

“The precursor of the mirror is the parent’s face “ - the importance of shared pleasure in parent-infant interactions

Astrid Berg, Presentation on 5th September at the 2025 Perinatal & Infant Mental Health Conference, Melbourne, Australia

In this presentation I want to take up one thread that forms part of the relational world of the infant. I will start with the role of vision in the interaction between caregiver and infant and move to the concept of early play and pleasure and then see how we can operationalize this into clinical practice.

But let me start from the beginning

One of my first patients at the UCT Parent-Infant Mental Health Service was a 4 month old infant referred from the private sector. Because of my speciality in child psychiatry my ‘index patient’ was always the baby – that was the name that appeared on the folder.

But, in fact, the referral was for the mother. She had suffered from chronic depression and was under the care of a psychiatrist and was taking adequate anti-depressant medication. She was also seeing a clinical psychologist on a regular basis. The psychiatrist who referred her was concerned about the lack of connection, of bonding, that the mother had with her infant daughter.

To the interview with me came father, mother and baby daughter whom we shall call Sally. Mother looked sad, withdrawn and helpless. Father was doing his best to support her and was actively involved with the handling of his daughter. Sally was put on a blanket in the centre of our little circle – mother, father and myself. She was well nourished and cared for, was actively kicking and looking around.

I pointed this out to mother and said to her “look how Sally is looking at you – she knows you, she likes your face”. Simple, to us these are obvious words, but they seemed to register with mother. She looked back, and as though for the first time, saw her daughter for who she was: active, lively, seeking out, friendly.

In her fantasy and with her depressive cognitions, she had thought that she did not matter to her baby, that in fact her baby did not like her.

After this session I had a call from the referring colleague who reported that mother's depression had significantly lifted and that she was beginning to enjoy her baby.

Here we had a normally developing baby, who got the care and stimulation she needed from her father, and probably a nurturing nanny (so often the 'real' mothers in many South African households). It was the mother who needed help – and the infant gave her that what she needed: namely a mirror that was different to the mother's fantasy of herself. So, we could turn Winnicott's quote around and say "The precursor of the parental mirror is the baby's face".

Let's look at this presentation more closely and build on it.

Prenatal stage

How could mother's prenatal depression have affected her relationship with her infant?

We know that prenatal stress has an effect on the mother's and baby's brains (A. Slade 2019) . On a psychological level there are the fantasies, or, as we would also say these days, mental representations that the parents have of their unborn child, and particularly those of the mother in whose body the baby grows.

Winnicott believed that the "baby in the womb becomes specifically linked in fantasy with the 'good internal object'" (p.102)(Davis, M.; Wallbridge 1981) However, we also know that the way the mother feels about her 'inside-baby' depends on her own attachment history which may not always result in her having a positive view of herself as a mother or of the baby inside her. Prenatal attachment can be fostered by adequate treatment of maternal depression – the positive effects of medication on the maternal mind outweigh any possible side-effects of the medication.(APA-Letter, 2025)¹

¹ APA-Letter-FDA-Panel-SSRIs-Pregnancy-07252025

But there are also psychological interventions – a few examples of these Prenatal Reflective Functioning – “Minding the Baby” - is a psychological intervention developed by Arieta Slade. (A. Slade et al. 2019) It is an evidence based intervention that starts in pregnancy and that invites the mother to reflect on her emotional experience of her pregnancy, her sense of self and her partner, as well as her childhood experiences. A similar but more psychoanalytic intervention comes from Geneva and Barcelona, where vulnerable pregnant women are seen for a brief intervention – Psychotherapy Centered on Parenthood – PCP – with positive results in terms of resolution of perinatal anxiety and depression. (Llauró, Gomà, and Nanzer 2023)

Another, less time and resource intensive way would be to use the opportunity the routine ultrasound examination offers to talk about the baby as a developing person. (Slemming, Drysdale, and Richter 2021)

What happens in the early months of life?

While all the senses are functioning already in utero, the visual cortex comes online only after birth and matures rapidly so that by 8 weeks a clear preference for face-to-face interactions is evident. (p.33)(Schorer 2001)

With modern research techniques we can see how the infant brain connections rapidly develop from subcortical, limbic to higher functioning cortical structures. For this presentation I however wish to focus on what Winnicott had already observed and intuited many years before and look at what happens when mother and baby see and look at each other.

Humans are sensitive to direct gaze from birth onwards – it is the way to establish communication (Kuboshita et al. 2020) The baby comes into the world, expecting to be communicated with, to be related to.

Many years ago I attended a presentation at a WAIMH Conference in which an obstetrician told us about a study he made, observing the behaviours of infants straight after birth. He noted that as soon as the infant was able to

lock eyes with the mother, he/she calmed down, and stopped crying. (I have not seen this work published).

So, what does Winnicott tell us:

“Now, at some point the baby takes a look round. Perhaps a baby at the breast does not look at the breast. Looking at the face is more likely to be a feature.....What does the baby see when he or she looks at the mother’s face? I am suggesting that, ordinarily, what the baby sees is himself or herself. In other words the mother is looking at the baby and ***what she looks like is related to what she sees there***....the baby whose mother reflects her own mood or, worse still, the rigidity of her own defenses. In such a case what does the baby see?” (p.131)(Winnicott 1971)

[I am sure, had Winnicott lived today, he would agree to talk about the ‘parents’ rather than only the mother. However, if we look at pregnancy and immediate post-birth phases, it is fair and realistic to talk about the mother]

Ordinarily the mother looks at her baby with joy, with devotion. She is preoccupied with the smallest details of her infant’s body and physical expressions. What she sees is a beautiful, archetypical perfect baby. Her “*live adaptation to the infant’s needs*” (p.54) (Winnicott 1984) is made possible during this phase of primary maternal preoccupation. So, what the infant experiences is that he/she is the reason for the mother’s joy and adoration – and that sense of “I have worth” will lay the foundation for the development of self-esteem.

When the mother is depressed, as was the case with Baby Sally, the expected experience of joy was overshadowed by sadness in the mother’s eyes. Sally had not given up, she had continued to get her mother to engage – presumably because she had a father and other adults who did engage with her. But the experience of seeing her mother’s sad eyes when looking at her could well have given her a sense of not being good enough.

But let us turn to the ‘ordinarily devoted mother’. Instead of focusing on deficits, such as in depression, or deviance, such as in psychosis, let us

see what we can achieve by looking at strengthening the positive, the pleasurable

Play and shared pleasure

Infants need an 'other' to regulate their emotions. This 'other' needs to be attuned to what the infant might be experiencing, and be able to reflect that back to the infant in a way that communicates that the emotion has been understood and is shared. This is what we understand by sensitive responsiveness.

Early face-to-face interactions are the beginnings of human play. The micro-analysis of Beatrice Beebe and her team have shown the extraordinary synchrony of movements between infants and mothers. (Beebe B; Cohen P; Lachmann F 2016)

Parental psychopathology may affect the parent's ability to respond in an attuned, sensitive way. Infants are born with the expectation to be responded to and if this does not happen, as we see with the Still Face Paradigm, the baby becomes distressed.

It is the visual stimulus coming from the parent's eyes that the infant needs for developing a sense of being understood and psychologically 'held'.

"The sense of self....is lost unless observed and mirrored back by someone who is trusted and who justifies the trust and meets the dependence." (p 71) (Winnicott 1971)

Pleasure, positive affect generates high levels of dopamine and oxytocin – hormones that are vital for attachment formation and brain growth. And if we focus on this, rather than on what is missing, could we facilitate these positive developments?

The Shared Pleasure Paradigm

Our Finnish colleagues, Mäntymaa, Puura and others have operationalized and tested the concept of Shared Pleasure 10 years ago. (Mirjami Mäntymaa, Kaija Puura, Raili Salmelin 2015)

They videotaped 2 month old infants in a face to face interaction with their mothers.

The SP moment was defined as a curving of the mouth to smile or laugh, with gaze contact and with a simultaneous beginning and ending – in both mother and infant.

What were their findings?

Shared positive affect between mother and infant:

- Has been found to correlate with attachment security and is highly malleable in the first 12 months of life
- is an important feature fostering positive psychological development and moderating the effects of other risks such as parental psychopathology.
- may be expected to be associated with lower levels of emotional and behavioral problems in the child. (Mantymaa et al, Infant Mental Health Journal 2015)

More specifically

- The longer the SP moments lasted, the fewer internalizing and externalizing problems were evident at 2 years.
- SP had a protective role against parental psychopathology: when there were longer SP moments, the children were less affected by parental mental health issues, while those with shorter SP moments showed increased symptoms when exposed to parental psychopathology.

This study highlighted the importance of focusing on positive interactional moments between caregivers and infants, as these seemed to facilitate the development of resilience in these children, and probably also had a positive affect on the mother's state of mind.

In 2022 my colleague in Cape Town, Anusha Lachmen, published her PhD study on the Shared Pleasure Paradigm with a birth cohort in South Africa. The focus was exploring the associations with maternal and infant characteristics in a LMIC setting. Her findings are of interest:

1. High occurrences of SP moments were common – 82% of mother-infant dyads experienced them

2. These were not association with maternal mental health factors, such as depression.
3. This pointed to resilience in adverse conditions – that despite environmental stressors, mothers demonstrated sensitivity and positive engagement with their infants. (Lachman et al. 2022)

Clinical relevance

The Basic Infant Mental Health Screen (BIMHS) was developed which is a simple and short tool, which can be routinely used by health carer professionals who assess infants in different settings. Amongst the 5 items is the component of Shared Pleasure between infant and caregiver. If there is a sense of reduced reciprocal interaction this could be a red flag and the health worker is encouraged to review the interaction at a different time and refer to the appropriate agency if necessary. (Berg and Lachman 2021)

A brief description of Winnicott's transitional space

The eye-contact and face-to-face communications during the first few months of life are powerful experiences that lay not only the basis for a secure attachment, but that also literally facilitate brain growth.

During the second half of the first year and thereafter, an object, such as a cloth or soft toy from the environment enters into this dyadic space. For the infant this object is part of his/her inner reality – that is, part of the mother or the breast, but it is also part of outer reality – just a cloth. This object is often chosen by the infant and becomes the transitional object, that is an 'other-than-me' object, that is still part of me and but also part of the mother.

This transitional object is played with in the the 'intermediate area between the subjective and that which is objectively perceived.' (p.3)(Winnicott 1971) I am sure we all know about the special cuddly toy or blanky that can never be washed and that means so much more to the child than its objective value. A triangle opens which becomes the 'area of illusion' . Winnicott views this area of illusion as being 'inherent in art and religion'. (p.3)

In his words

“...the infant’s transition from a state of being merged with the mother to a state of being in relation to the mother as something outside and separate...” (p.17)

“...this intermediate area of experience...constitutes the greater part of the infant’s experience, and throughout life is retained in the intense experiencing that belongs to the arts and to religion and to imaginative living, and to creative scientific work.” (p.16)

This intermediate area—the realm of imagination and symbolization—remains with us throughout life. It is here that we are able to engage in fantasy, appreciate art, and embrace diverse worldviews and religions. This capacity for imaginative and symbolic experience is a profoundly positive and affirming aspect of human existence, as it underpins our ability to access higher-order human capacities and to find meaning and connection in our lives.

How could this inherent capacity we have be mobilized in order to support mental health?

Baby Sally and her parents clearly needed intervention at a tertiary level. However this may not be possible or needed by the majority of infants and their caregivers.

How can we create greater general awareness of the importance of the relationship between caregiver and infant, and the understanding that it is the quality of engagement that matters? This need not be through the medical health system which is more focused on pathology rather than health (although that is changing).

It is to the Arts that I will now turn, and specifically to 2 projects that use the arts as a point of entry into the perinatal and parenting spaces

Two Art Projects that aim to enhance parental mental health and engagement with their infants.

It seems almost obvious that the Arts could play an important role in fostering mental health. In Africa, and in many other non-Western countries, music, theatre, dance, poetry and the visual arts form part of the cultural fabric of the society.

A 2019 Scoping Review done by Fancourt and Finn for the WHO found evidence “for the potential value of the arts in contributing to core determinants of health, playing a critical role in health promotion....” ((p 57 in the WHO report) However, LMIC countries appear to have been less well represented.

I want to mention 2 projects

1. The CHIME project
2. The Baby Theatre project

The CHIME project

One of the researchers I want to acknowledge in this project was Bonne McConnell, from the School of Music, from the Australian National University in Canberra. (Stewart et al. 2022)

This group, led by Lauren Stewart of the University of London, explored the use of social singing. I attended a recent webinar on this project and was impressed by the indigenous wisdom that was evident in this group in The Gambia. The project was co-designed with the community birth companions. It focused on social support and ways to address the physical and emotional issues of pregnancy. It was a universal approach, there for all pregnant women.

The indigenous groups make use of participatory music and dance, aimed to preventing infertility and mortality.

CHIME stands for Community Health Intervention through Musical Engagement as well as for Connectedness, Hope, Identity, Meaning and Empowerment. The women support each other through being together, singing and dancing, clapping and laughing. And in-between information is given by the leaders of the group about pregnancy and related topics. Here we have a lived example of what indigenous knowledge and wisdom, that has probably been there for ages, but that 'we' in the western world are discovering and learning from.

It combines several therapies (in western conceptualization) into one meeting, very similar to that I experienced when attending traditional rituals in South Africa, namely
Group therapy, music therapy, movement therapy – all of this resulting in a sense of belonging, of being understood, and being part of a bigger whole.
[this is the basis for many indigenous rituals]

The other project in which I was directly involved is that of the Baby Theatre.

The Baby Theatre

Recent developmental research and an understanding of neuroscience resulted in the emergence of a new audience for the performing arts.

A local NGO Theatre, the Magnet Theatre, adapted a production that originated in Ireland. They called their production SCOOP: Kitchen Play for Carers and Babies.

SCOOP is the first ever South African baby play for carers and babies between the ages of 2 weeks to 12 months. This production was inspired by skills training facilitated by the Replay Theatre Company – innovative theatre makers based in Belfast, Northern Ireland.

The Magnet Theatre believes that this production will create a unique opportunity for primary care-givers to explore the possibilities of meaningful engagement with their babies. They will be exposed to a very concentrated conversation with their infants and discover just how responsive they are from the very beginning.

At the heart of this project is a drive to create greater awareness of the crucial importance of strong emotional attachments in an infant's life and the direct effect it has on the development of their brains. They intend for carers to walk away with a sense of how responsive and attentive babies are even from the earliest age and how they might possibly continue to engage, connect, sing and play with their little ones, contributing to secure attachment.

It is performed by 4 performers trained in performing for and connecting with the very young. In a contained and relaxing space of a tailor-made tent, it accommodates 6 carers and babies at a time.

With the use of songs, sounds, lights and textures, babies will be taken on an enchanting journey crafted to delight, surprise and soothe them. Through intensive interaction with the babies, the four performers reveal innovative ways to connect and communicate with infants.

One of our Masters Students in IMH undertook a qualitative study that involved fathers with their babies

In many traditional societies, fathers only start becoming involved with their children once they are older and can speak. We thus wanted to see whether this medium of a theatre would be something fathers enjoyed with their children. { The mothers were delighted that we asked of fathers to be with their babies and to care for them the whole day, while the research was set up!]

We know that fathers play a significant role in enhancing the healthy cognitive, physical and social-emotional development of their infants and children

We also produced a DVD https://www.youtube.com/watch?v=_-vQ5GV55DU&feature=youtu.be&fbclid=IwAR1o0E70dObXSPdPbfHZSRp5Dm41oqTCkNtoo3PtLL-CuT8YTlt6PutJgwQ&ab_channel=MagnetTheatreZA

What were the results?

And a paper was published . (Cowley et al. 2020)

The fathers described the experience as educative and enjoyable and that it had a positive impact on the way they interacted with their infants. They felt more confident in knowing what to do with their babies. Several themes emerged from the focus group: Cultural influences in a patriarchal society, gender bias and father disempowerment.

The role of the mother as the designated baby-carer appeared to have rendered some of the fathers less confident in the day to day care of their infants. As one father described:

“I’ll say a lot of daddies—maybe I was also included—the baby will cry, you pick up the baby while the mother is busy and the baby is crying. You pick up the baby and you “shh-shh” the baby to stop the crying and the baby is crying and right there then you get “gatvol3”. You just quickly want to pass the child to the mother”

In this extract, the father related how he usually defers to the “higher expertise” of the mother with some relief. However, he spoke about his different approach after the Baby Theater performance:

“But now knowing that you can make the baby keep quiet while he looks at you and what you are doing—maybe acting or dancing and singing, you know, you’ve got that potential in you, you know. Rather than just giving the baby away.” (p 8) (Cowley et al. 2020)

Six years later one father happened to see the researcher and she wrote this to me:

The father of Amelia, who was one of the babies (4 months old) in our study. She is now 6 and starting school this year. said that our study changed how he related to her and has been trying to be as involved with her as he can as she grows up. She is now a very outgoing, confident little girl who is popular with her friends. He said he has also become aware that ‘if her daddy treats her right, she will marry a man who treats her right’.

In conclusion

I have drawn a wide arc from the very first experience of eye contact between infant and parent, the first moments of play and shared pleasure to the use of the Arts to help caregivers and babies connect with and enjoy each other. I think Winnicott would have approved!

Using the Arts as a way for caregivers to connect with their infants is a port of entry that should be considered for many reasons:

1. The Arts are welcoming and not threatening – away from the medical model which is based on treating pathology
2. The Arts are universal and are part of all cultures – it is thus possible to design an intervention to fit in with the local context.
3. Projects such as the CHIME project or the SCOOP baby theatre promote shared pleasure, which in itself is now an evidenced based construct that leads to beneficial outcomes
4. And, if we stay with Winnicott: Culture, of which the Arts are central, occupies the transitional space, that space in which play occurs and in which shared pleasure is possible.
5. And, circling back to our central concern – the mental well-being of infants and caregivers – we know that shared pleasure has a positive, growth enhancing and protective effect on the infant and the caregiver.

Winnicott:

“It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self.” (p.63) (Winnicott 1971)

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