wait with* them as they get better.

Unlike other participants, Nadia does not articulate temporal expectations for her child's recovery or her own parent work. Throughout her account, as noted previously, Nadia has a tendency to switch to the present tense when recounting past experience. When asked to

reflect on the intervention with hindsight, her answer was somewhat convoluted. She blended stories of her own traumatic childhood and her daughter's potential future in a single stream of narrative, and different time periods seem to collapse into each other with no boundary. It could be that her experiences of trauma in past have intruded on the present, disrupting her capacity to hold clear views about the pace of the work, both for her child and for herself. It is well-established in trauma literature, that significant trauma can interrupt continuity, rendering past, present and future undifferentiated. This is the central tenet of the psychoanalytic understanding of trauma and the repetition compulsion (Freud, 1914).

### *Time Unstuck*

Looking across accounts holistically, a subset of participants, namely Elodie, Rachel and Fiona, make manifest a broader shift in their experience of time prior to and post intervention. Elodie and Rachel describe the period before their work began as repetitive and cyclical, their daughter was “*stuck in a cycle*” (Rachel, p.1) that they too felt trapped within. Fiona echoes this experience in relation to herself before the work: “*I felt like I was pretty much stuck*” (p.26). Making sense of the impact of the intervention as a whole, Rachel concludes how it “*unstuck [their child], it unleashed things, it relaxed, you know, the- the scar, in a way*” (p.43). These descriptors imply a change in temporal experience, an opening outwards that allowed for movement. In a similar manner, Fiona describes the work enabling her to “*move on*” (p.26), implying a sense of liberation and re-railing onto tracks that move forward with chronological time. These findings taken together, suggest that parent work may have had an impact on broader temporal experience for participants and their children; they shifted from feeling trapped and stuck to being able to move forward again.

## Discussion

### Overview

This research set out to explore the lived experience of parents engaged in parent work, with a particular focus on time and waiting. An original secondary aim of the study anticipated a dialogue between extant psychoanalytic theories of time and waiting, and individualised phenomena within participant accounts. During the data analysis, as is detailed in previous sections, the experience of time and waiting took a more central position within the research enquiry. Three theoretical statements were generated from the multi-staged IPA:

1. The offer of parent work is linked with ambivalent feelings
2. The prolonged experience of being *waited with* creates new time, and participants feel: a sense of relief; understood and less alone
3. Participants' experiences of time and waiting are linked to their capacity to *wait with* their child

A theoretical model was generated from these three statements, presented below and discussed in relation to literature informing the central research topics: parent work, time and waiting, and the Waiting Times key concept, *waiting with*. Following this, each statement will be discussed in greater detail, again in connection with existing literature.

### Theoretical Model of the Experience of Time and Waiting in Parent Work

Thus far, the three generated statements have been closely tied to the experiences of participants in the study; the Waiting Times project theory was incorporated in order to frame individual experience. In this summary, theoretical claims will be stated more generically<sup>16</sup> in order to give maximum clarity to the model as a working hypothesis, whilst demonstrating how it speaks to the research aim.

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<sup>16</sup> The use of the term *generically* is not intended to imply generalisability beyond this study. The model is applicable only to this study population, and is meant as a working hypothesis through which further investigation into parent work in a wider population of parents could be examined. See Smith's 1999 paper for an example of this shift from idiographic to generic theoretical claims in an IPA study.

The initial offer of parent work, and specifically being *waited with*, is often met with ambivalent feelings that parents manifest in different forms. For example, some may locate the lion's share of the presenting difficulties in the child, reluctant to address a need for support themselves beyond being fixers or co-therapists in the work. As the work progresses, ambivalence tends to resolve, and the prolonged experience of being *waited with* offers an opportunity for parents to reconfigure their capacity to wait, as well as their experience of time itself. This temporally transformative experience can have a positive impact on parenting. Specifically, parents may develop greater emotional endurance, as well as more realistic temporal expectations for their child's recovery journey in the present and future. They may also experience a shift in their temporal trajectory more broadly; an experience of stuck time may transform into that of time that again flows.

It could be said that these findings offer an empirical basis, albeit a modest one, for Benedek's (1959) notion of parenthood as a developmental phase, that "utilizes the same primary processes which operate from infancy on in mental growth and development" (p.389). They also ally with V. Green's (2000) linked claim that being a parent allows for a certain malleability within the mind; parent work therefore has potential to be a transformative experience. Moreover, the data deepens these ideas in that it offers an empirically-based working model of *how* change occurs in the mind of a parent: through shifts in their subjective experience of time and waiting. Corresponding with literature that claims parent work develops and can move through stages or phases across the intervention (e.g., Novick & Novick, 2005; Holmes, 2018), the study found that transformative psychic shifts for parents are time-dependent. The relationship with the parent worker, or the therapeutic alliance, seemed to be the primary means through which these time-bound and time-related shifts were realised. Results therefore lend empirical support to Salisbury and Baraitser's (2020) claim that psychoanalytic work "takes time and the [therapeutic] relationship with another as its primary materials" (p. 113). It is also interesting to note that, though not a specific intention when the research inquiry was first conceptualised, the findings make a cautious contribution to a body of research investigating change processes in psychotherapy (e.g., Carlberg, 2009; Rayner et al., 2011), albeit from the viewpoint of parents at a single time-point. This overlap will be returned to in considering the implications for further research.



## Reflections on the Three Statements

### Statement 1: The offer of parent work is linked with ambivalent feelings

Despite parental ambivalence being well-documented across theoretical and clinical literature (e.g. Rustin, 2000; Novick & Novick, 2005), this is the first empirical study to capture the experiential trajectory of ambivalent feelings from parents themselves. Interestingly, *Locating the pain in the child*, a manifestation of ambivalence in three of four parent accounts, featured only as a subordinate theme in Kenny et al.'s (2017) study investigating parental experience in parent-child work. This discrepancy may reflect the variation in treatment approach; the parents of Kenny et al.'s study were engaged in joint sessions with their children in contrast to the parents of the current study, who had sessions alone. Perhaps a more direct focus of parent-only sessions elicited greater ambivalence at the outset of treatment.

Another finding within this broader claim, was that of a partial resolution of ambivalence across the work over time. It seemed that with this resolution, participants became more available for different levels of work, a finding supported in both clinical and research literature (e.g. Holmes, 2018; Rustin, 2000). Moreover, in accordance with clinical literature that stipulates a balanced approach to managing ambivalence in parent work, it seemed that parents were supported to maintain a healthy degree of ambivalence. Ambivalence was reduced in order to protect the child's therapy (Cregeen et al., 2017), whilst total dependence on the work that might jeopardize parental functioning – allying with advice from Rustin (2000) - was avoided.

Nadia, whose account demonstrated an exception to this claim, in that ambivalence did not feature, harboured significantly greater dependence on her parent worker than other participants, engaging in work that some would argue moves closer to individual adult psychotherapy (e.g. Horne, 2000). It may be that Rustin's (2000) advice to “keep the temperature of the involvement cool” (p. 23) with parents who have borderline features was a challenge with Nadia, perhaps also a reflection of limited NHS resource as Nadia indicates being held by her parent worker whilst she is on a waiting list for further adult work.

## Statements 2 & 3<sup>17</sup>

**The prolonged experience of being *waited with* creates time and participants feel a sense of relief, understanding and less alone**

**Participants' experiences of time and waiting are linked to their capacity to *wait with* their child**

### *Waiting with Parents, a Return to Early Developmental Processes*

Participants expressed an appetite or readiness for sessions each week or fortnight, differing in their tolerance of the gaps between sessions, or the capacity to wait. This hunger for sessions offers tentative evidence of the theoretical link between alternating session-break-session patterns, and early feeding rhythmicity, the forerunner of the establishment of a sense of time (Shulman, 2019; Canham, 2012). Further evidence of the work resembling a primary time-sensitive interaction between infant and mother, appears in the adjustments made by parent workers to attend to the individual needs of the participant with respect to the lengths of breaks in the work. Where participants could not tolerate gaps, “emergency sessions” (e.g. Alice and Nadia) were arranged. Findings suggest that the parent workers’ careful attendance to a participant’s capacity to wait, and spacing sessions accordingly with the “optimal degree of delay” (Namnum, 1972, p. 747), extended to an overall sensitivity towards a parent’s experience of time. Parent workers were in this way providing a particular form of temporal care and the work seemed to be experienced by participants as operating at the level of primary mother-infant interaction, at the “cradle” of their experience of time (Rapaport, 1951).

Fiona values the unique form of time offered by her parent worker, in which she feels she can progress at her own pace. Arguably, what Fiona terms her “*own*” time (p. 27), is in fact a “shared time structure” (Sander, 2002, p. 209) between herself and her parent worker, in which the parent worker offers her the experience of *maternal time*, a form of time denoted by a mother’s commitment to stay alongside their child, without any desire for or preoccupation with forwards movement (Baraitser, 2017). Fiona’s delineation of this time as her own suggests a phenomenological experience of a time outside of ordinary chronological

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<sup>17</sup> For readability, it was deemed more appropriate to discuss these statements together as they are interlinked.

time, aligning with psychoanalytical understandings of co-existing temporalities within the mind of an individual (A. Green, 2002), and psychoanalytic work being the site in which these unique temporal experiences are observed and worked with (Sabbadini, 1989).

In paying attention to participants' subjective experiences of time and capacity to wait, parent workers were in fact attending to participants' early infantile anxieties, a finding that accords with Rustin's (2000) key parent work task: identifying and attending to primitive anxiety in the parent. The data offers a fine-tuning of Rustin's claim: parent workers go about identifying and attending to a parent's early anxieties by honing in on their experience of waiting and time.

### *Waiting Lists and Waiting With*

A related finding appeared in Alice's account of her contrasting experiences of a) waiting on the waiting list before beginning work, and b) waiting between sessions. Waiting in the work seemed to provide Alice with an opportunity for growth and development linked to early developmental processes outlined above, whilst the wait on the waiting list was felt to be catastrophic and intolerable, akin to Bion's (1962) notion of *nameless dread*. It seems that the careful attention of the parent worker transformed a traumatic wait into an experience of temporal care. This illustration of how a wait is experienced when a parent is in isolation (on the waiting list), gives evidence of how waiting becomes a mode of care, when the parent is *waited with*, as theorised by Salisbury and Baraitser (2020). Furthermore, Alice suggests that the extended wait on the waiting list may have somewhat impeded her capacity to engage in the work, an idea which accords with A. Green's (2000b) theory that a baby who has waited too long is less able to access care if and when mother arrives.

### *Being Waited with Creates New Time*

In their depictions of the period prior to the work, participants describe the sensation of being stuck, often with reference to both themselves and their child. Aligning with thinking of the Waiting Times project, it appears that the experience of being *waited with* in parent work "produces" time (Baraitser & Brook, 2021, p. 233). Elodie and Rachel articulate this created time as a "*pause*" (p. 34) or "*slow[ed] down*" (p. 35) time. Interestingly, despite the static nature of a pause, it seems that participants attribute much reflective psychical activity to this

pocket of suspended time. They describe it as a period in which “*to reflect and to improve, and to change and to understand*” (Elodie and Rachel, p. 37). When considering this contradiction, it seems helpful to employ a psychoanalytic lens, allowing for multiple registers of time to co-exist (Canestri & Fiorini, 2009). Moreover, it seems that it is precisely the occurrence of a time experienced as outside of linear time, that allows for productive psychological activity and change. This finding links to Williams (2007) depiction of productive states of timelessness that enable “*reculer pour mieux sauter* – a pause or retreat into oneself to gather strength, with the help of good internal objects, in order at some point to re-enter life.” (p. 56). Though participants detail conscious productive processes such as reflection and understanding occurring during this suspended time, it may be that their experience of brief timelessness reflects a current of unconscious working through that underpins the phenomenological experience. In this way this finding offers validity to the idea of parent work operating in a space which is truly psychoanalytic, and parents as “patients” in their own right, in the sense that new temporalities and a-temporal unconscious material is observed and worked with.

### *Time of Containment*

Experiences of feeling “*looked after*” (Elodie, p.55), feeling understood and feeling less alone were prevalent across all participant accounts, and together seemed indicative of the psychoanalytical concept, containment (Bion, 1962). These findings support clinical literature (e.g., Chethik, 2000; Rustin, 2000) as well as research involving both clinician (Whitefield & Midgley, 2015; Holmes, 2018) and parent (Nunez et al. 2021; Kenny et al. 2017) perspectives, that platform containment as a central and primary task of parent work. Of note, this study is the first yet to explore these experiences in a parent population engaged solely in psychoanalytic parent work; other study samples comprised parents engaged in a range of treatment modalities (e.g. parent-child psychotherapy; family therapy). The collective findings of these three studies, current study included, seem to suggest that containing processes are a feature across different treatment modalities. In this way the study findings contribute to research into the specific processes that effectuate change, as opposed to the broader intervention.

Furthermore, the focus on temporal experience in this study offers a nuanced layer to understanding a parents’ experience of containment in parent work. The notion of a “pause”

seems to represent a temporal setting within which these processes take effect. It could be that this temporary suspension, a time out of time, is a necessary feature of containment.

Findings have thus far been discussed in relation to the ways in which participant experiences of time and waiting have been transformed in the work, via the tact and sensitivity of the parent worker, adjusting and attending to their idiosyncratic experience of time. Arguably, these findings provide an empirical basis for Sutton and Hughes' (2005) terming of the work as "parent *psychotherapy*" (my emphasis), in that infantile processes in the adult are worked with. The following section will discuss a finding pertaining to the final stage in the working theoretical model: being *waited with* enables the parent to *wait with* their child.

#### *Waiting with their Child: Emotional Endurance*

An increased capacity to endure emotionally charged encounters with their children is termed by some participants as a form of "*patience*" (Elodie, p.30), and by others through the notion of a "pause" facilitated by regular session work. It seemed that this pocket of time, offered in sessions, strengthened a parallel internal space in parents in which they could "*tuck away*" (Alice, p.15) their own difficult feelings and be more available for their children. Linked, was their increased empathy or understanding of their child's feeling states, as well as insight into their own emotional responses.

These findings are consistent with V. Green's (2000) claim that through parent work, parents cultivate internal space allowing them to "create the child" (p. 45) in their mind. According to Green, the child in the mind of a parent is multi-layered, comprising both the parent's early history (i.e. their own experience of being a child) and their child in reality. Parent work therefore involves "ensuring that the space is both large and deep enough to allow for the restoration of the complexity of the child" (p. 45).

Furthermore, findings of Statement Three cautiously extend the Waiting Times project notion of *waiting with*, revealing a layered sequence in which the parent worker *waiting with* the parent in turn enables them to *wait with* their child. The understanding that participants acquired, a corollary to being *waiting with*, supports a central finding of the only other known IPA investigation of parents experience in psychoanalytic work (Kenny et al., 2017) : "being understood enables understanding". The findings of Statement Three seem also to accord with Rustin's (2009; see also Brondsby et al., 2017) claim regarding processes of

containment in parent work. She writes: “parents discover [through parent work] resources for understanding their own children through the experience of feeling understood” (p.212).

### *Waiting with their Child: Time’s New Possibilities*

Through the experience of being *waited with*, participants’ expectations of their child’s treatment trajectory shifted from that of a “quick fix” to a more realistic view of recovery, a finding similar to Kenny et al.’s (2017) research, in which a superordinate theme, “Changing expectations/acceptance”, was discovered. Unlike Kenny et al.’s (2017) theme, however, this study finding held focus on temporal shifts in parental expectations, and as such, brought greater depth to this dimension of their experience. Alice, for example, depicts awareness of the non-linear process of her child’s recovery journey; she accepts a new idea that her daughter’s recovery time may move in both directions (forwards and backwards) in the service of progress. The experience of being *waited with* seems to have strengthened Alice’s tolerance of uncertainty, or negative capability (Bion, 1967). This notion is supportive of the theoretical idea of Serres (1991), who describes time as textured like dough, “folding over on itself, both creating unexpected contiguities, and folding time within it” (p. 81, as cited in Baraitser, 2017, p. 33-34).

Participants shift towards a more realistic perception of time aligns with a key claim within psychoanalytic literature: the temporal task of clinical work is to facilitate an individual’s healthy engagement with linear time, that is, the chronological time of reality and in which development and change is possible (Noel-Smith, 2016). Within parent work literature, the finding resonates with Novick and Novick’s (2005) transformative tasks of parental treatment. They describe psychic movement from *closed-system* to *open-system* functioning, the latter a state of mind in which parents are more “attuned to inner and *outer reality*” (p. 172, my emphasis), in which chronological time is a key feature. Moreover, participants seemed not only to have developed a better understanding of realistic time in relation to their child’s journey, they also experienced a developmental re-railing in themselves. Fiona depicts how the work “*helped me, um, as a person to just to move on from things*” (p. 26).

Participants capacity to become unstuck gestures towards Fraiberg’s (1980) claim “The baby [child] can be a catalyst. He provides a powerful motive for positive changes in his parents... his birth can be experienced as a psychological rebirth for parents” (pp. 53-54, as cited in V. Green, 2000, p. 26).

## Critical Appraisal

This critical appraisal will evaluate the study, with consideration given to limitations of method, research quality and transferability as well as my personal reflections on the research process as a whole.

### *Methodological Reflexivity*

The study's inclusion criteria of fortnightly parent work pre-selected participants resembling the ideal-type of *learning curve parents* in Stapley et al.'s (2017) research, i.e., those engaged consistently with the work. The sample does not capture the experience of parents that struggle to engage with parent work, categorised in the above research as *find my own solutions* or *stuck* parents. Some participants seemed to want to broadcast positive experience, indicating that a) this may have been a motivating factor in their participation, and b) these parents were more likely to have had a positive experience of the work.

Though not intended in the recruitment phase, the final sample comprised solely mothers. A women-only sample precluded fathers' experience of parent work, and any potential gender differences.<sup>18</sup> Nevertheless, the representation of mothers in the sample perhaps reflects gender differences in parental engagement in CAMHS, which in turn may be closely linked to the unequal distribution of labour along lines of gender, class and race in "care work within contemporary capitalism" (Wright, 2022, p. 326).

Arguably, sample homogeneity is in line with IPA tradition, which prioritises a sample that "can grant us access to a particular perspective" (Smith et al., 2009, p. 49). The perspective explored in this study is that of a mother consistently engaged with psychoanalytic parent work. To protect the streamlined nature of this perspective, in discussion with my researcher supervisor, I made the difficult decision to exclude two participants, a couple, after interview<sup>19</sup>. It came to light during the interview that over the course of their intervention, these participants had experienced several changes in parent worker, and were seen for a substantial period by a clinical psychologist. We determined that their intervention was

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<sup>18</sup> The microethics of sample characteristics have been discussed elsewhere in this research (see Researcher Reflexivity and Microethics).

<sup>19</sup> Full rationale presented in Methodology Section.

therefore an offer of a different form therapeutic work that did not match up with the current research inquiry.

Despite this effort, key differences remained in the characteristics of the participant group e.g., ethnicity, single parent versus couple, adoptive parents versus biological parents, which may have compromised sample homogeneity. However, while individual differences between participant were observed, no significant differences were noted between participants according to these characteristics. Shared meanings and sense-making from the collective interview material could still be gleaned. Moreover, IPA welcomes tracing individual differences and idiosyncratic meaning-making within a “fairly homogenous” (Smith et al., 2009, p. 49) sample. An attempt was made to capture nuances of each participant by attending to the particularity and context of their experiences where possible in the data analysis and results.

### *Suitability and Execution of Method*

The study adopted an IPA methodology, in line with the central aim of the research: to capture parents’ accounts of their lived experience, and present them via a hermeneutical process of sense-making that oscillated between the parents themselves and the researcher. An illustration of advantages of combining these two methodological principles occurred during the data analysis phase of the project.

Through their accounts, participants articulated experiences of time and waiting in such a way that the notion of *waiting with* seemed a valuable framework through which to interpretatively assimilate and organise their entire experience. The broader aim of exploring parental experience of parent work therefore shifted closer to the second aim, that of examining their accounts in light of psychoanalytic theory around time and waiting. The primary aim was, in effect, operationalised by the secondary aim. This unanticipated outcome of the analysis, a result of interpretation guided by participant experience, was a clear product of the combined phenomenological and interpretative approach. Necessarily, findings of the second-order analysis with its focus on time and waiting, may have given less attention to other aspects of participant experience. In an attempt to mitigate against missing key objects of concern, I made note in the Results section of the few instances where this may have occurred (e.g. guilt). This ensured that though not explored within this research, the identified



experiences were not missed entirely from participant accounts and could offer further context to presented findings.

Rooted in the analysis of individual cases, the study remained committed to an idiographic approach to answering the research question. Participants individual accounts are traceable in the findings, despite the analysis having moved through a sequence of interpretative stages before being presented in the final study write-up. Different experiences amongst participants of how new time was created or produced, offers an example of combining *shared* form with particular content, illustrating the value of an idiographic approach. In other words, the study was able identify that all participants shifted towards a capacity to *wait with* their child, but the way in which they did so varied between them.

The second-order analysis, consisting of a dialogical exchange between psychoanalytic theory and participant meaning-making, gave rise to theoretical statements that combined the language of participants with more theoretical language of the Waiting Times project. Importing extant theory therefore occurred at an earlier stage than is typical in IPA analyses (e.g. Smith, 1999), and might invite criticism of the use of top down interpretative strategy that risks clouding the participant voice in findings. In order to mitigate this, I frequently returned to individual participant transcripts whilst carrying out the second-order analysis, ensuring my interpretations (informed by theory) were grounded in participant voices and meaning-making. I also provided my supervisor with detailed stages of analysis including lengthy sections of participant transcript, to regularly check the analysis for credibility. What is more, the interpretive levels of the analysis (e.g., application of psychoanalytic theory) gleaned novel insights into participants' experience of parent work that went beyond a superficial reading of the data. Indeed, the Waiting Times project recommends the use of different inventive methods (e.g. Anucha et al., 2021) to expand upon this emerging empirical literature base. Taken together, the benefits of expanding theoretical and clinical knowledge in this area were seen to outweigh the possible criticisms highlighted above.

Due to the restrictions from the Covid-19 pandemic, interviews were conducted over Zoom. One concern prior to the study was that virtual interviewing may negatively impact the warming up process that is typical in interview, in which the developing relationship with the interviewer enables participants to feel freer to express and explore experience. In practice, I did not note this to be the case. Perhaps the interviews occurring at a later stage in the

pandemic resulted in participants having acclimatised somewhat to this new medium; they appeared at ease and able to build rapport over Zoom. Additionally, given that all interviews took place in the participants' family homes, there was a novel risk that privacy might be compromised. To reduce likelihood of interruptions, I requested that participants establish a protected space before interview, and assessed this with them before beginning recording. In spite of these potential caveats, the online format may have facilitated greater uptake at the study recruitment stage, given its accessibility and convenience for parent participants with busy lives and caring responsibilities.

The data constituted participants' retrospective accounts of their experience; for some, the intervention took place five years ago<sup>20</sup>. The distance between the interview and intervention may have had implications on participants' versions of events (Schacter, 1996). The effect of memory may have resulted in participants recounting less of the negatives in their experience, for example. Participants may have spoken about their experiences differently during active parent work, and, moreover, their child's current status with respect to their difficulties during the parallel intervention may have influenced how participants made sense of their parent work. Ideas of alternative data collection methods will be explored in the Future Research section below.

As outlined in the Methodology section, the interview schedule questions around time and waiting were changed, as it became apparent in early interviews that more direct questions about waiting seemed to shut down thought and meaning-making. Participants made associations to time spent in the waiting room, or time on the waiting list. "*Working* [as opposed to waiting] *alongside on, you know, parallel and sometimes, you know, not so parallel tracks*" (Rachel, p. 45) was one answer to a direct question about waiting in the work. Given the dominant discourses around lengthy NHS waiting times, it may have been difficult for parents to conceptualise waiting in other ways. This idea will be returned to in the future research section below.

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<sup>20</sup> This was the maximum length of time since intervention, and parameter of inclusion criteria.

## *Personal Reflexivity*<sup>21</sup>

Over the course of this research I experienced many obstacles to progress, not least the disruption to sample recruitment and data collection caused by the Covid-19 pandemic. In the early phases of research, I became seriously unwell requiring several hospital admissions; my recovery dictating that I step off of the clinical training and suspend research progress for several months. This particular “pause”, in combination with other personal factors impeding my work efforts, resulted in a delay in this study completion. My research journey was therefore punctuated by distinct periods of waiting, the ordinary waiting between research supervisions, and lengthier waits between applications for deadline extensions and the University of Essex approval. With hindsight, and the concepts of time and waiting occupying my mind, I noticed that my own experience of time and waiting shifted in these distinct temporal phases of the research.

One particularly drawn-out waiting period, in which I applied for an extension beyond the completion date of the majority of my training cohort, shed light on possible links between my experience, my participants’ reflections and the Waiting Times project theory. Without the presence of my cohort working alongside me, and feeling somewhat out of step with regular supervision and the University whilst I waited for the outcome of my extension application, I experienced a shrinkage of time. Akin to my participants’ experiences of waiting list “stuckness” prior to intervention, I seemed to be waiting in a mindless manner, not able to make significant headway on my research. Salisbury and Baraitser (2020) depiction of the contrast between isolated waiting and being *waited with*, seems here pertinent. On receipt of my extension approval from the University and engaging once again with regular supervision, I began to work with renewed pace and vigour. I came on in leaps and bounds, albeit under tremendous time pressure. Re-establishing contact with the University as well as regular supervision space, had brought about a new developmental time, that seemed to expand as I forged ahead with writing; being *waited with* had enabled me to see the study through to completion.

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<sup>21</sup> A distinction has been made between personal and researcher reflexivity. The former has been elaborated upon in the Methodology section and pertains more specifically to my position as a researcher carrying out IPA (i.e. also being a trainee clinician).

## *Research Quality<sup>22</sup>*

### *Sensitivity to Context*

The current population engaged in parent work may have substantially different needs to those written about in the early clinical literature reviewed, due to rising CAMHS thresholds and increase in severity of children's mental health problems as well as intergenerational trauma (and parent's mental health) linked to socio-economic factors. Although many agree that the work is tailored to each parent and their particular context (e.g. Holmes, 2018), there may be broader understandings to be gleaned about the form of work that can be done with population of parents now coming to CAMHS. This study contributes to the beginning of this literature.

### *Impact and importance*

The idiographic theorising of the raw data was intended to “[document] the existence of actual patterns of life, not [measure] actuarial incidence.” (Smith, 2009, p. 172.) As such, the theoretical model established in the study findings cannot make definitive claims beyond the five parents involved in the analysis. That said, the idea behind this tentative theoretical model (see Smith, 1999) was for it to be tested and elaborated upon; in the below sections the statements will be considered in relation to their clinical impact for child and adolescent psychotherapists in training and qualified practice.

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<sup>22</sup> Some aspects of research quality (e.g. validity and rigour) have been addressed in the Methodological reflexivity section due to the overlap in topic area.

## Statements of Conclusion

The aim of this research was to investigate a parent's lived experience of psychoanalytic parent work, with a particular focus on their experience of time and waiting. The following conclusory statements I believe demonstrate the ways in which this research met its exploratory aim; it is the first IPA study to hear from parents in psychoanalytic parent work themselves.

1. Parents experienced a degree of ambivalence towards being the patient in psychoanalytic parent work. They made sense of this experience in temporal terms; in later stages of the intervention their ambivalence decreased, ushering the possibility of a deeper level of psychic work.
2. Within parent work sessions, parents described the creation of a new form of time, distinct from ordinary clock-time. Productive experiences including insight and reflection as well as the somatic sense of relief, accompanied this newly created time in the parent experience of the work.
3. Parents' subjective experience of time and waiting shifted across the work. They described a strengthened capacity to tolerate gaps between sessions, and movement from a sense of being stuck or trapped in repetitive cycles, to a sense of time in which they were freed up or unleashed to move forward. The shift seemed indicative of parents' transformed capacity to experience the ordinary flow of time, in which change and development could occur.
4. Parents experienced changes in their parental capacities that had a temporal basis: they developed emotional durability or "patience", and they gained a more realistic sense of time passing in relation to their child's recovery from illness. Parents make sense of these shifts through links to their own transformed experience of time in parent work i.e. time created, and forward movement in chronological or clock-time.

Taken together, these statements form the underpinnings of an enhanced model of clinical practice for psychoanalytic parent work. The detail of this framework will be presented in the following section.

## Clinical Implications

The current study firmly evidences the importance of parent work to the success of a child's treatment via a parent's improved capacity to stay alongside, or *wait with* their child. Findings provide the basis for the beginnings of a clinical framework of psychoanalytic parent work, in which a parent's subjective experience of time is the guiding principle. Though, of course, psychoanalytic work is always dictated by what comes from the client, paying particular attention to a parent's temporal experience may provide clinicians with direct clinical insights about a parent's state of mind and presenting difficulties, linked to their parental function. A temporal focus from the outset, could also afford clinicians a sense of the level and perhaps intensity of intervention required (Sutton & Hughes, 2005).

With this in mind, it may be helpful to employ a formalised "evaluation phase" for parents beginning work, as suggested by Novick and Novick (2005), in which a parent's experience of time and waiting is assessed. Though some may argue that the ostensible tidiness of such a clinical method would go against the fundamentally unstructured psychoanalytic approach, I would argue that an articulated conceptual framework involving clinical focus, would not dictate the direction of session work or limit the "freeness" of the method. If employed with tact and sensitivity, I believe it would only deepen clinical understanding and improve the likelihood of psychic change.

Linked to the above implications, findings evidence the need for a parent worker to approach the work with the same careful attention to the time-sensitive boundaries of the work (same room and time), as they would carrying out individual psychotherapy. Accordingly, findings lend credence to the argument that child and adolescent psychotherapists or psychodynamically trained clinicians are best placed to carry out parent work (Rustin, 2009).

The findings of this study also ask us to consider more carefully the parent experience of waiting on a waiting list. This "isolated" waiting is not only *not* experienced as care, it may present as an obstacle to progress, in the negative impact a long wait may have on a parent's capacity to engage with the work once it has been offered. Perhaps there is need for parents to be held via infrequent check-in appointments whilst they are on waiting list with their child. This may enable the parent to begin *waiting with* their child in an engaged way, as opposed to the "mindless delay" (Levin, 2012) of isolated waiting on a waiting-list.

Finally, findings gesture towards an idea that parent work may preserve and further the benefits of the work through change in the parents. One participant emphatically claims, “*if we can do it better, we can do it better forever*” (Rachel, p. 55).

## **Future Research**

The theoretical model proposed by this study forms the beginnings of a working hypothesis of change processes in parent work, and the basis for the tentative clinical framework presented in the previous section. Further research could extend the theorizing of this working model and further substantiate clinical guidance, by analysing more participants of the same population (i.e. mothers in the UK, engaged in CAMHS parent work). In this way, micro-idiographic, theory-modelling work could be used to help the generation of a more extensive grounded theory of time and waiting in parent work. Subsequent research could also include different populations of parents (e.g. fathers, parents from ethnic minority backgrounds), to test the model with other groups. As the findings of this study overlap with those of Kenny et al. (2017), who investigated parent experience in parent-child work, the model may perhaps also have a bearing on the experience of parents engaged in diverse forms of psychoanalytic work. Testing the model in these populations would therefore also be a valuable research pursuit.

To substantiate the model of change tentatively suggested by this study, future research could take a longitudinal format, thereby capturing the before-and-after phenomena necessary to fully investigate change processes (Smith et al., 2009). Clinicians could be interviewed alongside parents, in order to deepen this understanding by acquiring multi-perspectival accounts.

A final recommendation for future research is rooted in the reflections above concerning the difficulty in investigating waiting as a form of care in an NHS context where time itself, and specifically the idea of waiting, holds mostly negative connotations. Perhaps a synthesis of more inventive methods, suggested by the Waiting Times project (see Anucha et al., 2021), and IPA could shed further light on this experience in parent work.

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# Appendices

## Appendix A – Participant Information Sheet

### Parent Participant Information Sheet

#### The Experience of Psychoanalytically-Informed Parent work: An Interpretative Phenomenological Analysis

#### **I would like to invite you to take part in a research project.**

Before deciding to take part, please take time to read the following information sheet that describes the study and what will be involved. If there is anything that you do not understand, or if you would like more information, please ask. Thank you.

#### **Why is this study being done?**

Parents or carers of children and adolescents in individual psychoanalytic psychotherapy, are typically engaged in psycho-analytically-informed sessions in CAMHS alongside their child or adolescent's treatment. This parent work has been found to be integral to the success of the treatment, however little is known about parents' first-hand experience of the work. This research aims to capture this by exploring their experience. Of particular interest is the role of time within the work: what it is like to wait while their child is engaged in psychotherapy, or to wait for their child to feel better. The study also seeks to incorporate the clinical perspectives of child and adolescent psychotherapists on parents' experiences of parent work. It is hoped that in this way parents' experiences can be meaningfully integrated into the ongoing conversation around what works in parent work, with a wider aim of improving psychoanalytic treatment for children and adolescents and their parents.

#### **Who is carrying out this study?**

My name is Isla Fitchie, and I am conducting this research as part of my Professional Doctorate in Child and Adolescent Psychotherapy at the Tavistock and Portman NHS Trust (University of Essex). The study is under the supervision of Dr Jocelyn Catty, Research Lead for the training at the Tavistock. It is also linked to the project Waiting Times run by Exeter University and Birkbeck College investigating waiting in healthcare. Please find contact details at the bottom of this information sheet.

#### **Why have I been invited to take part?**

I am recruiting 3-4 single parents or parent couples or carers of children/adolescents who have received psychoanalytic psychotherapy at CAMHS within the last five years. Participants will need to have engaged in weekly or fortnightly parent work for a minimum of one academic year. They should no longer be open to the service.

#### **What will happen if I take part?**

If you decide to take part, you can contact me directly or share your contact details with me so I can contact you to ensure that you meet the study's eligibility criteria. We will then



arrange an interview at a date and time that suits you. The interview will take place in a private room at CAMHS, or be conducted by telephone or online, as appropriate. It will take no more than 1.5 hours. On the day of the interview you will be asked to complete a consent form which we will go through together, as well as discuss any further questions about the study that you might have. The interview is semi-structured which means that it will be a very open conversation guided by some key pointers and I shall share those pointers with you before the interview.

A second part of the study will not involve parents, but will use the overall themes generated by the interviews, with some illustrative examples, in a discussion with the CAMHS team of Child and Adolescent Psychotherapists. This will help me think about how clinicians can make use of the insights coming out of the interview study. Any illustrative examples will be carefully anonymised and disguised to minimize the likelihood of any clinician recognising any of the parents or carers who have contributed.

### **What happens to information that I give?**

Your consent form will be kept in a separate location from all your interview data, ensuring that your data is anonymous. All data will be stored in locked storage devices in secure locations. Any data on computers or flash drives will be password protected. A participant ID number will be assigned to you and when I write up the interviews I will remove all identifiable personal information. Any published data will also be completely anonymous. Data generated over the course of this study will be kept in accordance with the University of Essex Data Protection Policy for 10 years or less. Electronic and hardcopy data will be disposed of securely at or before this time.

**Please note:** There are legal limitations to the confidentiality of information that you provide (i.e. the data may be subject to a subpoena, a freedom of information request or mandated reporting by some professions).

### **What will happen to study results?**

The results of the study will be written up as part of my Professional Doctorate in Psychoanalytic Child and Adolescent Psychotherapy. They may also be submitted for publication in professional journals or presented as conference papers. The study's findings might inform future research or perhaps be presented in seminars or workshops.

### **What are the possible benefits of taking part? Are there any risks?**

You may find it interesting to explore your experience of taking part in parent sessions at CAMHS. Your views and experiences will help CAMHS psychotherapists think about their practice and inform future work.

There are no known risks to participating in the study. You will be given time at the end of the study to be fully debriefed, and should you have experience any distress or upset, I will signpost you towards the appropriate services to contact and provide contact details where possible.

I will provide contact details of Simon Carrington (who oversees the Tavistock Centre's Academic Governance and Quality Assurance) should you have questions or concerns about

the conduct of this research. In the highly unlikely event that risk to self or other be shared during the interview, statutory reporting will need to occur.

**Do I have to take part?**

No. This research is entirely voluntary, and if you change your mind during the research process you can withdraw at any time without giving a reason and with no consequences. It will in no way effect your relationship with CAMHS. You can also decide that you would like me to destroy your data.

For the research timeline, I ask that you let me know within three weeks of the scheduled interview should you wish to withdraw beforehand.

**Contact Details**

**Researcher:** Isla Fitchie, Child and Adolescent Psychotherapist in Specialist Doctoral Training  
**Email:** [i.fitchie@nhs.net](mailto:i.fitchie@nhs.net)

**Research Supervisor:** Dr Jocelyn Catty, Research Lead, Professional Doctorate in Child and Adolescent Psychotherapy Tavistock Centre, and Senior Research Fellow, Waiting Times project: <http://waitingtimes.exeter.ac.uk/>

**Email:** [JCatty@tavi-port.nhs.net](mailto:JCatty@tavi-port.nhs.net)

**For concerns about research:** Simon Carrington, Head of Academic Governance and Quality Assurance

**Email:** [academicquality@tavi-port.nhs.uk](mailto:academicquality@tavi-port.nhs.uk)

A statement that the data generated in the course of the research will be retained in accordance with the University's Data Protection Policy. All electronic and hardcopy data will undergo secure data disposal. Data will be retained for no longer than 10 years, in line with Research Councils UK guidance.

## Appendix B – Consent Form

### Parent Consent Form

**The Experience of Psychoanalytically-Informed Parent work: An Interpretative Phenomenological Analysis**

	<i>Please tick</i>
I confirm that I have read and understood the information sheet provided for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
I understand that my participation in this study is voluntary.	
I understand that the interview data will be digitally audio recorded and then transcribed and thematically analyzed.	
I understand that any personal data that could be used to identify me will be removed from the transcript of the interview and that I will not be identified in any publications, reports or presentations.	
I understand that the small sample size of the project may impact upon confidentiality when data is discussed in the focus group.	
Should I wish for my data to be removed from the study, I understand that I do not need to give a reason, and can contact Isla Fitchie to do so.	
I understand that my anonymized and disguised data may be used by the researcher in future research, publications, reports, presentations.	
I understand that my confidentiality will be maintained unless I make a disclosure that indicates a risk of significant harm to myself or someone else. Such disclosures or concerns would need to be shared with the relevant authority.	

Participant's name:			
Participant's signature:		Date:	
Researcher's signature:		Date:	

Research Identification Number:

**Thank you for agreeing to take part in this study. Your contribution is very much appreciated.**

## Appendix C – Interview Schedule

### Interview Introduction & Schedule

#### Introduction

Thank you for agreeing to take part in this research about parent work. I know that you have read the participant information sheet, would you like me to introduce the project again, or do you feel you have enough of a sense of it from what you have read?

The project is about parent work, the component of the intervention that involves parents (like yourselves) being seen by child psychotherapists for parallel parent sessions alongside their child's therapy. We know that this work is integral to the success of treatment, clinicians have written about it and outcome measures evidence it. What we do not know, is parents' experience of it. I'm interested in hearing from you, and I hope to add your perspective to the picture we have – your contributions can help us to improve the way we work with parents, and ultimately how we help children and families recover from and be unstuck from periods of difficulty in development. I am also particularly interested in your experience of time and waiting, so I will be asking questions around this, too.

**Consent Form:** I attached a consent form to the email I sent you last. Before we begin, I need to go through the sections as part of the study protocol.

**Additional:** I think it's important that I stress this is not a service evaluation, and you should feel free speak your mind. This research sits separately from clinical work at CAMHS, there will be no written record of it in the service, so it will not be linked to your past work or any future involvement with CAMHS.

This interview is semi-structured, and I will be keeping as quiet as possible allowing you to lead. That said, there are some areas I'm keen to hear your thoughts on, so I will be asking some questions as a guide.

**General IPA Interview Prompts:** Can you tell me more about.. How did X feel? How did you experience X? What was that like to think about?

#### INTERVIEW SCHEDULE

##### Key areas to be explored:

##### *1. Context of the Parent work*

**Can we start with you telling me about your experience of how the work was set up, to set the scene?**

##### Possible prompts

- Can you tell me about the background of the CAMHS treatment of your child e.g. the referral and set up, the frequency of sessions and length of intervention?

- What was your understanding of the offer of parent work?
- What were your expectations for the work?
- I wonder what had been going on in the period prior to the psychotherapy starting?

## **2. *Nature of the Work***

**What was your experience of the parent work itself?**

### **Possible Prompts**

- Did you explore your view of the child over the course of the treatment?
- Did your own childhood experiences come up? If so were they linked to the work going on with your child?
- Did you find yourself talking about yourself as a parent/your parenting?
- Can you tell me about your relationship with the parent worker? Did you notice any developments in your trust of them or changes in the relationship?

## **3. *Reflection on Treatment Progress, Sense of Time***

**What is your sense of how the work progressed over time?**

### **Possible Prompts**

- In what way, if at all, do you think the work (and facets explored in the previous question) helped you as a parent of your child?
- And how did it not?
- How, if at all, do you think you adapted your approach to parenting?

## **4. *Waiting in the Work***

**Parent work is inherently about waiting, as your child has their treatment alongside your sessions. Can you tell me about how this came up in the work, if at all?**

### **Possible Prompts**

- Can you tell me about your experience of the periods of time between your sessions e.g. gaps during term time and bigger holiday breaks?

## **5. Reflection**

**Looking back, knowing what you know now, what do you feel about that stretch of her/his life and your life(s)?**

### **Possible Prompts**

- How is your child doing now?
- How is parenting going for you now?

**END**

**Thank you for your time.**

- Any questions?
- Debrief sheet.

## Appendix D – Parent Debrief Form

### Parent Debrief Form

**The Experience of Psychoanalytically-Informed Parent work: An Interpretative Phenomenological Analysis**

Thank you for agreeing to participate in this study. I hope that the process was interesting for you, and that your contribution will be of help to future families referred to CAMHS, as well as provide valuable insight to parent workers and clinicians in child and adolescent mental health.

If you have any questions regarding the study or your involvement in it please contact:

**Researcher:** Isla Fitchie, Child and Adolescent Psychotherapist in Doctoral Training

**Email:** [i.fitchie@nhs.net](mailto:i.fitchie@nhs.net)

or

**Research Supervisor:** Dr Jocelyn Catty, Professional Doctorate in Child and Adolescent Psychotherapy Tavistock Centre, and Senior Research Fellow in Waiting Times Project

**Email:** [JCatty@tavi-port.nhs.uk](mailto:JCatty@tavi-port.nhs.uk)

If you have become distressed during the research process, please in the first instance contact myself or Dr Jocelyn Catty and we can signpost you towards the appropriate person or service. These will include your GP, Simon Carrington (Head of Academic Governance and Quality Assurance at the Tavistock Centre) for issues around researcher conduct, or the Whittington Patient Advise and Liaison Service (PALS) for concerns relating to conduct at CAMHS.

#### Contact Details

Simon Carrington

[academicquality@tavi-port.nhs.uk](mailto:academicquality@tavi-port.nhs.uk)

Whittington Hospital PALS Office

[Whh-tr.whitthealthPALS@nhs.net](mailto:Whh-tr.whitthealthPALS@nhs.net)

02072885551

**This project has been approved by: The Tavistock and Portman Research Ethics Committee (TREC)**



# Appendix E – First & Second Order IPA Coding, Transcript extract, Participants E&R (couple)

**Interview 1**

Specifics of the world of their ppts:  
Adoption  
2 mothers

key: \* descriptive  
\* linguistic/nonverbal  
\* conceptual/questioning  
\* Dialogue with waiting Times literature/time measure

Emergent Themes	Original Transcript	Exploratory Comments
<p><i>Who is the pt?</i></p> <ul style="list-style-type: none"> <li>• Ambivalence/resistance to being clients, still needing help</li> <li>• Struggle to accept parent/patient</li> <li>• Locating pain/difficulties in the child</li> <li>• Thickness in illness (in child)</li> </ul>	<p>Isla Fitchie 0:01 Okay, just make sure that's working. So the first question was really a kind of setting the scene question. I wondered if you could start by telling me about your experience of how the work was set up, and sort of set the scene a little bit.</p> <p>Speaker 2 0:20 You mean our experience with CAMHS?</p> <p>Isla Fitchie 0:22 yeah. And parent work specifically. So how, how that work was set up and the structure of it, those sorts of things.</p> <p>Speaker 2 0:30 Well, our [small sigh] little one was struggling a lot, age nine, with having been adopted age six and a half.. by us and you know, we decided to seek help. And we were, she was, yeahh.. outwardly, she was absolutely fine, but she was kind of stuck and her play was [pause] really stuck. She was just, you know, <b>stuck in a cycle bathtime every night</b>, it sort of all came out, and she was clearly really hurting. So yeah. And, we had the first assessment.. um, with a clinician, who's name I've forgotten</p>	<p>are they feeling shame/guilt around seeking help? asking me a question - why are they hesitant - something about being patients? immediately unsure of what is being asked</p> <p>Are they immediately ambivalent about being patients immediately wondering about child treatment vs parent work - what is CAMHS experience to them.</p> <p>Actively sought help themselves - how they were engaged initially, who needs help - nonverbal - still alive the struggle - who needs help - confusion around who needed help - parent or child - switching pronoun we &amp; they - unclear - is there a reluctance to accept/acknowledge the help they need.</p> <p>locating difficulty in child</p> <p>'Stuckness' before help - reference to time, idea that cyclical nature of time/not progressing - child is 'stuck', not developing, not progressing.</p> <p>Do they need help to 'unstuck' child?</p> <p>Are they stuck but easier to locate in child?</p>
	<p>→</p> <p><i>track you know - what is the function of it?</i></p>	<p>Speaker 3 1:13 ... [clinician name]</p> <p>Speaker 2 1:15 ... And he's, you know, he clearly needed some support and some help and [intake breath] and we then, she then, couple of months later, was um seen for five or six sessions by [mmhmm - Speaker 3] [clinician name], who then recognised there was a-a need for something. And, that something became [child worker name] three times a week.</p> <p>Speaker 3 1:47 - we- we benefited hugely from, um, the fact that [clinician] was training, and basically, our daughter became her, what part of her training, which meant she got a lot of extra time, and it meant that we could then see ' fortnightly as a sort of, you know, parallel track, which was really amazing. I think, um, I guess that if that hadn't happened, then we would have been on a sort of 20 minute plus 10 minute kind of cycle, um, or, or maybe we would have had a monthly catch up. [mm - Speaker 2 - O] And, and actually, yeah, I think we were really grateful from the outset that that ability to-to have three parties involved, four parties actually, since there was a split between ' and who she was supervising. Yeah. So there</p>

*track you know - what is the function of it?*

*Are they stuck but easier to locate in child?*

*difficultly waiting (initially waiting)*

*appreciation of the work / gratitude*

*positive experience of work*

*sense of link b/w parent & child work*

*Good fortune - awareness of wider limited resource in NHS*

*Gratitude*

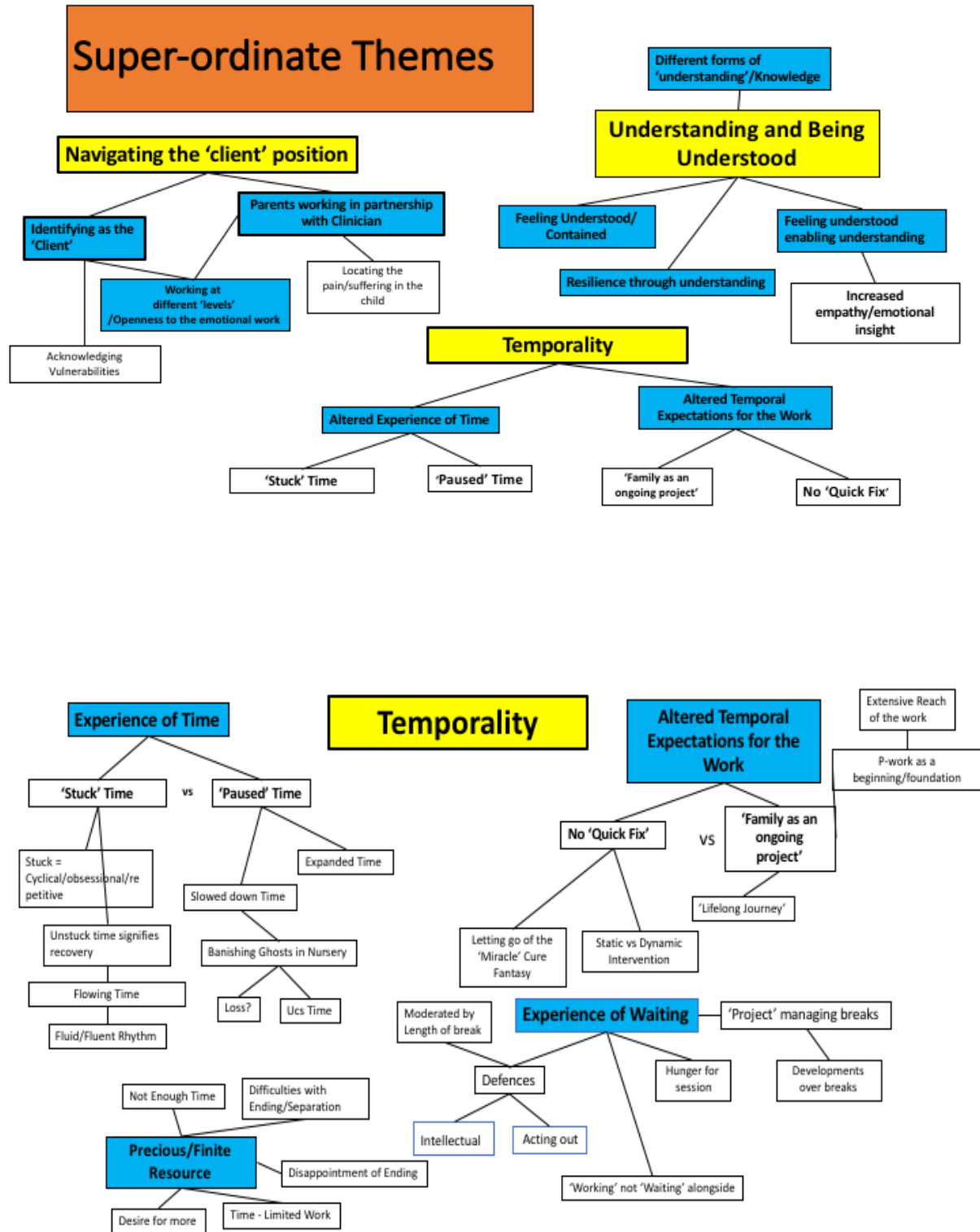
*gratitude immediately*

*expectant/habitual at start*

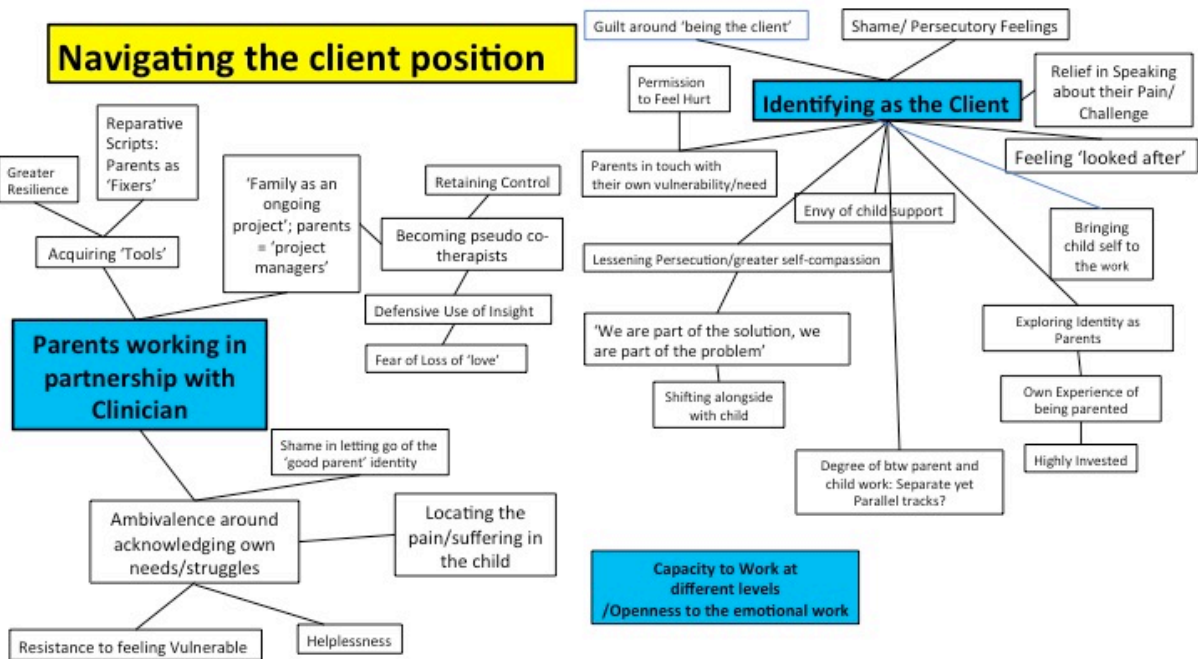
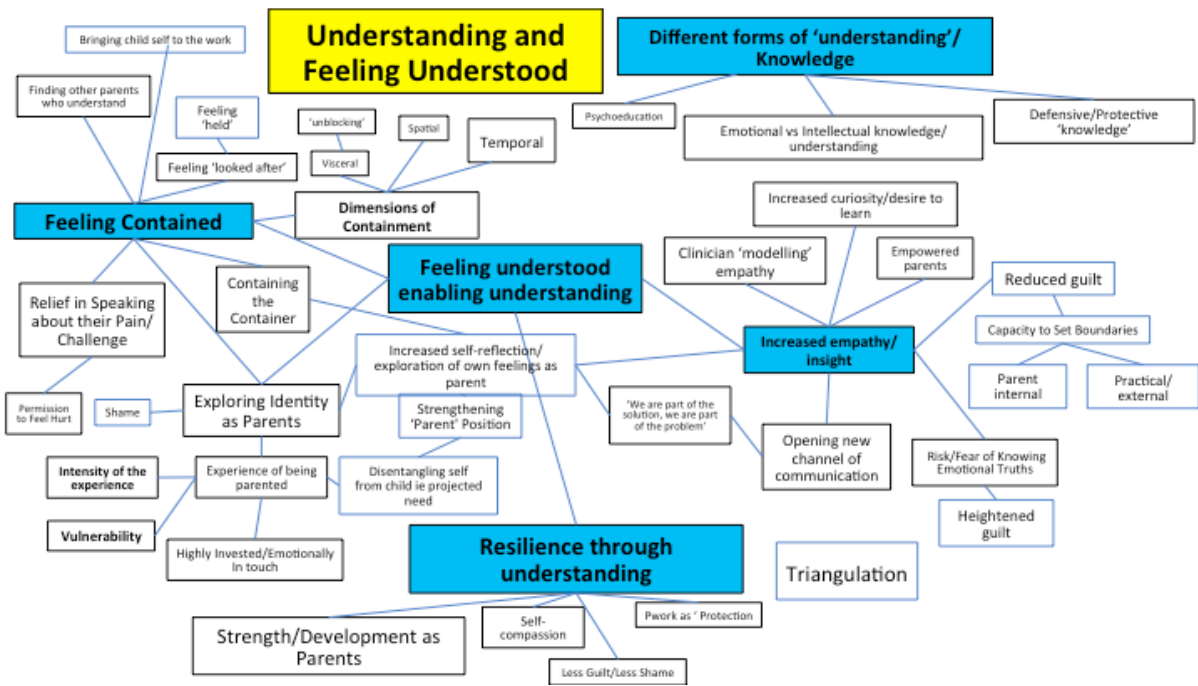
*temporal reference, stages of the work*

\* clinician names

## Appendix F - First-order Analysis, Superordinate and Subordinate Themes







## Appendix G – Ethical Approval

The Tavistock and Portman   
NHS Foundation Trust

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

Tel: 020 8938 2699

<https://tavistockandportman.nhs.uk/>

Isla Fitchie

### By Email

2 June 2020

Dear Isla,

### Re: Trust Research Ethics Application

**Title:** The Experience of Psychoanalytically-Informed Parent-Work: An Interpretative Phenomenological Analysis

Thank you for submitting your updated Research Ethics documentation. I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research.

**Please be advised that any changes to the project design including changes to methodology/data collection etc, must be referred to TREC as failure to do so, may result in a report of academic and/or research misconduct.**

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

I am copying this communication to your supervisor.

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

Yours sincerely,



### Paru Jeram

Secretary to the Trust Research Degrees Subcommittee

T: 020 938 2699

E: [academicquality@tavi-Port.nhs.uk](mailto:academicquality@tavi-Port.nhs.uk)

cc. Course Lead, Supervisor, Research Lead