



Infancy, Buddhism and Relating

Stephen Malloch – University of Western Sydney

Infants and their caregivers seek contingent, affectionate, companionable interactions with each other (Trevarthen, 2001). Within this intersubjective space, mind states are transmitted over an “emotionally regulated intersubjective frontier” through rhythms of expressive body gestures (Trevarthen et al, 2006). Trevarthen has called this process ‘synrhythmia.’ Synrhythmia manifests through the ‘communicative musicality’ of the exchanges – through their pulse, quality and narrative (Malloch, 1999). This communicative musicality carries ‘vitality contours’ (“feeling flow patterns”) of meaning, leading to ‘affect attunement’ (Stern, 1985; 2000) between the communicating partners.

The dynamics of the caregiver-infant relationship illustrates the mutual dependence of relating. Our understanding of mutual dependence can be furthered through consideration of the Buddhist teachings on the Brahmaviharas (love, compassion, joy and equanimity), anatman (‘non-self’ – the practice of seeing the ‘interbeing’ of all things) and anitya (‘impermanence’ – the practice of seeing that all things change). Considering the caregiver-infant relationship in the light of these teachings, we can gain a deeper understanding of it and all relationships.

Further, that words are unnecessary for meaning to be mutually conveyed in the caregiver-infant relationship points to understanding available to us that is not constrained by language. For example, in person-centred psychotherapy, it is the ‘personhood’ of the therapist, expressed through empathy, congruence and unconditional positive regard (similar characteristics to the Brahmaviharas), in relationship to the ‘personhood’ of the client, that is the ‘engine’ of therapy.

Still further, the importance of understanding outside of language is seen intrasubjectively in the process of ‘dialogue’ with one’s own “felt meaning” – the implicit dynamic body sense we have about a situation (Gendlin, 1982) that communicates through our own internal ‘vitality contours’.



Through considering mutual dependence and understanding not constrained by language in the caregiver-infant relationship, we can move towards an appreciation of the 'suchness' (tathata) of relating.