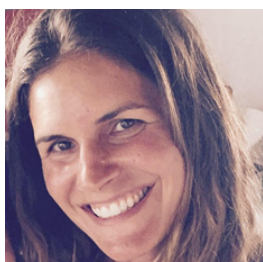


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The Parent-Toddler Group Project in Greece

The Institution, the Setting and the Toddler Group:
The dynamics of a reciprocal relation-ship

The present paper describes the adaptation of the Parent-Toddler Group program that was developed at the Anna Freud Centre in London and the way it was applied in Athens Greece. It constitutes an early intervention program whose target is to support and encourage the parent-toddler relationship. We describe the application of the parent-toddler group project in Greece and examine it from the perspective of the group processes.

The clinical material that will be presented comes from the last year that the parent-toddler group was in operation, attempting to illustrate the parallel operation of the three groups constituting the program: parents and toddlers, coordinators and supervisors and trainees that seem to be interconnected and complementary to one another. We will try to show that, as these groups are "parts" of the same program, they are organized on the basis of a shared theme that has to do with the developmental phase of toddlerhood, the group processes, and the history of the program.

Introduction

Regarding development as a continuous process, we can think of toddlerhood not only as influenced by early infantile experiences of feeding, nursing, and weaning, but also as a phase of major changes. The toddler acquires a new perspective on the world from a standing position and with the language development is able to make himself/herself more clearly understood. At the same time, the process of weaning confronts the toddler with issues of loss and mourning, leading to the recognition of ambivalent feelings towards the loved and depended-on primary figures (Klein, 1952). As the young child develops new physical and emotional capabilities and a sense of separateness, all the complicated feelings of love and hate, aggression and anxieties can now be expressed through playing. Trying to master them is a developmental task of toddlerhood. The small child -despite his/her limited skills- aspires to do things on his/her own and all this leads to frustration. We can observe the wish to get away from the parents, simultaneously with a fear of abandonment. Parents might find it difficult to employ an empathic stance and contain their child's anxieties.

Having this in mind, the need for supporting families in the midst of the socio-economic crisis was actualised. A psychoanalytically oriented early prevention program with parents and their infants/young children, named 'Early Intervention Program', was designed and implemented in the Department of Child Psychiatry at 'Aghia Sophia' Children's Hospital in Athens. The rationale of the early intervention is to support parents together with their children 'to untie the knots that prevent them from enjoying their mutual development, and to intervene before dysfunctional relationships get established. How to intervene: To address the disruption, or distortion of the normal course of parent-child bonding and bring to the surface the healthy inner resources of the parents, so they can attend their children's needs, but also their own infantile needs. Such a psychoanalytically oriented early intervention program with parents and infants/young children can alleviate parental stress, and thus support the parental capacity to efficiently deal with the high demands of early development, even in periods of economic crisis where the tensions for young parents are even greater and the

mental health resources are scarcer (Anagnostaki, Kollia, Layiou-Lignos, 2019). This kind of work presupposes an awareness of the powerful unconscious processes that takes place in the parent-child relationships, together with the application of observational skills.

The Toddler Group Program seeks to offer parents and their 1-3 years old children a good emotional experience that will foster developmental transformation within toddlers and parents. The aim is to facilitate their communication by means of receptive observation, play and consultation (Navridi, Navridis & Midgley, 2012; Zaphiriou Woods & Pretorius, 2010). The group provides preventative therapeutic work by promoting the parents' observational stance towards themselves and their relationship to their children, supporting the expression, containment and working through conflictual emotions. Such programs have the advantage of being experienced by most parents as a far less stigmatizing setting than traditional 'therapy'. These groups provide social support and educational input alongside their therapeutic functions, and as a result, appear to be more acceptable to families who would not otherwise access therapeutic help (Zaphiriou Woods, 2000; Zaphiriou Woods & Pretorius, 2016). Such programs have been offered to young children and their families over many decades at the Anna Freud Centre (AFC) in London.

The settings and ways of intervention

The group consists of 5-6 toddler-parent pairs where the parent is usually the mother. However, fathers also participate in the group on a fairly regular basis. The group meets once a week for 90 minutes and is coordinated by two psychologists, who are themselves under psychoanalytical supervision once a week. It takes place in a large room, with plenty of space for the children to play with age-appropriate toys. No specific instructions are given to parents and toddlers on how to "behave". In addition, there are no structured activities apart from the snack-time mid-way through the group and the re-arrangement of the room in which we all participate before the end of the group. At the end of each group, the coordinators write detailed notes about what has happened that day. These

observations are then discussed in-depth and form the basis of an ongoing peer supervision group, but also become the basis of a type of observational research in which the coordinators are ‘participant observers’, describing in as much detail as possible the interactions and processes that are occurring in the group.

Clinical work in these groups is a combination of a therapeutic application of psychoanalytic observation in conjunction with a psychoanalytically informed developmental therapy, aiming to create and maintain an ‘internal analytic setting’ (Parsons, 2007), giving meaning to unconscious communications and the intense transference and counter-transference feelings that circulate. The parent-toddler group members are not treated as patients in an analytic setting, which is why coordinators rarely make interpretations (Zaphiriou Woods & Pretorius, 2010). The emotional availability of the coordinator, as well as the “negative capability” according to Bion (1970) and the ability to reflect on the current experience, is considered of major importance.

There is a broad range of interventions of therapeutic-pedagogical quality, which are addressed to the parents, the children, their relationship, or to the group as a whole. The continuity and regularity of the setting provide security, where containment of parental anxieties can turn uncontrollable behaviours into thinkable experiences. The understanding of each family’s individual needs can give rise to a reflective functioning, which means to comprehend behaviour in terms of mental states, (thoughts, feelings, desires, and intentions). The ability to reflect is enhanced through discussions among the parents based on observing, listening, and sharing ideas. Parents are encouraged to speak amongst themselves, sharing their concerns and experiences in order to learn from one another.

Interventions addressed to the children are giving a model to the parents of ways of respecting the child’s activities, allowing the play to evolve on its own terms, tackling aggressiveness, managing boundaries, and sharing. In other words, an effort is made to support the specific issues that relate to this developmental stage. Parents are offered alternative ways of dealing with certain situations through modeling, as well as discovering enjoyable pastimes with their children.

Interventions addressed to the parent-child

relationship, aim to facilitate the decoding of the messages between the parent and the child, to promote the interaction between them but also the gradual separation. At the same time an effort is made to restore misrepresentations that may exist in their relationship. For example, speaking to the parent on behalf of the child in an attempt to communicate and express feelings, that are difficult to be put to words. Finally, an attempt is made to connect internal reality with external reality, both on an individual and on a group level. For example, what happens in the group with the arrival of a new member, (fantasies and feelings, concerns and behaviors which might be expressed through action).

Other interventions address the group as a whole and facilitate the interaction between the members of the group, providing a kind of shared mental space for thinking together.

The pilot project

The Toddler Group Program started in Greece in 2004 and was initially hosted at the Community Mental Health Centre of the A’ Psychiatric Clinic. It began as a pilot project, with the necessary adjustments to the needs of the local Greek community. It ran for 13 years as an integral part of the Centre’s services. Some groundwork was necessary to prepare the way for starting a toddler group. Our goal was to demonstrate the uniqueness of the toddler stage to parents and professionals, and at the same time, to counter prejudice so that children without distinct problems become involved in a mental health process.

We began by creating links and providing information to the scientific community and the local community about the developmental stage of toddlerhood and the function of toddler groups. The briefing of the scientific community, which includes mental health specialists as well as professionals involved in the growth, development and education of children, i.e. teachers, child minders and paediatricians, was conducted in two phases. We began by informing them in person through meetings in the Community Mental Health Centre or at their own offices, where we presented and discussed the program. Following that, we organised a symposium, where we presented the particularities and characteristics of the preschool age

group, with emphasis on the toddler period.

The next step was to inform the local community, where the program was to operate. Printed material was developed and distributed to local residents, mental health centres and nursery schools. The information included a leaflet presenting the program and its goals, the target group it was addressing and a short description of the toddler stage development. We also circulated a questionnaire designed to raise awareness of typical toddler issues and their impact on the parents. Finally, a poster was displayed in all nursery schools and childcare centres and published in the local newspaper.

A major concern in this initial phase, was whether Greek families, given their extended nature, needed the support of such a program. In Greece, relatives participate in the family, alongside parents and children, with grand-parents, aunts and uncles closely linked and often co-existing in the family nucleus. In our initial pilot year, we did not feel that we could ask parents to commit for a year. Instead, we requested commitment to a series of just six weekly meetings, which could be renewed. This flexibility turned out to be unhelpful, raising rather than reducing the parents' anxiety. Therefore, from the second year, we asked for a one-year commitment as a prerequisite for participation.

The Greek family's needs for such a program soon became evident. In the first year referrals came from local pediatricians or from within the Centre to which they had been referred to for other reasons. In the second year, we began receiving referrals specifically for the toddler group. The most frequent reasons for referral are a child's eating or sleeping difficulties; temper tantrums; parental ambivalence; as well as the arrival of a new baby in the family. All of these are circumstances that sometimes become difficult for parents to manage.

The 2 year training programme

In 2011 the Parent-Toddler Groups were incorporated in this Early Intervention Program of the Child Psychiatric Clinic with a three-year funding from the Stavros Niarchos Foundation. This financial support allowed us to organize a two-year training program for mental health professionals who wanted to be trained in this method of clinical

work. The first year, being a preparatory year, consisted of theoretical seminars in basic psychoanalytic concepts, child development research, attachment theory and early parenting and preventive intervention, as well as a full year of psychoanalytic infant observation seminars according to the Esther Bick model. In the second year, the trainees had to choose one of the two approaches: either the Under 5's Brief Early Therapeutic Intervention, or the Parent-Toddler Group.

The parent-toddler groups

The Parent-Toddler group program operated in total for 13 years, from 2004 to 2017. In total, 22 parent-toddler groups took place supporting 104 families. During the years where the program was funded by the Stavros Niarchos Foundation, three parent-toddler groups were run simultaneously in two child psychiatric clinics in Athens, while in the remaining years only one or two parent-toddler groups were conducted per year. In addition, during the years where a training program was running (2013-2017), 40 mental health professionals were trained (psychologists, psychiatrists, social workers, and nursery teachers). This work was constantly supported by the Anna Freud Center through the endless contribution of Marie Zaphiriou Woods and Inge-Martine Pretorius.

Group processes

The psychoanalytic revelation of the small group, in the early 1940s, was the beginning of the revelation of the meaning and importance of the unconscious "groupishness" (Bion, 1952) on a clinical and theoretical basis (Bion, 1961; Foulkes, 1948; Anthony, 1957). The basis had already been established by Freud himself, in the sense that the Oedipus complex for example, refers mostly to the intrapsychic "groupishness". However, within the clinical context of psychoanalysis, classical or modified, the dynamic of this "groupishness" literally disappears behind the dyad of analyst-patient and their in between "play" of transference - counter-transference, which is also examined as a dyadic event.

The unconscious communication among the

participants, through a continuous play of cross projections, introjections, identifications, projective identifications and ‘diffracted transferences’ (that means, fragments of transference addressed to many objects), creates various phenomena which are observed and experienced within the groups: a) the phenomenon of “groupishness” itself, that is, when an individual is in a group situation and interacts with others, whatever happens to him/her, feels and thinks that everything has to do not only with him/her but also with the others and the group as a whole. The participants are connected with each other because they share the same illusion (Anzieu, 1975) that they belong to something common, to a group. b) the phenomenon of the emotional group atmosphere, in other words, that the participants get in tune, each one in his/her own way, with the particular emotional atmosphere which dominates the group (stress, violence, tension, relaxation, grief). That phenomenon is similar to what Bion has described as the group culture and the dominating group mentality (basic assumption group), considering the group as a single entity (Bion, 1961) and what Kaës called the ‘phoric function’ of the group (Kaës, 2007).

The group provides a secure place within which ordinary developmental tasks can be assisted, and painful parental feelings can be explored. Parents (mostly mothers) and children can use the group to provide emotional containment. When a toddler gets lost from the mother’s mind, the group can contain the mother’s infantile needs and in identification with the coordinator’s stance, can make space for the revival of an adult maternal interest in caring for her child.

The trainees of the program had a place in the parent-toddler groups as observers. Their observational stance was part of the learning experience, as they brought their detailed observations of the whole group session in weekly supervisions. Observers have an important and vital role in groups. They are influencing and are influenced by the parent-toddler group, while they are consciously and unconsciously associated with the participants, toddlers, and parents. It is as if they are “in and out” of the parent-toddler group and consequently in a constant “play” of projective and introjective processes with the membership of the group and in identifications with the group. Frequently, the meaning attributed to events and emotions that

took place within the group, during the observers’ supervision, enriched the work of the group coordinators. Furthermore, in the program there were two supervisors that undertook both the group coordinators’ and observers’ supervision. In a sense, their role was an intermediary link between these different, but also emotionally connected, groups of parents and toddlers, coordinators, and observers.

Clinical material

The clinical material that will be presented comes from a particularly emotionally-charged year: the last year that the parent-toddler group was in operation. More specifically, the vignettes that will be used, derive from the first four months of this final year, attempting to illustrate the parallel operation of the three groups constituting the program: parents and toddlers, professionals and trainees that seem to be interconnected and complementary to one another. We will try to show that, as these groups are “parts” of the same program, they are organized on the basis of a shared theme that has to do with the developmental phase of toddlerhood, the group processes, and the history of the program.

The Parent-Toddler Group

The group had two coordinators (therapists) and five families with toddlers. It took place once a week for 90 minutes. A sixth family was also scheduled to participate in this group, but ultimately did not.

The group of professional: Group coordinators and supervisors

At the initial meetings of the professionals, who organized the parent-toddler group program, there was resentment towards the Clinic and especially towards the director, who couldn’t support the continuation of the program. A great effort was made to clarify the queries and confusion we were all experiencing, sharing the need to console each other. There was a feeling that we operated

as a closed and "seemingly self-contained" system, which could not trust the institution and could not rely on the given context. The only thing that seemed to act as a driving force was our "love" for this kind of work. In this way, however, we were left partly emotionally unprotected.

In a sense, it was like our group had been organized on a "negative pact" or "denial agreement" (*pacte dénégatif*) (Kaës, 2009) of omnipotence and self-sufficiency, in its quest to protect itself from being left inactive like other struggling programs of the Clinic. The feelings of inadequacy and inertia, the "bad object", were projected "on the outside" of the group (to the Clinic). On the other hand, the feelings of omnipotence and uniqueness, that derived from the fact that we were the only surviving early intervention program, alternated with a sense of deception and mockery, omnipotence as an antidote to fragility.

The group of trainees

Initially, the group of trainees had five members, but in the second week of the parent-toddler group program, one trainee left the training. So, along with the drop-out of a family, we had the drop-out of a trainee.

During these first 4 months, the trainees seemed to be lost and confused with the process of observation, even though instructions were clearly given. This situation of the trainees reminded us (the professionals) of our original confusions. They often seemed to feel threatened and exposed. Some observers, before the group began, were feeling the need to cover parts of their body which felt exposed (for example, they wore scarves to cover the chest and neck), while others, during the session, seemed physically immobilized and frozen; they were not moving their head or were terrified by the idea that they might need to cough during their observation. Observers were sharing an additional worry; in these first parent-toddler group meetings they were anxious whether parents and their toddlers would come.

The observers' anxieties and fears seemed to be coordinated with our own anxiety about the survival of the program. On one hand, they were concerned whether they would be able to meet the requirements - which was associated with our

own unconscious (but also their) idealization of the group. On the other, they were worried that the group meeting would not be held, or that by just "coughing," they could "damage" the group, unconsciously coordinated with our own sense of fragility for the group and the program in general.

Parallel drop-out (trainee and family) created turmoil in the idealized parent-toddler group at all levels (parents - toddlers, trainees, coordinators, supervisors).

In the weekly supervision meeting, following the trainees' email (announcing her wish to discontinue the training), group coordinators shared feelings of tiredness and frustration for not being able to "hold" the group and ensure its continuity, regardless their effort. They expressed their anger towards the trainee who decided to drop-out. At this point, this trainee served as the "bad" object towards whom unwanted feelings of inadequacy were projected. Although it had not yet been identified and openly discussed, there was a pervasive concern: What is the cause of people leaving us? Can the group tolerate us? Can it "hold us"? Is it ultimately "good enough?" And/ or are we not "good enough" for the group?

Similar fears were acted out by a trainee during a meeting of the parent-toddler group. Before the meeting of the parent - toddler group, with two out of four families in attendance, the coordinators announced to the trainees that the fifth trainee had left (two weeks before the fifth family dropped out). The other trainees did not ask the reasons. At this point, a brief explanation of the spatial arrangement is necessary, so that the following vignette becomes clear: in our toddler group, each time two of the observers sat inside the room (to one side), while the rest sat on the stairs leading to the upper floor, from where they had visibility.

"Shortly after the beginning of the group everything is very calm. One of the coordinators feels sleepy. She looks at the observers sitting on the stairs and sees one of them bending over, resting his head against the wall, looking sick. Both coordinators are worried, they look at each other, concerned as to what is the matter. After a few seconds, the trainee raises his head, still not looking well. When the parent-toddler group ends, the trainee reports that he suddenly felt unwell and decided not to leave because he did not want to disturb the group".

This emotionally sensitive trainee communicating his state of mind by “dropping out” during the group, seemed to re-enact the sudden withdrawal of his classmate. By remaining in his place, did he express the overwhelming anxiety seeking the coordinators’ attention and care?

The first meetings of the parent-toddler group

If separation anxiety occurs in groups generally, in toddler groups this anxiety derives from the particular developmental phase of toddlers and their parents. Thus, the emotion that seems to be prevalent at these groups, in a manifest or subdued manner, is mourning. Considering the recent story of our own program, we found there were several affinities with anxiety, as this was expressed at the beginning of this year’s parent-toddler group.

During the first toddler group meetings, the atmosphere was characterized by uneasiness and difficulty “for things to move”. The coordinators felt that the parent-toddler dyads functioned as “closed systems”, with their inter-subjective relationships blocked. In the group there was something frozen, immobilized, stalled. The coordinators also noticed that group members were testing the boundaries. They were coming late, they wanted to go outside to smoke, they talked a lot on their mobile phones and brought their own snacks. It was as if they were attacking the setting in an attempt to keep “one foot out of the group”.

For Andreas’ family, separation anxiety and loss of control were pronounced in a strong way during snack time, while at first, it seemed that everything was flowing well.

”Andreas (15 months old) comes to the first group with his two parents. They look comfortable and happy to be participating. Andreas immediately begins to play; his parents introduce themselves; they are talkative and accept with enthusiasm the offer of coffee to drink. This image changes during snack time. When the mother sees the biscuits (suitable for young children) along with the fruits on the table, she panics. She says that she does not want her son to eat “those things” and talks intensely with her hus-

band. While others come to the table for the snack, the three of them remain at a distance on the cushions. Mother offers her breast to Andreas, who breastfeeds for a few seconds before heading towards the table, where he sits. His parents follow him and try to “hide” the bowl with the biscuits. When Andreas takes one, his mother is immobilized and has wet eyes. Father rushes in their big bag and brings a cracker, which Andreas refuses to take. Until the end of the session, mother remains frustrated. In the coming weeks, they keep bringing healthy snacks (without sugar and salt) for snack time, which they offer to all children.”

Although Andreas’ parents seemed open, they set their limits from the very first meeting, expressing in this way the fear and anxiety that generated from participating in the toddler group. Biscuits became the “bad” object, upon which the difficulty of separating from their child, the need to control the group and their ambivalence towards it, were projected. Coordinators felt rejected, uneasy, and worried about the impact this would evoke to the rest of the group. They had to tolerate the aggression of Andreas’ parents and at the same time they were aware of their own negative feelings. Time and flexibility were necessary on their behalf, before the parents could feel trust and allow Andreas to be more independent and enjoy the group as a whole, including its ordinary biscuits!

In the group, the parents and their toddlers were invited to meet the other members and interact with the “others”. This coexistence enhanced separation anxiety for the parent-toddler dyads. Anna and her daughter Victoria (2.5 years old) remained very close to each other for a long time, leaving no space for anyone to come near, or get in between. Any approach from another toddler and/or parent was dealt with caution and indifference. The following vignette illustrates this:

”Anna is sitting as usual with Victoria on her lap. Victoria caresses her mother’s hair and is attached to her. She asks her mother various things, to which mother responds with a low voice and head bent, making it extremely difficult for anyone to hear what she is saying. After some time, Victoria moves away from her mother and starts playing in the kitchen.

Then, Zoe (also 2.5 years old) approaches and attempts to interact with her, but Victoria has "eyes" only for her mother. At the same time, Zoe's mother tries to start up a conversation with Anna, who hardly replies. The coordinators feel a burden. Shortly after, Zoe's mother asks the coordinator if new members will join the group."

Within the toddler group, Anna and Victoria experienced great separation anxiety, which led them to nullify any space between themselves, not to be exposed to what was happening in the group. Anna and Victoria made an "autonomous" and "self-sufficient" system of their own, leaving no space for acquaintance and conciliation with others. Any steps towards the toddler's independence, was guarded against. On the other hand, Zoe and her mother, who were attending the group for a second year (as Zoe started at an early age), looked for proximity with others. When they did not get a response, they became frustrated and felt disappointed with the group which had failed to gratify that need.

Each parent-toddler dyad, as a group-member, seemed to take on a special role (as an unconscious representation of the entire group), expressing either in words or in action, a specific emotion or difficulty that concerned the group as a whole. According to Kaës (1976), the group is a body of links and mutations of the members' psyche and a supposed psychic reality shared by all the participants. This shared emotion is often expressed by a member of the group, who is taking the group in "his/her hands" and represents it. The group seems to express its emotional state through such an "ambassador", who at this moment undertakes the central role.

At the beginning of the toddler group, Nikos (24 months old) demanded the toys that the other children were playing with. At the end of group meetings, he had difficulty to leave with a good-bye. The following vignette, that took place at the fourth session, is characteristic:

"Zoe plays the drum and her mother accompanies her by singing. Nikos shows interest and grabs the drum from Zoe, who reacts strongly. Zoe's mother prompts her to give it up and offers her the accordion instead. Zoe accepts, but shortly after, Nikos again

claims Zoe's accordion. A short while later, the children are playing at the table with play-doh. Nikos leaves his own play-doh to take Andreas'. His mother sets boundaries that make him angry. At snack time, Nikos insists on drinking juice from Andreas' cup and not his own".

During these first meetings, the dominant issue of the toddler group is proximity. Through his continuous demands, Nikos expresses the anxiety of coexistence, the difficulty of sharing and the need for everyone to find a place / his place in the group. However, it seems that this tension and anxiety are not strictly his own, but also "belong" to the group. Nikos becomes the group's representative and expresses collective concerns and fears. Therefore, he becomes the toddler group's "difficult" child because he carries the "difficult part" of the group.

On the other hand, there is something common to all member-dyads within the group: they operate 'like closed circuits with interlocked relationships'. The fact that everyone behaves in the same way at the same time, suggests that what is happening is a group phenomenon. The strong consistency that characterizes the bond within each member-dyad of the group, and the looseness of relationships are perhaps two aspects of the same thing. One refers to the other, but it is also affected by it. Thus, the group coherence that is formed, looks like a "magical picture," in the sense that although it seems to be non-existent due to the looseness of the intergroup connection, in fact it is always present.

After the first group meetings and the drop-out of a family, members would alternately come late (up to 40 minutes into the 90 minute-session), not always giving notice about their delay or absence, which enhanced uncertainty within the group. They were coordinated, expressing in this way the difficulty of the group to be established despite the desire to belong and be contained. A mother at the end of a meeting said to the coordinators: "next week we might be on time or run a bit late or might not make it at all". She put into words and highlighted what was happening within the group, that is existence vs nonexistence. Furthermore, during the first 2.5 months of the toddler group, it was almost impossible to have all 4 participant families in one meeting at the same time.

Typically, 2 out of 4 families would show up, not always the same ones. At the last meeting before the Christmas break, no one showed up. In view of the first separation of the group due to the coming holidays, the members attacked the group, instead of letting themselves feel abandoned by the group, unconsciously deciding to “leave” us before we left them, taking control over this separation.

Conclusion

The way the program entered the last year of its operation allowed early anxieties to prevail and internal conflicts to be enacted. Were life and death forces in operation? Was the end of the program, and so the end of the parent-toddler groups, experienced by group coordinators, supervisors and trainees as an unforeseen attack giving rise to catastrophic anxieties? The dependence on the institution failed them. Primitive defences were employed to manage the unbearable situation. The toxic feelings against the ‘uncaring’ Clinic spread unconsciously to the function of the group. Could the group retain its containing capacity? ‘Playing and thinking together’ were overshadowed. The idealization / devaluation, of our team, served now as the main defence mechanism at all levels and for all the inter-communicating sub-groups, the way that Kaës (2009) describes this unconscious alliance (alliance inconsciente) and the ‘negative pact’ (denial agreement ‘pacte dénégatif’) to resolve the negative movements. This dualism continued throughout the year in order to manage primitive catastrophic anxieties lurking behind lesser anxieties (Bion 1966). It seems as if separation processes were taking place at different levels - among the group members, when they were sharing idealized or underestimated perceptions, with the group as a whole or within each individual member. It was like a constant ‘play’, of identifications and projections taking place on the ‘inside’, the ‘outside’ and the ‘in-out’ of the group. There were times when the participants in identification with the good qualities of the dominant group, projected the badness outside of the group in an effort to get rid of the unwanted feelings. When the threatening feelings got excessive and overwhelming the retreat to projective identification with an idealised object, exorcised the fears of chaos and extinction.

This way painful uncertainties and the eventual mourning of the loss could be avoided.

Finally, with the termination of the parent-toddler group program in June 2017 we had to face the loss of all that had been invested in the implementation of the parent-toddler groups in this institution. Vulnerability had to be contained and destructiveness to be acknowledged, so that the narcissistic wounds could be worked through. Only then a healthy mourning for the lost cause could start. This loss served as a reminder that we are not omnipotent, that our wish and effort could not be enough to keep the program running. For its existence and growth, the Clinic’s support and “nurture” (emotional and financial) was essential. This understanding brought to mind Winnicott’s (1947) quote “There is no such thing as a baby... If you set out to describe a baby, you will find you are describing a baby and someone.” The search for the ‘someone’ still goes on... The programme has to survive in finding new carers, in creating new bonds.

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Keywords: parent-toddler groups, early intervention, group processes, groupishness.

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