Infant Research and Adult Treatment
Beatrice Beebe
NYU Postdoc, September, 2022

Three Saturday Afternoons on Zoom One credit = 12.5 hours

September 10: 2-6:30pm
September 17, 2-6pm
September 24, 2-6pm

In this seminar we will discuss ways in which the use of video in mother-infant research and treatment can deepen our ability to perceive and understand face-to-face nonverbal communication in adult treatment. I use an adult treatment case of a patient who does not look, where I videotaped my face, to illustrate these ideas.

In Session I, Microanalysis as a Social Microscope: Learning to Observe Nonverbal Communication in Infancy, we begin with mother-infant video microanalysis in an effort to increase our ability to perceive nonverbal communication, such as patterns of looking and looking away, facial expression, vocal affect, vocal turn taking, touch, orientational approach/avoidance, as well as the use of head and hand movement. Because mother-infant face-to-face communicative events occur in less than a second, they are so rapid and subtle that they are often not quite grasped in real time. By videotaping mothers and infants split-screen, one camera on each partner, we can see the moment-by-moment dialogue between the two. This skill is the foundation for the use of video in child and adult treatment as well.

Various patterns of mother-infant communication are illustrated: facial mirroring, secure look-away, chase and dodge; forms of entering the distress of the infant such as joining the cry rhythm, joining increments of distress, joining the dampened state; and patterns of infant distress and maternal emotional disconnection identified in the origins of disorganized attachment. It takes time to absorb these nonverbal patterns so as to be able to use this information in one’s own body, mostly out of awareness, during an adult treatment session.

In Sessions II and II, Nonverbal Communication in Adult Treatment, I present a case of a patient who has not looked directly at the faces of other people since she was 12 years old. I am the video feedback consultant/therapist in an ongoing 25-year intensive treatment by Dr. Larry Sandberg. I conduct 2-hour sessions. In the first hour, I conduct a regular session, but videotape my face only. The patient does not want to be videotaped. In the second hour, the patient and I review the video we have just made. A great deal of what the patient experiences, as well as what the therapist experiences, can be seen in the face, head and hand gestures of the therapist. During the feedback portion of the session, the patient and I together try to understand both what I am feeling and what the patient might be feeling, what I might be reacting to in the patient, as well as what I might be reacting in myself. Watching the video gives the patient who cannot look a chance to see the therapist’s face without having to be directly in the conversation. I will discuss how this process helped this patient, across 13 years of video feedback therapy. Moreover, by turning the lens on the therapist, we can learn more about how and what the therapist communicates to her patient. The therapist's face, as well as bodily gestures of head and hands, and the background vocal rhythm of the narrative, are relatively unexplored avenues of therapeutic action in adult treatment.
Books to Buy:


I. September 10: Microanalysis as a Social Microscope: Learning to Observe Nonverbal Communication in Infancy

(1) Learning to Look: Contributions of Microanalysis
(2) How do we code: attention, emotion, orientation, and touch, and vocal turn taking and pausing structure, in mother-infant interaction
(3) Real-time vs. frame-by-frame analysis:
Mother-infant secure, insecure, disorganized attachment interactions; chase-and dodge; Linda and Dan case.
Role-play interactions
(4) How learning to play with infants made me a better therapist:
Film illustrations of:
Joining the rhythm; joining the cry rhythm; joining distress moments; the hand dialogue; joining the dampened state; vocal turn taking and pausing structure

Readings:
Ch. 2. The Organization of Relational Experience in Early Infancy

Introduction, p. 1-5.
How does mother-infant face-to-face communication work?
Ch. 1. Mother-infant face-to-face communication at Infant age four month, p. 9-18.
Ch. 2. Microanalysis teaches us to observe: How we code the mother-infant action-dialogue language, p. 19-30.
Glossary p. 45-50 (examples of different facial expressions, head orientations, etc.)
Ch. 4. Facial Mirroring, p. 63-76.
Ch. 8. Chase and Dodge, 113-142.

II. September 17: Nonverbal Communication in Adult Treatment

(1) Studies of nonverbal communication in adult treatment (see Beebe & Lachmann, 2014, chapter 4)
(2) The case of Dolores (see Beebe (2004) Faces in Relation)
(3) The case of Sandra, a patient who does not look (see Sandberg & Beebe, 2020)
   a) Studying the nonverbal communication of the therapist (BB) through video
   b) Studying the turn taking and pausing structure

Readings:
   Ch 4. The Adult Clinical Situation, pp. 70-74; Self and Interactive contingency in face-to-face
   communication in adult treatment. pp. 74-77


   video feedback. *Psychoanalytic Dialogues, 30*, 479-498

III. September 24 Nonverbal Communication in Adult Treatment, continued

The case of Sandra, a patient who does not look: Sandberg & Beebe (2020), con’t
   (1) The contribution of video feedback to the treatment
   (2) The contribution of the pandemic, and zoom, to the treatment

Readings:
   Ch. 8. Discussion: Mother-infant communication, the origins of attachment, and adult
   treatment
   Discussants: Relevance of the research to child and adult treatment.
   Ch. 13. Stephen Seligman, From microseconds to psychic structure, pp. 188-196.

Beebe, B. & Lachmann, F. (2020). Infant Research and Adult Treatment Revisited: Co-Creating
   doi.org/10.1037/pap0000305