

“Lighting The Lantern of Love”

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Volume 9

Issue 2

Spring 2026

Keywords:

father-infant relationships,
parent-infant systemic psychotherapy,
autistic parent, bonding,
emotional spectrum, dance of attunement,
parent-professional relationships

Citation Link

Abstract

Early parent-infant relationships can come with challenges. In this co-produced article, we (Rhonda, a systemic psychotherapist, and Chris, a father) reflect on our shared therapeutic journey in the Leeds Infant Mental Health Service¹. We explore the evolving relationship between Chris and his young son, "Edward", from a numbness in the beginning where love 'ought to be' to his much-wanted feelings of love for his son being ignited.

Chris's voice is interwoven with Rhonda's reflections as a clinician. By intentionally writing together, we hope to bring to life a relationship in which theory and practice continually shape one another. After initially feeling that nothing much changed, we found a shared language that helped ignite the 'lantern of love'. Chris brought the emotional spectrum as a frame of reference and Rhonda responded to this using an integration of systemic theory and parent-infant relational work that she would call 'parent-infant systemic psychotherapy'. Finding a shared language is relevant to all relationships and particularly where autism may be part of the context. Along with curiosity and attunement in the therapeutic relationship, this shared language invited new narratives to emerge for Chris and "Edward" —and also for Rhonda, whose clinical practice was shaped and deepened by this experience.

This article opens space for stories that reflect the multiverse of human experience - where love doesn't always arrive instantly but can grow through effort, reflection, and relational repair. Ultimately, we write about relational attunement and hope. Hope that love can be found, even when it feels far away. Hope that connection can grow, even when the beginning feels fractured. And hope that sharing our story will help caregivers and professionals alike in figuring out how the 'beat' and the 'dance hall' might be shaping their unique dance of attunement - whether this is a father finding their own way toward connection with their infant or a professional navigating the embodied and contextual influences in this journey.

¹ IMHS, Leeds Community Healthcare Trust, Chris and "Sarah" have all given permission for this article to feature our experiences together.

Rhonda

An infant's experiencing of the world and their emotions takes place in relationship with their main caregivers. Through moment-by-moment emotional synchronicity, where an infant 'serves' and their caregiver 'returns', a back-and-forth rhythmic responsivity is created. This is often referred to as the dance of attunement in parent-infant relationships. Infant mental health considers how a baby can experience, regulate and express emotions within safe and secure early relationships.

Systemic rhythm in the dance of attunement*Rhonda*

Systemic approaches are well-placed to consider how a parent and infant find their rhythm and relational fit amidst the narratives (White, 2007) and social GRRRAACCEEESSS (Burnham, 2013) which influence this dance of attunement. Systemically, I would frame this dance as a co-ordinating of two persons' needs to find shared meaning and connection (Shotter, 1998), occurring within layers of context that could be understood by the Co-ordinated Management of Meaning model (Cronen et. Al., 1982). Wider political, social and cultural narratives continually shape the context in which the experience of relating to another occurs and the sense of identity that a parent brings to caregiving. I think of this as the 'dance hall' that the dance of attunement happens within, the dance hall representing the unique intersection of social and cultural influences for each family.

Within this, there are the implicative embodied experiences that also shape the dance of attunement. Shotter's (1998) dialogical ideas of witness and meaning-making help me consider how we are positioned, in any given interaction, by all that has pre-existed the moment itself, along with our biological drives. We might think of this as the 'beat' that a person hears and how we might tune into different sounds. Contextual and implicative forces (the dance hall and the beat) influence the rhythm and movement of the dance. For infants, this occurs during a period when the brain is rapidly developing new neural pathways. Although there is more than one truth about how we 'do' caregiving, research illustrates that responsive and trusted early relationships are associated with optimal social, emotional and cognitive development and can help attenuate the impact of adversity (Wave Trust, 2013; Balbernie, 2017; Fishbane, 2007). Further information can be found on the Parent-Infant Foundation website.

Becoming dance partners*Rhonda*

The particular dance that this article explores belongs to Chris, his son Edward, and his wife Sarah; a dance I joined following a referral into the Leeds Infant Mental Health Service (IMHS), where I work as a Senior Infant Mental Health Practitioner and Systemic Psychotherapist.

Leeds IMHS is a multi-disciplinary team and has been established for 13 years (being one of the first services of its kind in the UK). The IMHS supports parent-infant relationships where there are early relational difficulties, from pregnancy through to a child's 5th birthday. The IMHS offers an initial assessment followed by either a semi-structured 'core' or a bespoke 'enhanced' therapeutic intervention. This does mean the IMHS offer has a structure to it, akin to a style of dance, but within

this there is ‘freedom of expression’ where a unique rhythm can be found. I talk about this with families as ‘finding our fit’.

Chris began this dance when he shared concerns about his relationship with his son while receiving support from a Cognitive Behavioural Therapist. The therapist had attended training delivered by IMHS and, with Chris’s consent, contacted the service for advice. We recommended initial contact with the health visitor, and a referral followed. Chris, Edward, and often Sarah, and I ‘danced’ together over 13 months, for a total of 26 sessions. Chris and Edward experienced a significant shift during this time, as did I. We have co-produced this article so you will hear my (Rhonda) reflections interwoven with those of Chris.

Our invitation

Chris

During our time working together as patient and professional, Rhonda and I developed an intuitive relationship which helped us both grow in our respective roles. In May 2022, at the conclusion of our work, Rhonda and I were discussing the relative paucity of documented experiences available for fathers to reference when experiencing their own difficulties. I have an aptitude for telling a written story, and we agreed that documenting my experiences for others to share would be a positive step. That document became the basis for my contributions below. After a successful joint presentation to a Patient Experience Board with Leeds Community Healthcare, Rhonda and I began exploring the idea of developing my story into an academic article. We worked in partnership to expand and refine the narrative to include Rhonda’s experiences and observations from a theoretical perspective.

Rhonda

Chris’s reflections and his story-telling skills inspired us to share his journey more widely. Chris wrote his warm and engaging account, which we shared with other dads working with IMHS and local partner services. I noticed that Chris sharing of his story and our experiences together offered practice-driven theory to enrich what Chimamanda Ngozi Adichie might describe as a “single-story”; one that suggests parental love only arrives instantly. Instead, our experience together speaks of the multiverse of diverse and complex ways in which love and relationships are constructed. I knew Chris had a desire to publish his writings and this seemed a validating next step for us both.

Chris and Rhonda

By each bringing our respective experience and expertise to the table, we produced a back-and-forth narrative that echoes our work together. We hope to highlight how theory interacts with the lived experience and how the two positions inform one another, creating an isomorphic dance which unfolds within and beyond our sessions together. Our intention is to help, maybe even inspire, others – dads, parents, caregivers, professionals – to find their fit together and hold onto hope when it might seem like there is none.

Chris

Rhonda and I discussed anonymising my story. I have chosen to speak as myself but I have anonymised the names of my family. Years down the line, if “Edward” ever reads this story, it will most likely be because I have handed it to him. If, heaven forbid he ever finds himself in a similar position, I want him more than anyone to know what happened to me.

Our first steps

Chris

After being in various therapies and on all the medications for most of the last twenty years, the diagnosis I have attached to me is ‘treatment resistant severe depression and high anxiety’. Also, just to keep things interesting, last autumn I was diagnosed as autistic. ‘Severe’ and ‘high’ are both the most acute categories for depression and anxiety, and the treatment resistant bit means even the most powerful medications and therapies won’t have any more of a relieving effect than a fistful of Smarties. It’s how I’ve been since my late teens and, medical breakthroughs aside, how I will likely be for the remainder of my days. But hey ho, could be worse, apparently.

My story starts in November 2019, when my wife Sarah and I decided it was time to start a family. Everyone reacts to this concept differently. Some people are excited, some are nervous, some are terrified, but everyone feels something.

Except me.

The person I love most and I had just agreed to bring a life into the world, and my brain reacted with all the intensity of emotion as an offer of a third cup of tea in one morning. Asked how I felt, I could muster no more than a shrug, and even that would be an over exaggeration.

But that would all change once Sarah got pregnant, right? Nope.

January 2020 came and one morning, when two lines appeared on a white stick, I feigned a positive reaction because it was the done thing. Months passed by and the void of emotion remained. I assured myself it would change when we told people, that it would change when Sarah started to show, when I heard a heartbeat or felt a kick. All of these landmark moments in a new parent’s life came and went, all while I was more concerned with anything but what was happening to the in-utero christened ‘Pip’.

Sarah’s due date came and went. Covid19 protocols in the maternity wards meant I wasn’t welcome for the vast majority of the two weeks she, and eventually Pip spent in there together. The overriding feeling the day I got to rescue Sarah and the hiccupping bundle of blankets from Ward 36 to bring them home was one of relief. A botched birth experience had been a huge strain on all three of us, but now we were home and we could finally start being a trio. Pip became Edward, Sarah was healing, Barbara the cat didn’t seem to mind the new 24-hour household routine, things were changing everywhere. All except in my head.

My deepest fear, the one I kept from everyone, was that Edward’s birth would just be the next in a long line of defining events that came and went without making a dent in the emotional black hole where my feelings for my newborn son ought to be. That deepest fear was quickly becoming reality.

“Not everyone bonds with their babies straight away” I told myself with ever decreasing conviction. I took solace in the fact it was well-documented that it could sometimes take a few weeks, or even months before parents really started to bond with their children. That solace disintegrated as the same weeks and months passed by and with a lump in my throat, the only phrase I could find to describe Edward, was ‘just some kid in my house’.

I wanted to love him. I wanted to like him. I wanted to feel anything for him, but nothing was there. My firstborn son might as well have been a stranger. My brain conjured scenarios to toy with me. If, the next time the health visitor came, she announced that our turn as parents was up and she was taking Edward away, never to be seen again, I would not have fought the decision. It hurt so much. Often, I could barely even look at him because the pain caused by the void would reduce me to tears.

I cared for Edward like any good parent. Just because my heart broke a little more every time my brain reminded me of the void around him was no excuse not to bend over backwards to keep him safe, clean, fed and happy. I was constantly reminded of a saying ‘being a parent is the hardest thing you’ll ever do, but it’s the best thing you’ll ever do’. That balancing act every parent experiences, the physical, mental and emotional strain of raising a child, tempered by the wholly unique love only a parent can experience. For me, those scales were completely one-sided.

At the six-month mark, when I would lie in bed telling Sarah nothing had changed and admit, if necessary, when Edward was older and needed to hear his father loved him, I was prepared to lie in order to protect him from what I was, or more specifically wasn’t, experiencing. That burden was mine, not his. The idea that things would change with the advent of a particular milestone or age were now completely delusional and dismissed as such.

Something had to change, even though deep down I was losing hope that it ever would. My therapist at the time signposted me to a specialist service, the Infant Mental Health Service. I reached the top of the waiting list and in June 2021, Rhonda Mitchell entered our lives.

Not that I ever expected it to, but nothing much happened at first. I realise my mental health is quite the box to unpack on its own, never mind in the context of the void of feeling it had created for Edward.

Rhonda

Chris’s words remind me of how powerfully he experienced numbness and how much he wanted to be able to experience and express affection towards Edward. As we began to find our rhythm, I heard that Chris held well-established narratives of self-loathing and failure that dominated his daily thoughts and feelings, suggesting that he and Edward would benefit from an ‘enhanced’ IMHS offer. I would name my approach within this as ‘parent-infant systemic psychotherapy’, which as far as I’m aware, is a description of my own that I see as blending systemic theory with parent-infant relationship approaches.

Early in our work, I was struck by Chris’s thoughtfulness towards Edward; how he noticed his subtle communications and responded in a way that made sense to Edward. Yet, I heard how this was not coherent with Chris’s lived experience and how entrenched this feeling was; the responses I saw as sensitive and meaningful did not feel meaningful to Chris. And while Edward communicated a sense of safety within his relationship with his daddy by returning to him for comfort, and initiating play,

there was not that authentic, shared delight that Chris (and Edward) yearned for. Shared delight is a concept within the Circle of Security, a visual map of attachment needs co-created by Hoffman, Cooper and Powell (family therapists and a psychoanalytic psychotherapist) to help caregivers understand their children's attachment needs. Shared delight embodies how children come to know their value by seeing it reflected in the face of their caregivers, whereby parent and child communicate their connection and importance to each other. Chris could smile at Edward, but not with Edward. This spoke to me as an 'aboutness', a static reality behind appearances that 'I should smile at you because that's what is expected', rather than 'witness'. In parent-infant relationships, I think of 'witness' as described by Shotter (2005) as a dynamic, expressive-responsive intertwining of inner forms, from which relational meaning can emerge.

Exploring our dance hall

Rhonda

I noticed my internal-self wishing Chris could see the story of attunement and how Edward was responding. As a white-British female from a northern working-class background with younger siblings and cousins, I am aware of a narrative I bring at an identity level to help, even rescue, others. Wider pressures that 'babies can't wait' in this critical and sensitive period of brain development (Wave Trust, 2013; Fishbane, 2007), and the organisational culture of working in the NHS, can further influence this felt urgency. I took my preferred decentred and influential position (White, 2005) to explore with Chris where the old self-critical stories of failure came from, with the intention of co-constructing a contextual understanding of how Chris came to hold such narratives. I wanted to invite space for other truths that might exist in his relationship with Edward, bringing news of difference (Bateson, 1972) that could allow Chris to step into a different position, one that invited him to reauthor the story of himself as a father (White, 2007) and create change at a level of meaning (Cronen et al., 1982). But as Chris said above, in terms of change, nothing much happened. I began to realise that a contextual understanding was not working for Chris, or as Chris later said, I hadn't found a relevant frame of reference – he didn't want to understand himself differently, he wanted to feel differently. I was at risk of "colonising" Chris's experience of therapy (Cade, 1998, cited by Rober and Seltzer, 2010, p. 123) by working at my preferred level of context. I needed to connect with Chris in a way that could help him, not me, and this meant emotionally making meaning of his relationship with Edward. I became curious about how Chris experiences, or 'does', emotions, bringing greater flexibility to the therapy. Chris is best placed to tell you more about how this unfolded.

Finding the rhythm

Chris

I was beyond desperate for change of any kind, but for over a year, none had come. Right or wrong, feeling scepticism is only natural, but it must be resisted, or at least ignored as much as possible. You may even feel scepticism at your ability to resist scepticism. I certainly found myself devoid of any positive outlook for the majority of the time I was working with Rhonda, but I reminded myself of the lengths at which I had previously gone to convince myself that something would change because of a single event or a number of days Edward had spent out of the womb. If those arbitrary events could inspire enough hope to resist the scepticism, surely a medical professional deserved a chance?

The first, and in many ways most important step was to establish something I mentioned above, context. It's fair to say with any mental health treatment, placing the problem in a context the sufferer can follow and, crucially, relate to is critical in giving both sufferer and therapy the best chance of success. For me, the context that fit best was the Emotional Spectrum from the world of DC superhero Green Lantern.

In brief, the Emotional Spectrum assigns each of the seven colours in the rainbow an emotion. The more each emotion is felt by an individual or group, the brighter that colour's lantern will shine. I find the Emotional Spectrum fascinating, both as a story telling tool in the Green Lantern comics and as a way of explaining the workings of the human mind, so it was a natural and fitting frame of reference for mine and Rhonda's work together. Every exercise and methodology Rhonda introduced was explored and reframed to fit the workings of the Emotional Spectrum, making otherwise potentially dry or overly-psychological theory more engaging for me, the patient.

Rhonda

Chris enlightened me with the amazing concept of the Emotional Spectrum from Green Lantern (created by Geoff Johns in 2005) in DC comics. We used the Emotional Spectrum to breakdown the violet lantern of love using a polarity scale, mapping different intensities of feelings that could be constructed as love, which we drew in the moment with enthusiasm on scrappy bits of paper. We were starting to make meaning (Shotter, 1998, 2016) of the concept of love and its emotions. I realised we had to explore bottom-up, implicatively. Chris and I had to stoke the embers so that intense and overwhelming feelings became manageable everyday experiences more possible to ignite. Influenced by Weingarten (1998), who draws upon witnessing and hope and writes about the importance of the small and ordinary, I invited Chris to pause whenever he might notice a fleeting moment of 'peace' or 'niceness' (which featured in the polarity scale for love) when interacting with Edward in everyday moments.

Chris

One of Rhonda's favoured techniques was encouraging me to 'notice the moment' with Edward. By this she meant that on the very rare occasions when Edward did something that instinctively made me smile or feel happy for him in one of his achievements, I should embrace that feeling and allow it to lend its light to the violet lantern of love. These natural moments though, were far too far apart to make a lasting impact and waiting for them wasn't enough. If I wanted the change to happen, I had to make the moments happen.

A slightly clumsy, but unfortunately accurate term for this is 'faking it until you make it'. I admit I was immediately repelled by the idea of faking these moments, especially ones that could and would be emotionally charged. It felt more like deceiving Edward than faking something for myself. If I was so concerned about lying to him when he was older, how could I be ok with starting now?

Eventually, I negotiated with my argumentative conscience that I would not lie to Edward by expressing emotions I didn't feel, but would engage with him in other ways to try and manufacture those moments.

I'm going to skip ahead here a little and write with the benefit of hindsight because this is important. There wasn't one individual moment that convinced me my feelings for Edward had not only changed, but existed at all. It was a collection of a thousand little moments that through combined effort, attacked the void of emotion and chipped away at it piece by piece.

For a long time, I was much nearer to accepting that the void of emotion would never change and closer to looking for a way to cope with that situation for the rest of my life, than I was to finding a solution or a way to overcome it.

I chose to start in a simple way, by picking out a small action or 'anchor point' I could repeat as often as possible. Whenever Edward was sat in his highchair and I passed within reach, I would touch the top of his head. I didn't know it yet, but they would be the first flickers of a new lantern.

To begin with, these simple actions felt uncomfortable and forced, mostly because I was forcing myself to do them. If this was going to work, I needed to demonstrate the willpower to make it work, to resist the scepticism and keep repeating the simple actions and subconsciously build up those thousand moments.

For example, when I was changing Edward's nappy, if he was in a good mood, I wouldn't rush through it to be done, I'd take the chance to watch him giggling, watch him be happy. I thought about what I'd seen other dad's do with children in that situation and, despite knowing I would get nothing out of it because of the ever-present void, I still chose to play with him in a way that I knew he would enjoy or I had seen others do. I made playing with him part of the job. Even as I sat there watching him laugh as we played peekaboo with his legs thinking "God, I wish I could enjoy this the way Person X would", I reminded myself that he was enjoying himself and for now, that was enough.

I realised the longer I persisted in making these moments happen, the less 'force' it took. Eventually, as the months passed and the counter on those unconsciously observed moments ticked up, those moments began to happen all by themselves. They had grown from needing that push to becoming instinct. In the same way that when your baby is brand new, every nappy you change requires thought and concentration, but by the time they're a year old you do it without thinking. I didn't need to remind myself to touch Edward's head, my hand stretched out instinctively. Sometimes, it would stay a while and stroke his hair while he ate. The awkwardness that was there at the start was gone. I wasn't just doing it for him anymore; I was doing it for both of us.

To suggest this all happened smoothly would be wrong. I lost count of the number of times the scepticism was in the ascendancy and I was convinced it was all for nothing. That is the point where the context I mentioned earlier needs to evolve and expand. More than just giving me a way to digest the theory, now it needed to help me past the inevitable bumps in the road.

If I wanted to experience the results, giving up was not an option, so I needed to find a metaphor, or better, metaphors that would remind me it's ok to struggle, as long as you keep going. You need something to embody that willpower.

Fortunately for me, Green Lantern is literally powered by willpower, so when I struggled, I reminded myself Green Lantern never gives up, his colleagues Batman, Superman and Wonder Woman don't walk away when it gets tough. I turned to TV characters, music, sporting heroes, anyone I could find that embodied what willpower looked like to me in order to fuel my own resilience.

Time continued on and, not that I noticed, but the way I spoke to Edward changed. Sarah later told me, something else was there in my voice. It's strange but in months of fighting my instincts to pay more attention to the moments, I missed an awful lot of changes taking place, large and small.

It didn't hurt to look at him anymore. When he sat on my knee to be reassured or put on his shoes, it wasn't just for cold, positional convenience. My thumb started absentmindedly stroking his leg, my hand was giving him a squeeze before he hopped down.

The gut-wrenching thoughts that I felt no affection or emotion for Edward, that he was still just some kid in my house were still rooted deep in my head, but they became easier to deflect and dismiss. The same way the idea of something changing just because of a single event or passage of time used to be dismissed as increasingly delusional, now it was happening to those brutal, painful thoughts. They had become the delusions.

Lighting the Lantern

Rhonda

With hindsight, change took root when the 'lantern' entered our conversation. Our work together created space for Chris and I to construct a shared meaning of love and for willpower to take effect. For Chris, this felt like he was 'forcing' moments of connection whereas I would describe this as 'inviting', given that Chris and Edward's interactions communicated that Edward experienced his father as responsive to his cues. Edward was able to both initiate and respond comfortably with Chris, coming in to him for comfort when needed so - crucially - it did not feel forced or intrusive for Edward. The emotional spectrum helped me understand that 'forcing' was Chris' way of harnessing willpower, to overcome the hijack that old thinking patterns attempted. Our shared understanding meant we could both acknowledge the importance of willpower in embedding the alternative narrative that the small and ordinary moments were creating, forming an epistemic trust between Chris, Edward and me. I understood that willpower helped Chris commit to certain interactions like ruffling Edward's hair - in moments when Edward was relaxed and content - which initially felt forced or fake to Chris but were invitations for affection to show up. I heard recently a reframe of this phrase, 'faith it til you make it', and maybe this captures both approaches.

With willpower on our side, Chris and I noticed these moments together, we explored them, and we amplified them (Rhodes, 2008, White, 2007). One way of amplifying them was for Sarah to join our work at times in a witnessing role, further building the new narrative. Another, later into the work, was using Video Interaction Guidance to witness relational sensitivity and attunement. Outsider witnessing in this way thickened the virtuous cycle (Rhodes, 2008).

The trust we established brought, for me, a sense of hope, buoyed by Edward's continued responsiveness to his daddy. Hope fluctuated for Chris and sometimes was not there at all but I think trust helped Chris stay determined so that what he writes about now could happen.

Chris

Honestly, I can't remember what it was that made me realise something was different. Around moment 998 or 999, probably while following sixteen-month-old Edward toddling around the house,

the epiphany started. That little boy down there, the adorable one with the golden curls digging around in the pan drawer, he was my boy. I thought it to myself again and smiled. I wasn't just saying it, I was feeling it.

I began to backtrack in my head and realised it wasn't the first time I had looked at him like that. The subconsciously recorded moments started coming to the fore. I couldn't deny it any longer, I was experiencing positive emotions towards Edward. I was experiencing affection. The rewiring in my mind I had convinced myself was all but impossible had happened.

Over the ensuing days and weeks, everything I have outlined above began shifting into focus. A series of delightful revelations and happy conversations helped me realise all that background processing wasn't just working, it had worked. I've never experienced something so alien as the sudden onset of parental affection for Edward. It was so different it took me weeks to even start processing the experience.

I can't begin to describe how much of a relief it feels to be able to do just that, feel. I feel emotions about Edward now, I feel affection for him. If the health visitor from my waking nightmare of the previous year arrived to tell me it was time for them to take Edward away, I'd politely ask them to wait while I popped to the garage and got tooled up for the fight of my life. He's my boy.

That four-letter word. The one beginning with L, I feel that too. And it's amazing.

I haven't been able to bring myself to say it out loud yet, but I know in time it will happen. Ironically, I see no need to force it. I've done the hard bit, and it was hard, but goodness me, it was worth it. The love and affection I'm told all parents experience for their children that is supposed to come naturally, I had to earn through sixteen months of emotional torture, forced effort and at times, sheer bloody-minded perseverance.

When I was scrabbling around for reassurance that what I was experiencing was normal, or could possibly have a happy ending, I searched through articles about parents, especially dads struggling to bond with their children but, long story short, no one had experienced anything like as acute or long lasting as I was. So that's why I'm writing this. If you find yourself in the position I was when Edward was six months old, lost, hurting, struggling to cling on to hope, first of all I'm sorry you find yourself where you are and second, I have a simple message for you. It will get better.

I had to learn this stuff the hard way, so please let me save you having to do the same. I'm going to close with a brief overview of what I found most important when I looked back over the whole experience.

Place the problem in context. Mine was a comic book reference, but whatever works for you is best.

Resist the scepticism. This is that voice that tells you can't do it, that nothing will change and you will fail. No matter how loud it shouts or how convincing it seems, it is wrong. You can do this.

Find your anchor points. Keep it simple to start with, you don't have to hit the ground running. Choose moments where your baby is receptive.

Notice the moment. This is one of Rhonda's favourite phrases but for me, it was not always so much about noticing the moment, but forcing it to happen until it became instinct. You won't consciously notice the vast majority of those thousand moments as they happen, but even in the background,

they are all adding to the total.

Make it part of the routine. It's ok for the anchor points to feel unnatural at the start, so make interacting with your anchor points as much a part of a job as wiping their bottom or getting the spoon in their mouth.

Do it for them until you're doing it for both of you. If you find yourself in a situation like mine, I'm going to take a wild guess that your self-worth is not that great. If you can't summon the self-worth to do it for yourself, tell yourself you're doing it for them. You want to feel affection for your child, so practice by making a small sacrifice for them until it becomes a pleasure for both of you.

Do. Not. Give. Up. I cannot stress this enough. It will be hard, it will keep hurting, you will want to give up. Sometimes the scepticism will feel overwhelming, it will nearly always choose the worst possible moment to push this most sensitive of buttons, but as long as you don't choose to quit, it will get better. This is where metaphor helps so much. What works for one person won't work for everyone. Take some time to think about what or who inspires you, and when it gets tough, hold on to that thought, imagine them pushing through the problem and follow behind them.

The first sixteen months Edward spent in the world were the hardest time of my life. Mercifully, that is no longer the case, because I chose to follow the difficult path and force the change to happen, even when I didn't believe it ever could, right up until I realised it already had.

Edward and I can go forward now, and wherever we go we'll go together. Because I'm his daddy. And he's my boy.

Rhonda

When Chris's epiphany came, when he noticed that the affection was instinctive and the lantern for that "four lettered word starting with L" was actually lit, we knew we were ready to end our work together. Noticing and going through the hundreds then thousands of small, ordinary (Weingarten, 1998) but meaningful everyday moments built an alternative story that challenged the old, dominant thoughts and fuelled the emotional lantern of love.

Our dance

Rhonda

The Emotional Spectrum gave us a language that we could connect with, it was the interface between Chris's lived experience and my theoretical ideas and it kept Edward's experience central to our work. Chris gifted me a frame of reference, a language we could both understand, his expertise in his own way of being, and I received this, and framed it systemically. I had listened "at the level of the word to the possibilities for a story to pivot" (Weingarten, 1998, p. 3).

The dance I joined with Chris, Edward and Sarah has helped me reflect on the significance of implicatively finding a language that everyone can speak, to give rhythm to the therapeutic dance of attunement. After all, it is that same finding of a unique way of being, amongst all of the layers of context and feelings, that parents and infants are figuring out together. Chris and I have reflected on whether it is particularly relevant to find a shared frame of reference when working with a person

who may be autistic (Simon et al., 2020). For Chris, autism was just another of his “demographics” in our work together which invited me to wonder if finding a shared language is in fact both/and; both particularly relevant for a relationship where a person(s) is autistic and relevant to every single relationship and the particular intersection of social GRRRAAACCEEESSS (Burnham, 2013) that shape it. Finding a shared way of being, of speaking, of making sense of things speaks to me of a dialogic meaning making that Shotter (2016) would describe as the moment-by-moment responsive understanding unique to every relationship. Chris and I feel that, in many ways, this is what all relationships are about.

I continue to pay attention to context and power. For some families, alternative narratives emerge while exploring cultural expectations or intergenerational trauma (White, 2005). Each family’s unique dance hall is incredibly powerful in shaping the dance of attunement and for some, this may disrupt or reduce agency in how a caregiver might attune in the parent-infant relationship. What I took from my work with Chris is the importance of attuning to the level of context that is most relevant to the person’s lived experience. Chris has shown me that attunement in our relationship could be achieved by thinking at an implicative level, Chris had made enough sense of his particular dance hall. To be responsive to Chris’ rhythm and ignite meaningful change, I needed to consider an embodied position where the emotional experience was foregrounded. Chris’ generosity in giving, and my welcoming in receiving, centred Chris and his relationship with Edward, and decentred me, co-constructing trust in our own dance of attunement, and reducing the power imbalance that exists in a ‘professional-patient’ relationship.

It has been a privilege to witness this powerful and humbling journey alongside Chris and Edward, who now experience a shared delight. Edward is a wonderful, confident and curious child, often with a mischievous twinkle in his eye (and a willpower that reminds me of his father’s!). The Lantern of Love is lit, shining brightly from those small and ordinary yet powerful moments like one evening in November 2022, when Chris remembers how, after blowing each other a kiss goodnight, Edward’s Daddy told him he loved him.

And he meant every word.

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Acknowledgements

Chris

A world full of thanks to my wife, son and his younger sister, with whom I'm delighted to say my experiences could not be more 'normal'. Particular gratitude must also be given to my parents for their unending support, likewise to Rhonda for her guidance and assistance in creating a new dynamic between myself and my son. Finally, longstanding thanks to my twice over therapist Nicole Connor, who has given me direction and pushed me to other services where others may have cut me loose.

Rhonda

A heartfelt thank you to Edward, Chris and Sarah for welcoming me into their home and for our shared journey. A special hello to my inspirational and passionate colleagues in the Infant Mental Health Service. I have been guided in this work by the support of my supervisor Paul Stockwell whose curiosity never fails to help me generate new meaning. And I am wonderfully appreciative of my own sons and husband for grounding me in our very own lived experience.

Leeds Infant Mental Health Service (IMHS)

Leeds IMHS is a specialist multi-disciplinary team including health visiting, social work, psychology and systemic psychotherapy. IMHS delivers three key offerings:

- universal training for professionals such as health visiting, social workers, children centres, third sector services, and adult mental health around infant and toddler brain development and the importance of early caregiving relationships, so that there is a shared understanding across the city of the importance of early relationships.
- targeted consultation through reflective case discussion groups, access for advice and consultations for the professional system
- specialist direct work with infants and their caregivers to strengthen the early relationship. For over a decade, we have worked with over 1000 families experiencing difficult early relationships, with consistently high levels of progress.
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About the authors

Rhonda Mitchell qualified as a Systemic Psychotherapist in 2019 and has specialised in Infant Mental Health for over ten years. Her previous experience includes CAMHS and Paediatric Psychology.

Chris Tasker is an expert by experience, bringing a frame of reference as a 'patient' of mental health services and a father. Chris is driven to help both patients and professionals articulate their experiences and break through the barriers that might exist in the patient-practitioner relationship, and to help other parents hold onto hope when experiencing difficulties in their parent-child relationship. He is a passionate advocate for the power of context and metaphor in mental health practice.

Citation

Tasker, Chris & Mitchel, Rhonda (2026). "Lighting the lantern of love". *Murmurations: Journal of Transformative Systemic Practice*, 9(2), 23-36. <https://doi.org/10.28963/9.2.3>