

# Integrating Infant Mental Health and Psychodrama Perspectives

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Our experience in infancy is the cornerstone of our development. It shapes us and most importantly, it occurs within relationship. The mother-infant bond holds many clues to how we come to be who we are and, by extension, how our children will come to be who they are and our children's children and so on. It is both fascinating and terrifying.

The nature of the baby's attachment relationship within the mother-infant (or primary caregiver-infant) bond affects their development in a number of interrelated areas. The most important of these are their emotional development and the ability to regulate their feelings, their social interaction, their exploratory behaviour and their developing brain. The roles and system of role relationships that are formed in infancy within this bond form the baby's sense of self, their capacity for spontaneity and the nature of their relationship to themselves and other people in their life.

If we can positively influence a baby's primary attachment relationship, we can enhance their development and functioning over their life span.

In this article, I first draw out the basic principles of infant mental health and attachment theory and then relate them to Moreno's

theory of spontaneity and child development. Finally, some implications for those applying psychodrama in this field are identified.

The field of parent-child relationship has become more prominent in the last decade as a result of wide ranging research that has shown that the quality of infant relationships is the most significant indicator of social adaptation in later life (Emde & Spicer, 2000; Fonagy, 2000, 2001; McCain & Mustard, 1999; Schore, 1996; Sroufe, 1996). Public policies in a number of countries including Australia, have recently reflected this by raising government priorities for intervention in the 0 to 5 years age range.

## **Donald Winnicott**

Winnicott was a paediatrician and an analyst. Not always popular with other analysts, he nevertheless pursued his ideas tenaciously. He wrote and spoke prolifically about his work with mothers and babies and human development, to diverse audiences - fellow professionals, students, mothers groups and even the general public via weekly radio talks broadcast by the BBC. He was arguably the earliest advocate of the current global trend to address issues of prevention, promotion and early intervention in primary mental health care.

It was Winnicott who stated that "there is no

such thing as a baby" (1964:88) meaning that there is always only a baby and someone. The maternal state of mind and functioning affects the baby's development, and the baby's mental state and functioning affects the mother. It is what Sameroff and Fleese (2002) define as a transactional relationship.

### **Primary Maternal Preoccupation**

Central to Winnicott's statement is his concept of "primary maternal preoccupation" (1958). This is a state of 'heightened sensitivity', a 'primitive somatic identification' of the mother with the baby. When all goes well this condition develops over the course of the pregnancy, becoming more intense in the third trimester, peaking around birth and lasting for some weeks afterwards. In this state a mother is able to adapt sensitively and delicately to the infant's needs, which she becomes preoccupied with, for this brief period, to the exclusion of everything else.

This term best describes the mother's original warm-up to the baby and the baby to the mother. The achievement of this condition is vital for the infant's unimpeded development. When a mother experiences primary maternal preoccupation, Winnicott says, she is able to 'feel' herself into her baby's place and in this way knows what her baby needs.

Initially the mother attunes herself to her baby's bodily needs and from this relatedness between the mother and the baby, the baby's sense of self gradually develops. It is this state of primary maternal preoccupation that enables the baby's natural constitution and developmental pathway to unfold. The baby, in the absence of external impingements, is able to develop along its own line of life or "going on being" (Winnicott, 1965:86). Winnicott suggests the experience of repeated interruptions at this early stage, interferes with this 'going on being' and distorts the infant's development.

Primary maternal preoccupation therefore facilitates the mother's sensitive attunement to her baby's needs allowing the infant to develop

unimpeded.

However, this sensitively attuned relationship must "gradually disappoint" the baby (Winnicott, 1965:87). The mother makes the shift from responding to her baby through empathy to responding to a particular gesture or cry that signals a need. And over time and for increasing moments in time, the mother makes the baby wait. This gradual disappointment enables the baby to learn about being a separate being. At this stage, if the baby is not overwhelmed by unmet needs, they gradually learn to self regulate, and are able to identify and achieve mastery over their needs and wanting.

### **The "Good Enough" Mother**

Winnicott describes this whole provision for the baby as the "environmental condition of holding" (1974:131). This is provided by the "good enough" mother (ibid:11). It is crucial that mothers are not perfect, but that they are simply good enough. Recent research has demonstrated that even in relationships rated as sensitive and responsive, a mother and baby will "miss" each other over 60% of the time and mothers and toddlers have a conflict every three minutes with a serious one every hour (Alicia Lieberman, conference communication).

### **'Holding'**

The term 'holding' derives from the maternal function of the mother physically holding the baby. Winnicott sees holding as a "form of loving" motivated by the mother's primary maternal preoccupation. It encompasses the physical and psychological holding of the baby by the mother. Winnicott emphasises the importance of establishing a therapeutic relationship as a "holding relationship".

Winnicott had a profound influence on psychoanalytic theory because he emphasised the centrality of the mother-infant relationship. This diverged from Freud's drive theory which makes instinct and its satisfaction the infant's primary concern. Winnicott claimed the baby from the very beginning sought contact with a

person, not simply instinctual gratification from an object. Winnicott emphasised the critical importance of the mother-infant relationship and the quality of mothering. He gave permission to mothers to be less than perfect and conceptualised the mother baby unit as systemic.

### **John Bowlby and Mary Ainsworth**

Bowlby, also a British analyst and a younger contemporary of Winnicott, is widely recognised as the originator of 'Attachment Theory'. Like Winnicott, Bowlby differed from his peers moving more into the field of developmental psychology. He took the view that real-life events are most important in determining development and that studying them is vital to understanding internal processes.

Bowlby demonstrated the importance of the actual mother-infant relationship to the baby's mental health. He noted that, in general, separation from the mother was detrimental and caused babies stress. He placed importance on the mother being emotionally available and looked for specific examples of the way parents treat their children to explain children's behaviour and development. From his work comes the emphasis on observations of infant behaviour as critical data in understanding the emotional development of the child.

Mary Ainsworth, a colleague of Bowlby, consolidated and extended his ideas. Her longitudinal study observed mother-baby dyads in their own homes for seventy-two hours over the infant's first year of life. The mothers and babies were then engaged in a laboratory setting where the nature of the infants' responses under increased stress caused by successive brief separations from their mothers was observed. She found that the parenting patterns observed at home over the prior year, predicted how the baby responded to separation from the mother and the mother's parenting style (Ainsworth, Belhar, Waters & Wall, 1978).

### **Overview of Attachment Theory**

The resulting theory of attachment and subsequent developments in this area are extensive and far reaching. The nature of the attachment relationship directly affects the infant's developing ability to self regulate which enables movement towards greater self-control, organisation and efficacy in relationship over time (Braungart-Rieker, Garwood, Powers & Wang, 2001). The infant's cognitive and social behaviour, their ability to regulate emotion and their internal working model, all develop within the attachment relationship (Shore, 2001; Sroufe, 1996; Bowlby, 1979). The quality of this attachment relationship is therefore a crucial factor in determining individual difference in the emerging self (Weinfeld, Sroufe, Egeland & Carlson, 1999; Carlson & Sroufe, 1995).

In 1979 Bowlby wrote that infants develop and display attachment behaviour in their primary relationship in order to receive protection and comfort in times of distress and that an attachment relationship is the affective bond that develops between an infant and a primary caregiver. The baby's behaviour is gradually patterned in their repeated interactions with their mother and, in normal development, definite patterns of attachment behaviour are fully developed and observable in babies by twelve months of age (Stern, 1998).

The attachment relationship predicts later child-parent behaviour, gradually generalises to other relationships and remains relatively stable over an individual's life span (Sroufe, 1996; Sroufe & Fleeson, 1988; Zeanah, Larrieu, Scott Heller & Valliere, 2000). Research has highlighted the intergenerational nature and transmission of these patterns of attachment. It has also identified risk and protective factors for child development inherent in different patterns of attachment relationships and suggested some methods of intervention (Crittenden, 1988; Crockenberg & Leerkes, 2000; Sameroff, McDonough & Rosenblum, 2004).

Attachment theory now defines three basic types of attachment relationship: secure base, insecure-avoidant and insecure-ambivalent. There is a further overlay of disorganised attachment, which occurs when an infant's primary strategy repeatedly fails them (Main, 1996).

Attachment theory can be used for assessment and treatment in work with mothers and children. Recognising the nature of an attachment relationship can provide a road map for how to proceed and signposts possible blocks occurring in the flow of spontaneity between them.

**Secure-base Attachment**

A secure attachment relationship develops from shared affective states between infants and their mothers.

During states of calm and mutual gazing, certain neurochemicals, which directly influence nerve growth, are released. The neurobiological development that follows, promotes, in the critical period of the first year of life, the growth of those areas of the brain which are directly involved in the processing of emotional information and in regulating emotion (Sroufe,

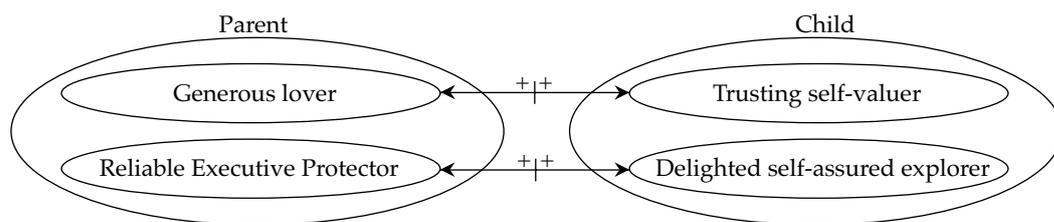
1996; Van der Kolk, 1987). Other factors like the infant's unique temperament, the mother's own attachment behaviour and the social environment all contribute to this relationship-specific behaviour pattern.

Infants who develop a secure attachment, have mothers that are emotionally available, nurturing and able to be a reliable source of comfort and protection. When these babies become distressed they actively seek out their mother and elicit a response from them, staying close until they have settled. At other times these infants are able to explore their environments, confident that their caregiver will provide protection and security should they require it (Ainsworth, 1991).

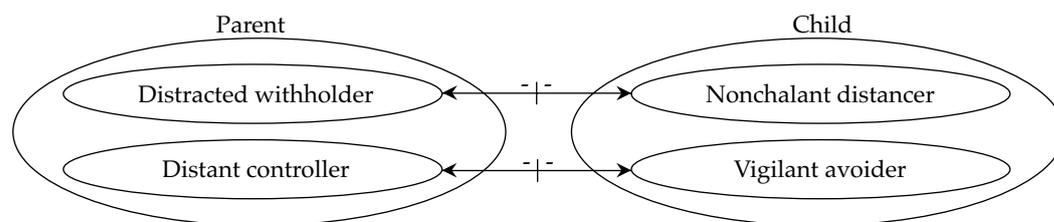
As a result of this history of trust and responsiveness in the relationship, infants with a secure base attachment develop a sense of self based on the belief that they are worthy of being loved and that their caregiver will be a reliable source of comfort and protection. These infants feel secure, learn to trust and increasingly function autonomously (Dolby, 1996).

**Insecure-avoidant Attachment**

Babies with an insecure-avoidant attachment



**Diagram 1: Aspects of a typical role relationship in a secure base attachment**



**Diagram 2: Aspects of a typical role relationship in an insecure-avoidant attachment**

pattern learn from repeated experiences within their primary relationship that the mother is not comfortable with their distress. These mothers are often consistently emotionally unavailable. They will actually withdraw from their babies when they become distressed and often respond only to a limited range of emotion (Haft & Slade, 1989; Sroufe & Fleeson, 1988). They tend to direct their babies' attention outwards and engage more with them when they are being exploratory. These babies learn quickly that in order to maintain relationship with their mother, they need to suppress their negative emotions and relate to their parent only when they are confident and happy. They minimise both their need for their mother and their negative affect (Cassidy, 1994). As they grow older these children become overly self-protective and avoidant.

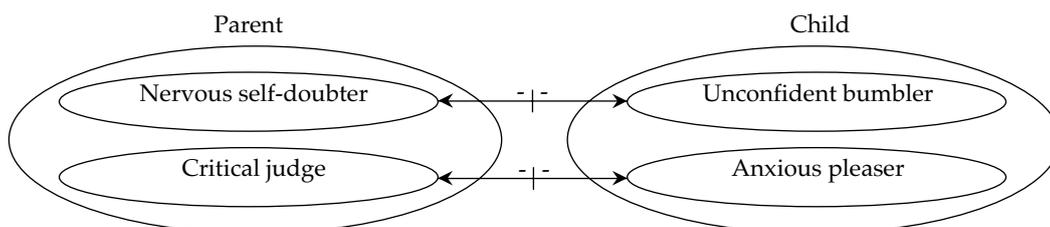
**Insecure-ambivalent Attachment**

In direct contrast to this, babies who are classified with insecure-ambivalent attachment heighten their distress in an effort to elicit nurturance and/or protection from their inconsistently responsive mothers (Cassidy & Berlin, 1994). These infants become overly preoccupied with their mothers and are therefore less likely to be able to freely explore their environment. They

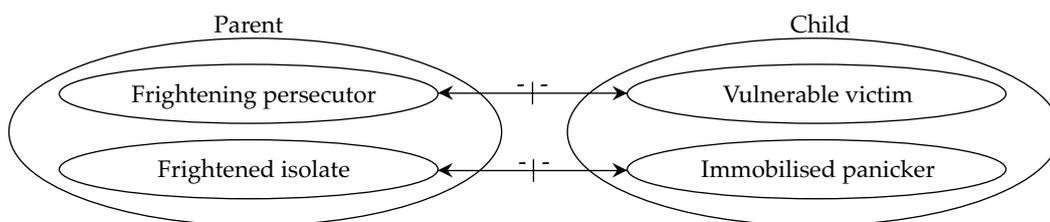
too learn that only vigilance will promote their mothers' availability and that they are largely ineffective in eliciting care (Sroufe & Fleeson, 1988). The mothers of insecure-ambivalent infants are more likely to behave intrusively at inappropriate times and to be less responsive when their children are distressed (Cassidy, 1994).

**Disorganised Attachment**

Infants with one of the attachment patterns described above have developed an organised strategy for eliciting comfort and protection from their mothers. Some babies however are unable to maintain any consistent strategy to get their mothers to provide protection and make them feel safe. These babies are disorganised and are severely disadvantaged. Their responses to their mother (and others) often seem bizarre and incoherent. When distressed they may 'freeze' or become frightened, pull out their hair compulsively, or inappropriately approach a stranger rather than their mother (Main & Hesse, 1990). They lack any consistent strategy because they have not been able to resolve the paradox that their mother, who needs to be their haven of safety when they are frightened or hurt, is also the source of fear or pain (Van Ijzendoorn, 2002). These mothers either harm their infants or



**Diagram 3: Aspects of a typical role relationship in an insecure-ambivalent attachment**



**Diagram 4: Aspects of a typical role relationship in a disorganised attachment**

have unresolved loss and trauma issues, which cause them to unconsciously act in sudden and unexpectedly frightening or frightened ways (Main & Hesse, 1990).

The development of an attachment pattern within the first twelve months of life is a major developmental task for a baby. In this relationship the baby develops their sense of self and their expectations of themselves and others. Everyday interactions between mothers and their babies profoundly affect the architecture of the infants' developing brain, shaping their ability to self-regulate, manage emotions, interact with others and explore and learn from their environment. All going well, within this earliest relationship the infant learns that relationships are reciprocal and they are worthy of care and can be effective in attaining it.

A fundamental contribution of Bowlby and Ainsworth's work on attachment to infant mental health is their focus on observable relationships and the notion that what a child needs to thrive emotionally is an emotionally available and responsive parent, a 'good enough' mother. In essence their contribution is that internal relationships actually reflect the interactive history of external relationships and that this is observable and measurable.

### **Daniel Stern**

The ideas of Stern most relevant to this article are his systemic concept of the motherhood constellation and his notions of intervention based on this (Stern, 1998). His more recent work (Stern, 2004) on the nature of the present moment and what he calls "lived subjective experience" is also pertinent. These ideas contribute much to the thinking about and working with the warm-up of a mother and child in the playroom - who is warming up, and to what, in the moment.

### **'The Motherhood Constellation'**

In his model of early mother-infant relationship, Stern (1998) proposes a concept which he calls the "motherhood constellation", describing it as a "new and unique psychic organisation", which

is the dominant organisation for the mother's psychic life. "It is a unique organisation of mental life appropriate for and adapted to the reality of having an infant to care for". This is a temporary state, and might last months or possibly years. It is a "unique independent construct, immensely important for most mothers and entirely normal" (1998:21).

The motherhood constellation is composed of three dominant internal and external discourses all of which Stern says must be addressed in any therapy: the mother's relationship with her own mother, with her self as mother, and with her baby.

Stern delineates four themes that emerge from this constellation. One of these themes, the primary relatedness theme, develops and extends Winnicott's concept of primary maternal preoccupation. It relates to the mother's social-emotional engagement with her baby, her ability to intensely engage with her baby's needs. Like Winnicott, Stern regards the inability of mothers to attain this state as cause for concern for the infant's developing self. He sees primary relatedness lasting for over a year and writes that it "includes the state of primary maternal preoccupation" (1998:176).

Stern's identification and description of the different elements in the parent-child clinical system as they are enacted in therapy are very helpful. He highlights the importance of the system of internal and external relationships present in the room, naming them as: the mother's internal representations of her relationship with her baby, the overt interactions between mother and baby, the baby's representations of these explicit interactions and the therapist's interactions and representations. These are interdependent and are in a constant state of dynamic mutual influence. Any one, he writes, is a possible portal of entry for intervention, and the nature of the system itself means that any influence that impinges at one point will be distributed throughout the system.

### **The Present Moment - 'Now'**

Stern delineates two different processes of change: firstly, changing how the representations are actually enacted in any given moment in therapy, that is, functionally reconnecting the representational world; and secondly altering the internal representations themselves. The first occurs immediately and the second happens over time. Changing the interaction requires that the representations themselves must change to take into account the different interaction. Thus the representations themselves change over time. New enactments lead to changes in, or additions to, both the mother's and the infant's representations.

All of this occurs in the moment. Stern proposes that change is based on lived experience - that there must be an "actual experience, a subjectively lived happening". In discussing the nature of therapeutic change, he emphasises the importance of "feeling and actions taking place in real time, in the real world, with real people, in a moment of presentness" (2004:viii).

This thinking is very similar to Moreno's ideas on roles and role relationships, spontaneity and warm-up.

### **Jacob Moreno**

At the heart of Moreno's writings is his theory of spontaneity. It is the impulse of his work. He writes that spontaneity is a readiness, a condition or capacity, and that it is trainable. Both of these ideas are important when working with warm-up.

"It is clear therefore that the factor spontaneity which enables the subject to warm up to such states, is not in itself a feeling, emotion, thought or act which attaches itself to a chain of improvisations as the warming up process proceeds. *Spontaneity is a readiness of the subject to respond as required.* It is a condition - a conditioning - of the subject, a preparation of the subject for free action. Thus freedom of a subject can not be attained by an act of will. *It grows by degrees as the result of training*

*in spontaneity.'* (Moreno 1940, in Fox, 1987:42, my italics)

Moreno emphasised the importance of intrauterine development acknowledging the shared mutuality. Sharing her food and her body, the mother has her infant as a "physical and psychological baby on and on, within her", and this "exercises a tremendous influence on the child" (1946:59).

Spontaneity, or the 's' factor, needs to be already developed by the time the infant is born. At birth the infant must immediately manifest an adequate response to the changed environment to survive. This warm-up to the new setting is the first manifestation of spontaneity. Spontaneity is the "factor which enables him to reach beyond himself, to enter new situations as if carrying the organism, stimulating, and arousing all its organs to modify their structures in order that they can meet their new responsibilities". Moreno proposes spontaneity is a combination of hereditary (genetic), and relationship (tele) factors. It is "the soil out of which later the spontaneous, creative, matrix of personality grows". The infant then 'binds its spontaneous energy to the new milieu, via the physical starters of the warming up process' (Moreno, 1946:51).

### **Spontaneity and Warm-up**

Moreno, describing warm-up as "the operational expression of spontaneity", states that: "The warming up process manifests itself in every expression of the living organism as it strives towards an act. It has somatic expression, a psychological expression and a social expression". (1946:56)

This process occurs at an individual level and a group level. It occurs in the moment to moment responses of an individual's every day interactions. And it is an overarching process, the deep sustaining pulse that contributes to every creative act or movement in an individual's life and in the life of any group.

Each fraction of a second is warm-up and it is always in response to some external or internal stimulus. The pregnant woman warms up to her imagined baby, the idea of mothering and all that entails for her. With the first quickening flutter she warms up more to a felt reality intensifying her experience of the imagined baby, and of herself in relationship with it. In birthing she needs to warm up to the real baby, integrating this with her imagined baby.

### **Moreno on Child Development**

Moreno's (1946) spontaneity theory of child development evaluates the growth of the infant in positive terms focussing on a progressive movement forward rather than the gradual accumulation of reactions of the infant in service of defence.

Moreno (1946), like Winnicott, Stern and Bowlby sees the infant as an active participant from birth with development embedded in relationship. He describes differing degrees of spontaneous readiness on the infant's part and the need for different degrees of effort required by their mothers in response to them. Some babies need help with breathing, some with sucking, some are sleepy, some are overeager.

### **The Mother-infant Relationship**

Moreno sees the mother child relationship from the beginning as a two-way relationship which involves "co-operative action rather than individual behaviour patterns separated from each other" (1946:60). He describes a "warming up chain" where the mother experiences the infant physically through her nipples, her breasts, her arms and also has powerful mental images which affect her warm-up process. This interactive dynamic is paralleled in Stern's model of mother-infant relationship.

In Moreno's theory, the function of mothering is critical to how the baby learns to warm up, or, the early seeding of the baby's warm-up process. Like Winnicott's notion of primary maternal preoccupation and Stern's motherhood constellation, Moreno sees the

baby as dependent on the mother's sensitive attunement and on her providing what he calls 'mental starters'. Any delays on the mother's part at this time, he writes, can have long term consequences for the infant.

Moreno describes the mother having two functions: firstly, acting adequately in her mothering role, and secondly, "developing a clear picture of the needs and rhythm of the infant in order that she can warm up to his requirements to help him function adequately" (1946:59).

Through day to day interactions within the care-giving relationship the infant needs less and less assistance from the mother and becomes increasingly independent. The care-giving therefore shapes the infant's roles. Moreno writes, "This process of intercommunication between infant and mother is the nourishing matrix of the first independent role taking of the infant" (1946:63).

### **The Matrix of Identity**

The baby's experience in relationship to their mother Moreno describes as "co-being, co-action and co-experience". The infant experiences all objects and persons as co-existent. The infant warms up exclusively to immediacy - all experience belonging to him, and him belonging to the other which is also a part of him. Moreno calls this the matrix of identity.

"The child experiences, if you want to call it experiencing, an identity of herself and all the persons and objects of her surroundings, with the mother agent - whether it is the breast, the bottle or any other kind of immediate contact which is established with the infant. In other words the body and the self don't as yet exist for the infant. There is no self, no person separated from the infant. There is an identity". (1952:274)

It is this matrix which Moreno says "lays the process of the first emotional learning of the infant" (1946:61). From this interplay the

infant learns about the other and the self. The cornerstone for the infant learning about self and other is laid here. This is the first relationship to anyone and within the matrix of identity, the other is a part of you and you are a part of them. This has the potential to be the most intimate, the most exclusive and the most sensitive relationship possible. The development of self, the growth of identity begins in the matrix of identity.

“It (the matrix of identity) is the state of the infant in which the mother and infant and all objects are a single whole. However it is then and there that for all movements, perceptions, actions and interactions the phenomenon of the double is activated for the first time. Whatever happens later on during the growth of that infant, this primary conflict foreshadows its destiny.” (Moreno, 1952:274)

In other words, how well the baby is doubled will affect the baby’s developmental trajectory.

### **The Stage of the Double**

At this early stage the mother doubles the infant. All going well, she communicates with her baby from the first moments. She gazes at her baby strokes, smiles, coos and talks. And, again all going well, the baby is immediately responsive, within hours following with his eyes and in days turning his head to the sound of his mother’s voice. The mother plays with the baby, laughing and kissing and scrunching up her face, talking for herself and the baby, and the baby responds with increasing sophistication.

Writing of doubling, Moreno appears to be describing a similar notion to Winnicott’s idea of the baby ‘going on being’. This is the experience of ‘being’, the tele experience where the infant experiences itself as the infant and the mother. The infant experiences both ends of the tele relationship.

The nature and adequacy of the doubling are therefore critical. At the beginning the doubling

has to be very accurate. It has to be highly sensitively attuned. And then it has to begin missing so that the baby gradually needs to learn to wait. Some of the growth then comes through the inaccuracies in the doubling. In Morenian theory, this is the stage and function of the mirror. It can be equated with Winnicott’s notion of the mother needing to make the baby wait.

The doubling has only to be ‘good enough’ to stimulate a growing sense of separateness as the baby learns to accommodate inadequacies in the doubling. If this process doesn’t happen then the baby’s development of autonomy can be impaired.

When Moreno writes of ‘the primary conflict’, he may be expressing a similar idea to what Winnicott describes as ‘impingements to the baby’s going on being’. Like Winnicott, Moreno sees this as critical to the baby’s developmental trajectory. Moreno says that the primary conflict in the stage of the matrix of identity “foreshadows the infant’s destiny”.

Whatever occurs at this stage will have long lasting effects on development. The quality of the doubling affects the infant’s destiny. The way the infant warms up in relationship is influenced and a pattern is observable over time. This pattern is the infant’s attachment style - their capacity for relationship.

### **The Stage of the Mirror**

As a baby develops, they increasingly experience inaccuracies in the doubling. They develop and experience themselves as increasingly separate, no longer experiencing themselves as both ends of the tele relationship. This is the stage of the mirror and the first mirror for the baby is the mother. The baby sees themselves reflected in her eyes. They see themselves in relation to the other - and as different from the other. The encounter with the actual mirror, Moreno (1952) describes as “astonishing” and “an important turning point” in an infant’s concept of self.

### **Doubling and Mirroring and Social Atom Repair in Mother-Infant Work**

In the same way that Winnicott extends the idea of 'holding' into therapeutic relationships, Moreno extends the concept of the double and the mirror into psychodrama technique. Both are useful ways of working with warm-up processes in mother-infant work.

If the parent, as a child, has had an inadequate experience of either or both of these processes, then they are likely to repeat this with their own children. Their inadequate experience means they have deficits in their role repertoire as parents. They have not developed the roles and role relationships required and are limited in their ability to act spontaneously with their infant. Where this is the case, this deficit in their warm-up needs to be addressed.

#### **The Method of Doubling**

This is the process that is recreated by the doubling technique in psychodrama. It requires empathy and is more than that. It goes both ways. Moreno (1952) describes it as "a two way empathy which takes place almost simultaneously. It is something that is going from one to the other and back to the other again. It is a peculiar sort of interweaving of feelings" where each enters the other's mind and influences the other. Unlike empathy, which is a one way flow of feeling, this is a two way flow of feeling. This is the phenomenon of tele.

#### **The Method of Mirroring**

Mirroring is a powerful method for creating consciousness, increasing awareness and enlarging and consolidating a sense of self in relation to others (Clayton & Carter, 2004). Hosking writes "We encounter and confront ourselves when we look in a mirror... A small explosion in consciousness often occurs".(1989:24). It is this expansion of consciousness that can enable a person to warm up to something new and helps the development of their identity.

Initially a warm-up is largely unconscious. When

we mirror something we make it conscious and it becomes included in the warm-up. What you notice and actively attend to is important because then it becomes included in the warm-up (Max Clayton, personal communication).

#### **Social Atom Repair**

In defining the social atom, Moreno (1938) writes that it is "a compound of the tele relationships of an individual". Tele he defines as the "feeling, which correlates two or more individuals" (1946). It is therefore the feeling, pleasant or unpleasant, which exists between two or more individuals at any given time. Moreno goes on to say that the social atom, rather than being a static construct, is "a more or less ever-changing constellation" as positively or negatively charged individuals are continually leaving and entering the individual's world.

Social atom repair is an immediate corrective experience that enables a person to warm up in a very different way and develop a new role. It occurs when a person has a new emotional experience (Clayton, 1993). In mother-infant work it is important to work to create a new emotional experience in the moment between the mother and her infant or child. It involves them both and requires some change in thinking, feeling or action which then reverberates through the system as previously described (Stern, 2004).

Usually social atom repair involves rewriting an old script, applies to everyday living and enables a new warm-up to the external world (Clayton, 2004). Often it means addressing some message or unconscious belief system long since past its usefulness. With babies, because of the immediacy of development, social atom repair applies to the formative experience of developing capacity for a fresh warm-up and new roles.

#### **Implications**

Psychodrama method provides both a theoretical underpinning and a range of assessment and powerful treatment options in

mother-infant work. Increased understanding of Moreno's theories and techniques and their application when working with mothers and their babies will bring about a fresh warm-up, which can have dramatic and positive lifelong consequences.

Using psychodrama methods with mothers and infants will significantly and positively impact on the lives of individuals, their families and their communities for a number of reasons.

- Any small shift in an infant's capacity for relationship will affect their ability to warm up and dramatically influence their subsequent developmental trajectory.
- In the first three years of life an infant's brain develops at the fastest rate of the human life span. Not only is this important because of the learning that is occurring over this time, but the actual architecture, or how the actual brain is constructed, is built through the infant's experience in relationship over this time.
- Social atom repair can be achieved at a rapid pace with young children and this has a positive impact on later development. It is cost-effective in personal and monetary terms.
- Doubling and mirroring are therapeutically very powerful ways to recreate and repair a mother's capacity to warm up adequately in relationship and this has an ongoing effect on her ability to double and mirror her infant and any other children.
- Moreno's methods enable us to work not only with the mother or the child's role system, but with the actual relationship present in the 'here and now'. Working with the immediacy of the system of roles and role relationships is a powerful and effective intervention.
- Preverbal experiences are particularly difficult to access later in life and often impossible to articulate in words. They can be powerful unconscious determinants of behaviour and because they are largely unconscious, they are often difficult to change.

In this article I have drawn a number of parallels between Moreno's theories of child development, spontaneity and warm-up, and the work of major infant mental health theorists. This is important so we can see how these two bodies of work can inform each other and in this way strengthen therapeutic practice.

The significance of Moreno's theory for infant mental health is that it is based on a fundamental set of propositions that radically influence therapeutic method: the theory of spontaneity and the concept of warm-up; that individual identity is systemic - we are not separate beings; and that relationships can be healed through controlled encounter in the 'here and now'. His methods provide a rich source of therapeutic interventions that can influence the primary attachment relationship and enhance their functioning for the rest of their life. •

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