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Looking for the infant voice. How depth hermeneutics (scenic-narrative microanalysis) contributes to an understanding of how a child participates from the beginning of life

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ABSTRACT

The United Nations Convention on the Rights of the Child (UNCRC) gives the right to participate and be heard in situations that affect their lives to all children, even pre-verbal children and infants. Even so, infants are often denied the right to participate because they don't possess verbal language. But the last 50 years of infant research has shown how infants powerfully communicate their intentions in quite refined ways. The crux of the matter is to develop methods to find the voice of pre-verbal children, that is: to register their impact on us and decode their influence into common language and practical action. A research project building on intersubjectivity and qualitative methodology grounded in a depth-hermeneutical interpretation of narratives made by parents before and after birth of their first child is outlined. We describe the epistemological foundation and the procedures of the research project from data collection to interpretation.

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Introduction

According to the United Nations Convention on the Rights of the Child (UNCRC), children have the right to participate and be heard in situations that affect their lives. UNCRC gives the right to participate to all children, even pre-verbal children and infants. User involvement and participation has mainly been given to children with the ability to express themselves verbally, and the presupposition of words and language has excluded the youngest citizens from their legal right to partake and have a direct influence on important matters in their lives. Because infants don't use verbal language, we must develop other methods to find their voice, that is: to register their impact on us and decode their influence into common language and practical action. By 'infant participation' we mean "having an influence on infants' lifeworld, and on decisions that have bearing on infants both as individuals and as a (vulnerable) group in society". (Våpenstad & Bakkenget, 2021, p. 2). A realisation of infant participation in practices such as infant mental health, midwifery, social work, child protection and public health services, should move beyond good will, kind interest and proclaimed concern, towards a conscious and

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deliberate practice built on an explicit recognition of how infants powerfully communicate their intentions in quite refined ways. In every situation where the social worker interacts with infants and their families, it is of utmost importance that the rights of the child should guide the work, acknowledging the fundamental intersubjective way of infant communication.

Recently, there has been a promising tendency to comprehend how even the youngest children could be included in the participation and involvement paradigm (Horgan et al., 2017; Hultgren & Johansson, 2018; Ulvik, 2015). Hultgren and Johansson oppose the view of ‘participation as something that concerns decision-making, and that children’s participation is an issue of the degree to which they can share in decision-making’. (p. 1–2). And they take issue against the rationalistic or positivistic view of participation ‘as an activity carried out by competent, responsible, reflexive individuals, that is, adult-like individuals’. (p. 2). In a recent publication, von Bonsdorff (2021) argues that the modern discourse on pre-verbal children and human rights, has one major inadequacy, namely: the cardinal relational or intersubjective foundation of the human condition is fundamentally ignored. We totally agree with von Bonsdorff (2021) when she suggests that “we need a more holistic approach, which does justice to infants’ playful, interactive and affectionate initiatives”. (p. 37).

Our epistemological starting point is in accordance with modern psychoanalytic and psycho-social research highlighting the subjectivity of the researcher, the constant back and forth influence between research material and researcher, the reciprocal creation of meaning and the importance of reflection on your own listening position (Cummins & Williams, 2018; Hamburger 2017; Hollway, 2015; Holmes, 2019; Reeder, 2002; Rustin, 2012, 2019; Salling-Olesen & Leithäuser, 2018). Our research is done in line with psychoanalytic participant observation (Archard, 2020; Hingley-Jones et al., 2017; Rustin, 2012, 2019) and largely in opposition to a rationalistic, removed, and neutral recording of behaviour.

The authors field of work and research is infant mental health, child protection and public health. The first author is a Ph.D. student, family therapist and clinical child and family consultant working with infants and parents in the context of midwifery and public health services. The second author is associate professor with a Ph.D. in clinical psychology and psychoanalysis and is a clinical child psychologist and child psychoanalyst working with infants and their parents.

The purpose of this article is 3-fold. Firstly, we describe a research project with an intention to discover and describe how pre-verbal children communicate their intentions and thereby participate. This part starts with the theoretical foundations of our research, that is, intersubjectivity, depth-hermeneutics and psychoanalytic epistemology. This article is written at the start of the research project and our main interest at this point, is to explain the epistemological grounds and preliminary status before all the data material has been collected, and to inform relevant academic and professional fields, such as social work, about the project. Secondly, we try to describe more concretely the interpretation of our data material. Grounded in depth-hermeneutics and psychoanalysis, the procedure of Scenic-Narrative Micro Analysis (SNMA) has been found to be especially well suited for the task. SNMA is a specific method for the interpretation of qualitative research data. SNMA tries to ‘enhance the transparency and reduce the arbitrariness of psychoanalytic interpretation, without disturbing the unfolding of the

process itself'. (Hamburger, 2017, p. 167). Thirdly, we will describe in detail the different steps and procedures of SNMA in our project. An example from the interpretation process will be given.

Research project – theoretical and epistemological foundations

Intersubjectivity

We think that the participation of an infant comes into play not as a kind of hybrid decision-making, but as a continuous intersubjective practice of making adults more sensitive to the child's intentions and conscious of the infant's perspective. We propose that grownups could start by regarding infants as communicative and try to act as companions in meaning making. Infants are not heedless, but immensely intentional and meaning making creatures, wanting to have their view heard and legitimised. We can dive into the intersubjectivity of infant playfulness, engage in conversation and look for the impact the infant can have on us as equal participators. The key concept here is *impact*. Through engaged conversation the infant makes an impact on the adult companion (parent, social worker, health nurse, psychologist), and this impact leaves a trace in the adult containing the infant's initiative and intentions, the infant voice. The crux is how to bring forward into our adult discourse, the decoding of those (sometimes unconscious) traces of intersubjectively created communicative meaning.

At the centre of our research project is an understanding of primary intersubjectivity (Trevarthen, 1979). Primary intersubjectivity ascertain the inborn capacity to engage in co-created conversation with caregivers from the very start. In delicate and quite sophisticated patterns of interaction, the infant not only respond to, but also takes the lead and influence the caregiver's communication. Infants act as if they care about what's going on in their surroundings. An intimate and caring relationship to the caregiver, would be impossible without the intersubjectivity revealed by their teeming but directed emotional expressions.

In the words of Trevarthen and Aitken (2001, p. 6), summing up the research on infant intersubjectivity and communication: 'Importantly, the behaviours selected to define the infant's intersubjectivity – the ways the infant look, express their feelings in face and voice, how they gesture and move in rhythmic cycles to accept or reject contact – were homologous with behaviours that are essential to the elaborate intersubjectivity of all collaborative intentional activity in adult society, including live conversational language'.

Interpretation through intersubjectively created narratives

What we say or communicate will never be a product only of a single mind, our narratives about the world can never be constructed in absolute solitude. So, when a caregiver tells a narrative about her young child, she speaks on behalf of the child. The voice of the child could be traced in the caregiver's ability to elaborate and interpret via her narration of the interaction with the child.

The making of a narrative about an infant is not an invention or explanation of what is 'going on inside the infant's head'. Instead, the narrative creates a meaningful account of

what is going on in the world surrounding the infant, and this is a shared world, because the adult inventor of the narrative is existing in the same world. Therefore, the narrative appears to us as a fundamental example of intersubjectivity since it embraces a sincere and first-hand understanding of the Other's life and responses. In this way the child's actions may be imprinted in the adult narrative. Focusing on a narrative framework activates our subpersonal mechanisms for imitative and emotional responding, because it embodies our engagement and creative, say lifegiving, potentials (Currie, 2007).

We should regard the narrative as a primordial path for the infant to put his/her reasons and intentions into adult language. The grownup speaks on behalf of the child, directly and unconsciously. Intersubjectivity claims that it is not feasible, or even favoured, to separate what's mine and what's yours, but that it is co-authored, more like a third entity (Benjamin, 2018; Ogden, 1994). Therefore, we can proclaim that the voice of the infant is embedded in the voice of the adult as the latter declares the narrative.

Interpretation in action – not (based) on observation only

To decode and unravel infant behaviour is not a recent undertaking. Basically, we can divert the interpretation of infants into two quite different procedures. The first approach bases its interpretations on (a sometimes detached) observation of signs. An example from this approach is the NBO (Newborn Behavioural Observations system), a relationship-based tool intended to help parents better realise and understand their newborn (Nugent, 2015). The second approach emphasise the fact that human interaction is basically understood as embodied participation and mutual meaning making, what De Jaegher and Di Paolo (2007) call 'participatory sense-making'. Human beings understand and interpret each other through coordinated action and interrelated performance. The knowing of the other happens in acting, not in isolated or detached interpretation, or we could say: the interpretative part comes much further down the road. Our project is heavily embedded in the second approach because we realise that the interpretation of infant communication and participation has to be created and understood intersubjectively. 'It is precisely this element of intersubjective communication (more controversially, "unconscious to unconscious communication") that is reflected in the first-person account [narrative], with its use of "subjective" and evocative language where "every word is loaded with a penumbra of implication" (Bick, 1964)'. (Price & Cooper, 2012, p. 57). We support infant research based on observation, for instance the research by Beebe and others (Beebe, 2014; Beebe et al., 2010), but we think that participatory sense-making and methods based on participatory observation, should contribute significantly to our understanding of infant communication.

Modern psychoanalysis, often named the 'relational turn', proposes that subjectivity is interpersonal from the start of life and reject the intrapsychic understanding of the mind uphold by psychoanalysis for a hundred years. Karlen Lyons-Ruth (1999), staging relational psychoanalysis, declares that 'Recent psychoanalytic theory has moved increasingly towards a relational, intersubjective and social-constructivist stance' (p. 576), and she proposes the concept 'two-person unconscious' as an alternative to the Freudian intrapsychic 'dynamic unconscious'. The two-person unconscious inhabits implicit and procedural knowledge. 'Procedural forms of knowing are not only infantile but are

intrinsic to human cognition at all ages and underlie many forms of skilled action, including intimate social interaction' (Lyons-Ruth, 1999, p. 579). Procedural forms of knowing includes interpretation of infant communication. The practice of generating intersubjective understanding demands a sustained focus on the infant's initiatives, because these initiatives embody the child's communication of his or her intentions. Without recognition of one person's (the infant) disclosures by another (the parent), no intersubjective regulation of emotion is conceivable.

As a practicing psychoanalyst, Lyons-Ruth knows very well the 'active negotiation and repairing of miscues, misunderstandings and conflict of interest' (Lyons-Ruth, 1999, p. 584), that are inherent in every psychoanalytic relationship between patient and analyst, infant and social-worker, and in every parent – infant dyad. And we could add in every relationship between researcher and research material.

The goodness of fit of the parent's scaffolding activity depends on the parent's ability to develop a sense of the infant's current cognitive capacities, developed likes and dislikes, and store of past experiences. That this knowledge is difficult to attain, approximate at best, fraught with error, and subject to constant revision makes this a challenging process and one easily open to distortion and misattribution by the parent. Another's mind is a terrain that can never be fully known. The difficulty of knowing another's mind guarantees that communication will be fraught with error and require many procedures for disambiguating messages, detecting and correcting misunderstandings, and repairing serious communicative failures (Lyons-Ruth, 1999, p. 584).

Interpretation in action, as Lyons-Ruth so pertinently describes, gives us no guarantee of a flawless understanding. Researchers can miss the target, and, as social workers know very well, parents can too. A parental narrative can be 'fraught with error' due to the parents' 'off the rail's' projections and degree of emotional disturbance. Such a narrative shows the parents' distorted representations of the child and not how the infant participates in the making of an intersubjectively created story. There will be no parental narrative completely free of distortions, we must live with the fact that the narratives can only be more or less representative of the infant's participation. Below we try to describe how SNMA can help us search for the infant voice in this messy landscape.

Research project – data collection and interpretation

Data collection

The data material in our research project consists of videotaped interviews and conversations between parents and a professional (midwife, health visitor) during pregnancy and again around six months after birth. We emphasise that the interview should be included in the everyday work with parents during pregnancy and the first year of infancy, in the Norwegian public health care system. The professional is given a loosely formulated interview guide meant to invite and encourage the parent to elaborate on central topics and ideas regarding the foetus/child. The two videotaped interviews (one eight to twelve weeks before birth and the next six months after birth) will take about 20 minutes and the audio will be transcribed. Between 15 and 20 parents will be included in the project. Only parents without any identified mental or somatic health issues are included. This is the first time we try out a depth-hermeneutic method to identify the

infant voice in adult narratives. We suppose that the infant voice comes forward more obviously in the narratives of ordinary parents. In a follow up study, we plan to use the same method to interpret narratives from parents belonging to a clinical population more in line with the ones encountered by social workers and health care professionals.

The research is done in cooperation with the public health services and midwifery section of Kristiansund municipality on the west coast of Norway. Apart from the video camera present in the room and the fact that the parents must give their written consent to participate in the research project, we try to collect our data, the parental narrative about their (coming) child, from a situation as equivalent as possible to a naturalistic context. In the second interview, carried out when the child is about six months old, the infant will not be present in the room. The infant's presence could interfere heavily on the parents' ability to convey what and how the voice of the child rests inside them, on the health care workers ability to focus on the interview guide, and on the researchers trying to interpret the video material. This may come as a paradox because what we want to demonstrate is exactly the interference or impact the infant inflicts on parents and health care workers 'live-in-action'. But the main form of impact that we are looking for at this point, is the one that is stuck inside the parents after pregnancy and six months of intersubjective co-existence.

Depth-hermeneutics

Based on the theoretical and epistemological foundations described above, we wanted to find a scientific method capable of identifying and understanding the infant voice in the parental interviews. In the tradition of psycho-societal research, there is a body of methods based on the depth-hermeneutic understanding of German psychoanalyst and sociologist Alfred Lorenzer (1970, 1986). Psycho-societal analysis works on the apprehension of a decisive unconscious part in human existence, manifesting and representing itself in innumerable forms, even though being invisible, unobservable, and unmeasurable.

Depth-hermeneutics emphasise the subjectivity of the researcher, the continuous back and forth influence between research material and researcher, the relational or mutual creation of meaning and the importance of reflection on one's own listening position (Cummins & Williams, 2018; Hamburger, 2017; Hollway, 2015; Holmes, 2019; Reeder, 2002; Rustin, 2012, 2019; Salling-Olesen & Leithäuser, 2018). Trying to understand the unconscious influence on human relations, Lorenzer underlined the importance of *scenic understanding*, meaning a process of translating or interpreting patterns of action into impressions and scenes that can be named (Bereswill et al., 2010; Leithäuser, 2013; Morgenroth, 2021). The scenic includes the holistic aspect of experience, the visual, senso-motoric and emotional.

A depth-hermeneutic approach to our data material, the narratives created from the interviews between parents and a midwife/healthcare worker, entails looking for the scenic in the material, that is, the amalgam of a logical or conscious understanding and an unconscious scene containing implicit or procedural forms of knowing. Devereux's (1967) groundbreaking work on counter-transference reactions in social research paved the way for an increased interest in psychoanalytically informed research methodology (cf. Cummins & Williams, 2018; Frosh, 2010; Hollway & Jefferson, 2000; Holmes,

2019). Depth-hermeneutics gives us a useful and necessary tool to tap into the subjective reactions of the research team struggling to grasp the voice of the infant in the parental narratives, because infants participate and communicate their intentions through the same subjective reactions. Through their emotional reactions, the researchers become participants in the scene captured by the narrative (as seen on the video or transcript) and thus in the unconscious intersubjective scene of pregnancy or parent-infant interactions.

This type of hermeneutic work presumes that the researchers are inclined and able to undertake a process of critical self-reflection and introspection (Finlay, 2005; Morgenroth, 2021). The self-reflective part is a conscious act, while introspection is a search for intrapsychic roots of unconscious relational or intersubjective experiences or scenes. The latter often implies help from the outside, that is, other members of the research group. According to Morgenroth (2021): 'What follows from this is that scenic understanding is essentially a hermeneutics of intersubjectivity'. (p. 11).

Scenic-narrative microanalysis

Scenic-narrative microanalysis (SNMA) is firmly rooted in a depth-hermeneutical way of interpretation. SNMA was first developed, as a central part of the Yale video testimony study (Laub & Hamburger, 2017), to analyse and interpret videotaped interviews of Holocaust survivors. Lately, SNMA has been applied in different types of clinical and conceptual research (Blattmann et al., 2021; Hamburger, 2017). The main task of SNMA is, through an intense process of interpretation in a small research group, to identify scenic or intersubjective now-moments (Stern, 2004) in different types of narrative material (Hamburger, 2017). And those now-moments can be the embodied co-creation of knowledge and the participatory sense-making between parent and infant (as described above). SNMA comply with the claims of reliability and validity in qualitative research (Hollway, 2008; Kvale, 1989; Miles & Huberman, 1994; Winter, 2000) and puts great emphasis on the countertransference scenes (Holmes, 2014; Jervis, 2009) produced by the research process.

As illustrated in [Figure 1](#), we try to show how the impact (impact A) between infant and parent, is embedded in the parental narrative produced in a story-telling context made available for the parent by the midwife, health worker or social worker. And we continue to look for the infant voice in the videotaped sequence containing the parental narrative. Our hypothesis is that this videotaped sequence contains (at least some) traces of the infant voice and can elevate through its impact (impact B) on the researchers. This is how impact A and impact B will be related.

Based on Blattmann et al. (2021) and Hamburger (2017) we founded an interdisciplinary research group consisting of four members and constructed the following four steps to identify and interpret the intersubjective now-moments in the parent – midwife/healthcare worker conversations.

First, the videotaped interviews are equally shared between the members of the group. In solitude, each member through controlled subjectivity, studies thoroughly the interviews they have been assigned and prepare one short sequence from the material. The group member selects a part of the interview that evokes a reaction, a provocation or disturbance. This can be of any kind: anger, irritation, confusion, but also joy or excitement. It may also be an empathic response of sympathy, care, sadness and so on.

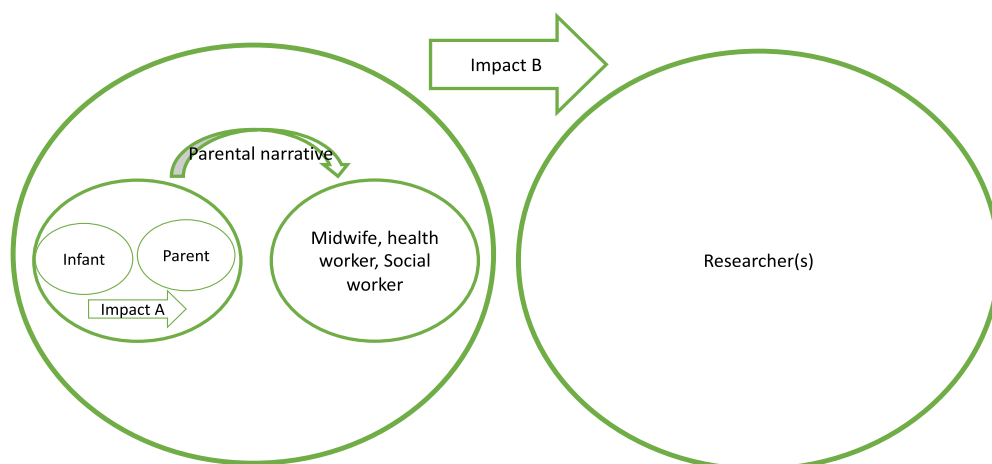


Figure 1. Based on Våpenstad and Bakkenget (2021, p. 9). The infant or foetus has an impact on the parent – the parent makes a narrative in a natural setting together with a midwife, health worker or social worker – the videotaped sequence containing the parental narrative and the whole setting (scene) has an impact on the researcher. Through interpretation of the videotaped sequence, the researchers are looking for the connection between Impact A and Impact B. As Freud (1915, p. 194; italics in original) said: “It is a very remarkable thing that the *Ucs.* [Unconscious] of one person can react upon that of another, without passing through the *Cs.* [Conscious]”.

After finally deciding for a single part of the videotape, the group member makes a written transcript of the short sequence (between 60 and 120 seconds). The chosen sequences from each videotape are treated as narratives with scenic importance.

Second, the research group stages one or two meetings to discuss the sequences prepared by each member. The group sticks to a rather tight procedure diving into the sequences one by one. The four members alternates in the role of moderator (the owner of the sequence), timekeeper, reader parent and reader midwife/healthcare worker. The total amount of time for each sequence is no more than 30 minutes. The work starts with a playback of the sequence followed by a round of spontaneous emotional reactions. At this stage the research group tries to avoid interpretation or clever understanding and strive to stay with the emotional or counter-transferential provocations made by the narrative extract. The next step is a reading of the written transcript by two of the members, followed by a new round of spontaneous reactions. From here the reactions of each member are compared, discussed, and debated. The group oscillates between self-reflection in each member, a collectively aided introspection of the reactions of each member and a digestion of the debate in the group. The urge for rationality and consensus can be quite strong at this point, but the group tries to find a balance between keeping up the tensions evoked in the group, and the drive towards abstraction, and interpretation. We want to establish a situation in the group paralleling the scene of integrated senso-motoric, emotional, and cultural interaction found in the infant-parent and parent-professional interaction (Figure 1).

The embodied co-created knowledge can emerge through postponing the cognitive interpretation until the group has unconsciously formed a scenic experience from the videotaped narrative. There should be no secret, but this can become a quite disturbing

and emotionally demanding process for the members of the research group, and this is, to some degree, necessary to grasp the unconscious layers of meaning in the material (Blattmann et al., 2021; Salling-Olesen, 2013; Salling-Olesen & Leithäuser, 2018). The group must tolerate the emotional temperature of the debate, and at the same time facilitate a reflection around the possible meanings of the counter-transferential reactions. The group will need a containing environment (Gripsrud et al., 2018). The motivation among the researchers and their investment in the search for the infant voice, can be a significant driving force, carrying also containing qualities and an increased ability to endure the emotional disturbances created by the material and the group discussions.

Through the mutual containing in the group, the research material is also contained. The group indirectly contains the foetus/child, parent, midwife, and health worker (see Figure 1). This type of containing is not a passive storing of emotions, but an active process or interpretative movement (Hollway & Jefferson, 2000; Våpenstad, 2017) in search of the infant voice.

Sticking to the timetable, the group uses the last five minutes to try to reach a consensus, looking for potential cultural conflicts (Salling-Olesen, 2013) and plays through the videotaped sequence once more to assure their interpretation.

Third, the main researcher (first author) equipped with the minutes from the group meetings, goes through the whole videotaped material again to look for further evidence of the findings from the group interpretation.

Fourth, the main researcher makes a conclusive review of the research material, if needed in cooperation with the rest of the research group.

Below is an example from a meeting in the research group, using SNMA according to the principles outlined here.

An example of depth-hermeneutical interpretation using SNMA

To illustrate the interpretative process in practice, we will present the raw-material from an identified sequence in one parent – midwife conversation.

The mother sits beside the midwife's desk much the same way as she would do at her GP's office. The mother is dressed in black from head to foot, her hair comes down around her shoulders and she wears glasses. She gives a rather pale and depressive impression. The dialogue is quite constricted and carries some tension and anxiety.

Transcript from 2.35 to 3.45 (approx. 70 sec.):

Midwife (MW): 'how would you describe your child just now in the pregnancy? Is it a child that already *is*, or a child *to come*? A difficult question but is it *there already* or is it someone that comes to life later?'

Pregnant Mother (PM): 'it is someone that comes later I think I find it overwhelming when I sense the kicking, but at the same time it is hard to think of it as our daughter I feel something towards this thing, but I wouldn't call it love'

MW: 'it is just there?'

PM: 'what should I say ? Yes, it is someone there, but we don't know her yet They say you can feel attached to the child in your womb, but I haven't'

MW: [interrupting] 'you are not there yet?'

PM: 'I am very pleased, everything is going fine, and we are looking forward to her arrival'

MW: 'the situation is special, caused by your illness, you know.'

PM: 'yes, yes, but I find it hard to attach to something you cannot see or clearly feel, I'm aware of her, but I cannot see her with her feet and everything'

MW: 'It will be more of that later on in pregnancy you know, when the kid grows you can have a stronger sense of it, or it shows more'

PM: 'yes I feel it , but this is mostly on me '

The initial round of spontaneous responses revealed some quite strong emotional reactions to the sequence. All the group members felt the tension in the conversation, but in two different ways. Two of the members noticed a kind of irritation towards the midwife and sympathy towards the pregnant mother. The other two experienced the same kind of tension in the sequence but was more sympathetic of the midwife's position.

An engaging debate followed for the next 15 minutes, arguing for and against the midwife's tendency of shutting down or hindering the pregnant mother's delicate struggle to make a verbal narrative of her experience of the foetus as an intentionally communicating subject. Through self-reflection and introspection, the two group members provoked by the midwife, understood their provocation as a reaction to what they perceived as the midwife's repression of the pregnant mother's utterances because they aroused anxiety in both. The midwife's retreat into an attempt to medicalise her language, seemed to repress or deny the mother's wish to include her child in an inter-subjectively informed narrative. The child entered the conversation as a real entity through primitive anxiety in the pregnant mother. The basic tension in the sequence manifested itself as the potential to give the foetus a voice but having to contain the anxiety to achieve this. The two members more sympathetic towards the midwife, centred their interpretation around what they felt as a struggle for common ground between midwife and pregnant mother, as the anxiety for the unknown (the foetus/future child) entered the room. The whole group was able to identify this 'struggle for common ground', as a paralleling in the group of the scene of integrated senso-motoric, emotional, and cultural interaction found in the child-parent and parent-professional interaction. The group agreed that this moment in the material could be regarded as a sign of a more common cultural struggle or conflict around the choice of language to grasp the experience of pregnancy and childbirth. The midwife seemed to shift into a medically informed dialogue, causing a counter-reaction in the mother who wanted a more phenomenological way of understanding her situation.

The next five minutes, the group tried to work out a description or consensus on what could be regarded as research findings. The group agreed that their difference in spontaneous reactions to the material, and the subsequent discussion, revealed a tension or counter-transfereential provocation. This was identified as one research finding and written down with bold letters in the minutes. The interpretative work leading to consensus was not based on a negotiation where all the group members had to agree on a single understanding of the narrative sequence. Instead, consensus was

achieved when the group agreed on the identification and interpretation of the disagreement in the group, as an expression of scenic understanding. The scene had moved from the parent-foetus relationship, via the parent-midwife interaction, into the Scenic-narrative microanalysis of the research group (see [Figure 1](#)).

The heading for the last five minutes was: can we identify traces of the infant voice in the videotaped narrative and/or the group discussion? The revealed tension between anxiety leading to repression or curiosity, could be regarded as an intrinsic motive for companionship (Trevarthen, 2001) or as the foetus wanting to initiate an early form of participatory sense-making (De Jaegher & Di Paolo, 2007). The forthcoming citizen tries to make the world aware of his/her arrival and to contribute to a narrative able to include an endless curiosity. The demands of sustaining a state of mind involving not-knowing and negative capability (Bion, 1970) in the midwife – pregnant mother dyad, is enormous, and on a societal level, we could sense a quite typical strain on maternity care, trying to balance an objective medical information processing against the pregnant mother's need for a professional to contain her emotional conglomerate of joy, curiosity, excitement, doubt, fear, and so on. The group agreed that infant participation starts here.

To round up the interpretative work, the group watched the videotaped sequence one last time to confirm the interpretative conclusions. The timekeeper ended the session at the 30-minute mark, and after a short brake, the group buckled down to the next videotaped sequence.

Conclusion

In this article we propose that a child is born narratively before its actual birth, and this narrative birth has great importance and influence on the child's development of a subjective sense of self. We are in the middle of analysing maternal narratives from pregnancy and we have discovered that they contain powerful examples of the infant voice, or at least the foundation for future infant participation. Scenic-narrative microanalysis, rooted in depth-hermeneutics, helps us to understand the many layers of meaning in the pregnant mother's narrative about her coming child, and thereby the indirect ways in which the infant voice intersubjectively emerges in the research group. We hope to have illustrated the usefulness of scenic-narrative microanalysis in containing and understanding the ambiguity of language, and in searching for the intersubjective communication hidden in the lexically dominated dialogue between midwife and mother-to-be. The next step in our project is to apply scenic-narrative microanalysis on maternal narratives produced after the child is born and has been given the chance to influence directly on its own life story.

Disclosure statement

No potential conflict of interest was reported by the authors.

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