

Buddhism, Infancy and Relating

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The presentations in this workshop form a dialogue between Buddhism and infancy research.

Buddhist meditation is essentially a close examination of our day-to-day mind, and “this examination is, by definition, psychological” (Epstein 1995:3). However, Buddhism goes further than most western psychology by questioning the very nature of the self, and sees our misunderstanding about its true nature as the source of our mental suffering. This questioning of the self is also found implicitly in Winnicott’s famous phrase that “there is no such thing as an infant... without maternal care one would find no infant” (Winnicott 1960:39). The extraordinary inherent intimacy of gestation, childbirth, infant and parent, can raise questions about the ways we conceptualise the boundaries between self and other.

The workshop approaches the Buddhism/infancy dialogue from three perspectives – mindfulness and breath, psychoanalysis, and the dynamics of relating. The Buddhist practice of mindfulness teaches us how to give ‘bare attention’ to whatever object we encounter in our daily life, including ourselves. This meta-skill of awareness can help us nurture a sensitive and responsive state of mind, naturally evokes compassion and care, and creates a ‘holding environment’ (Winnicott 1960) for oneself and others. In mindfulness meditation, breath is a basic object to return to after acknowledging thoughts, emotions, images, memories or physical sensations. There are many idioms that contain the word breath, such as ‘take a deep breath’, ‘a breath of fresh air’, ‘take your breath away’. We quite naturally observe and describe how we are living, feeling and acting by reference to the breath. When caring for an infant, the caregiver’s ways of feeling, experiencing and acting are handed down to the baby, and breath plays a silent but important role in this trans-generational communication. The origin of the word

'spirituality' is Latin 'spirare', meaning 'to breathe'. Mindfulness meditation can be a vehicle to explore this trans-generational space in terms of spirituality because the infant's direct experience with a caregiver through breathing together can form a critical element of the baby's spirituality later in life.

The second perspective of the workshop is that of psychoanalysis. Psychoanalysis is a young tradition, not yet one century old (although embedded in centuries of Western culture), and Buddhism is around two-and-a-half thousand years old, and both are concerned with the nature and functioning of the human mind, of mental states and emotions. Both are concerned with social and emotional learning. Both are concerned with transformation – the change from negative, destructive emotions or pathological states of mind into more stable states of mind, characterised by more benign and developmentally sound interactions. Using Buddhist ideas from the Tibetan and Theravada schools and psychoanalytic ideas by Bion, Bowlby and Winnicott, the concepts of suffering and attachment are examined. Clinical vignettes are presented from work with mothers, fathers and infants to expound on the concepts of reverie, mindfulness, compassion, awareness, containment and transformation.

The third perspective of the workshop is that of the dynamics of relating. Infants and their caregivers seek contingent, affectionate, companionable interactions with each other (Trevarthen, 2001). Within this intersubjective space, mind states are transmitted through rhythms of expressive body gestures ('communicative musicality'; Malloch 1999) which carry 'vitality contours' ("feeling flow patterns") of meaning (Stern 1985). The dynamics of the caregiver-infant relationship illustrates the mutual dependence of relating. Buddhist teachings such as the Brahmaviharas (love, compassion, joy and equanimity), anatman ('non-self' – the practice of seeing the 'interbeing' of all things) and anitya ('impermanence' – the practice of seeing that all things change) shed light on the nature of this mutual dependence. Further, that words are unnecessary for meaning to be mutually conveyed in the caregiver-infant relationship points to understanding available to us that is unconstrained by language. For example, in person-centred psychotherapy, it is the 'personhood' of the therapist, expressed

through empathy, congruence and unconditional positive regard (similar characteristics to the *Brahmaviharas*), in relationship to the 'personhood' of the client, that is the 'engine' of therapy. Still further, the importance of understanding outside of language is seen *intrasubjectively* in the process of 'dialogue' with one's own "felt meaning" – the implicit dynamic body sense we have about a situation (Gendlin 1982).

Through considering mutual dependence and understanding unconstrained by language in the caregiver-infant relationship, we can move towards an appreciation of the 'suchness' (*tathata*) of relating. Through considering clinical vignettes in the light of both psychotherapy and Buddhism we can see the complementary viewpoints of both traditions 'in action'. And in considering the role of breath and mindfulness in trans-generational transmission we can start to see the very practical role the breath can serve in our understanding of caregiver-infant relating. We believe that through a dialogue between infancy research, therapy and Buddhism, greater understanding can be gained in all three areas.