

THE RELEVANCE AND IMPORTANCE OF INFANT OBSERVATION: ATTENTION, LINKING AND CONTAINMENT - LEARNING FROM INFANT OBSERVATION

1. Introduction:

The aim of the paper is to link three areas of infant observation:

- as a training method which develops professional capacity,
- as helping psychotherapists understand the infant in the older client/patient
- and as a method of generating knowledge about infancy and parent-infant relationships

My experience of infant observation – over the past 25 years – is, firstly, of having undertaken 5 infant observations for a PhD later published as ‘Growth and Risk in Infancy’ (Briggs1997), then teaching and supervising clinical trainees, applications to wider professional contexts, and I continue to research using infant observation.

Infant Observation is now something of a phenomenon; it is practised globally, from Peru to Perth, Brazil to Bologna and of course it flourishes here in Sydney. In its original form and purpose it continues as a training experience for psychotherapists, it has been adapted and applied to aid the training of health and social care professionals – in my profession, social work, for example, infant observation has a central place on Tavistock University of East London social work courses. It has been used as a form of therapeutic intervention (mainly in Italy) and the method is used to observe not only infants, but people throughout the life course in a range of settings; young children (of course), the elderly – one of my doctoral students wrote a thesis based on observations in their families of severely learning disabled young adolescents (and I will mention more of this study later). The extensive applications of the method and the knowledge generated thus are reported in ‘The International Journal of Infant Observation’. Increasingly, this method of observation is being used as research method generating a distinctive’ experience near’ methodology (Rustin 1997, 2006; Briggs 1997, 2005, Urwin 2007, Urwin and Sternberg 2012).

A few comments on the historical context: The Infant Observation method is synonymous with Esther Bick, who originated the approach 60 years ago. It is important and interesting to note that at the time –the late 1940’s - there was a great deal of interest in observing infants and young children, including the observations of

Anna Freud and Dorothy Burlingham in the Hampstead nurseries. John Bowlby – who supported Bick’s proposals – was also involved, with Joyce and James Robertson in developing direct observations of infants and young children – and these would be seminal in a different way. The videos of young children in hospital or in brief separations made a significant difference to the way children were treated in response to separations.

The differences between the Bick method and these other kinds of observation are, firstly, that she decided to have the observations take place in the family home, once weekly, for an hour, for 1 or 2 years, and secondly, that Bick aimed not so much to develop a new theory about infants and problems of young children (like Bowlby) or to change social policy (like James Robertson) but to provide a training experience for therapists, seeing babies and their parents ‘in the flesh’ so to speak, to make theory come alive and experiential; the idea is that the observer learns by having the opportunity to see at first hand “vividly, the infantile experience” (Bick 1964).

Esther Bick’s own descriptions of the model still provide the best introduction to understanding its essence; I will therefore link Bick’s writing on observation to the themes for this paper.

2. Training in observation for clinicians

The features that are central to the Infant Observation method as developed by Bick are these:

1. Free floating attention, – that is encouraging in therapists the capacity for this special kind of ‘attention: scanning one’s mind when observing, being close enough to experience (and relate to) others, and far enough away to have space to reflect.
2. being available for the ‘intense emotional impact’ of being within a family with a newborn baby,
3. not taking notes during the observation, because (as Bick wrote) it interferes with free floating attention and is ‘unsuitable and disturbing’, and ‘prevents the student from responding easily to the emotional demands of the mother’ (p38),

4. 'learning to watch and feel before jumping in with theories, to learn to tolerate and appreciate how mothers care for their babies and find their own solutions'.

The seminar in which the recordings of the observations are discussed holds a central place in the method: it was the purpose of the seminar to make sense of the observations. Seminar leaders do this in different ways – some follow a reading of the account of the observation with an open discussion of what all members in the seminar feel on hearing the account. Others focus on the detail of the account and the feelings are drawn out from the material.

The observer was encouraged to closely attend to detail and write an account that is descriptive, and which is not interfered with by the use of interpretations and theorisations. In fact, as Bick was aware, it is not quite so simple as this, as all description includes something of the observer's experience, as seen in the choice of words, or emphasis, or actually the way that a sequence is constructed. For example, Sandy Layton's account of her first meeting with the baby she was observing, when he was 5 days: this is a Bangladeshi family in East London:

"Azra (mother) wanted me to see his face and turned him towards me. His forehead creased and his eyes, which had been closed, began to open. His eyes widened showing their whites, (I thought that he looked alarmed). He looked round the room, still showing the whites of his eyes. He had a yellow tinge to his complexion, which made the skin on his face glow. His gaze was steady and he looked at me. He began to open his mouth as though yawning and then closed it again and repeated this several times. He looked at Azra stretching his head backwards in order to see her" (Layton 2007 p 257)

This is very descriptive, detailed, closely attending to the fine detail of the infant's appearance and movements – just as most seminar leaders request (or demand!). But nevertheless the observer's emotionality and subjectivity do enter the scene (she has a thought about the infant's anxiety, and also she later implies causality, 'in order to'). These moments of the subjectivity of the observer appearing in the narrative are not 'wrong', but rather they offer the opportunity for understanding something that is happening in the interpersonal, emotional experience between observer and observed.

Bick's own students were allowed –shall we say – literary flexibility. She appreciated the observer's intuitive in-touchness with early infantile feelings, often expressed in metaphor. One of the most cited examples – and one which became important theoretically – is the observer's¹ account of the baby who 'when put down his hands and feet flew out almost like an astronaut in a gravity-less zone" (Bick 1968). The interest in astronomical metaphors is evocative in these years of space exploration!

So, it is possible that the emotional experience of the observer could distort the meaning of the observation - but it can also facilitate a way of learning, if the nuances can be attended to. Clinicians thus learn about the use of the countertransference in a setting –an observation – which is not one where any responsibility for actions rests with them. Being free from the responsibility of intervening, the clinician is both denuded of the 'clothing' of the profession – interpretation making, and other professional actions – and this can increase anxiety – and also relieved of the responsibility for the participants, except in an ordinary human kind of way.

The intense impact of very early emotions unsettles everyone in different ways and also generates some intense identifications –with infant selves, or with the mother. Alongside experiences in analysis and supervision, these exposures to very early feelings provide the sense that in all areas of therapeutic work, there is an intersubjective encounter taking place and that the therapist is very much part of this; and the reflective process of looking at feelings thus becomes clearly essential to the process. Alongside this, the student learns that having a partial view of the whole is more likely than understanding everything at once. The observer is actually required to be able to be responsive to both the mother's and the baby's emotional experiences, a 'double pressure' as Margaret Rustin identifies:

“Bick describes two features, which could become significant pressures on the observer, the first to 'augment the vitality' of the depressed mother², and the other to 'identify with the baby's resentment'. Here is the characteristic double pressure of the

1 The observer was Dilys Daws, who became a most influential child psychotherapist (Rustin 2009)

2 Though Bick did not set out to discover, through research, she had the hypothesis that the mother's tendency to depression after the infant's birth was commonly encountered

observer's responsiveness both to the mother's state of mind and to the baby's"
(Rustin 2009 p33)

The observer's experience of observing babies is what Cathy Urwin called the exposure to a 'maelstrom of feelings' from which exposure is facilitated 'the development of capacities essential for psychotherapeutic work'(Urwin and Sternberg 2012 p3). This links closely with the view of counter transference in clinical work, that it is a way of accessing emotional communications from patients in the clinical setting and – in the observational setting – it is understood through the idea that babies communicate through requiring their mothers to take in intense emotional experiences, modify, process and digest these experiences, providing containment (Bion) and holding (Winnicott) as it were in their behalf.(2012 p3). Isca Wittenberg has very recently put it like this:

“Bion's concept of containment, that is the need for the infant's inchoate, primitive feelings to be transformed by the parent's ability to attach meaning to them, make them more bearable, has been widely accepted and recognised as being vital to the baby's development of a secure inner world. On the other hand the projection of negative, unwanted aspects of the parent's personality into the baby has serious adverse effects on emotional development which may last a lifetime” (Wittenberg 2013, page 110)

Reverie, the parent's ability to make sense of the infant's inchoate feelings, means being able to tolerate 'not knowing' or not reaching conclusions prematurely about the meaning of the baby's behaviour; reverie has often been described as 'negative capability', a capacity to 'not know' before experiencing and therefore being able to learn from experience.

The idea of negative capability was introduced into psychoanalytic thinking by Bion, and has been quoted very frequently since. He quoted Keats saying that cultural creativity – most notably in Shakespeare – is the achievement that follows having negative capability, that is when someone is “capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason”. In his book, 'Attention and Interpretation', Bion describes a 'state of patience' which is an analytic position: “Patience should be retained without irritable reaching after fact and

reason”, he wrote (p 124). In Bick’s model of infant observation, one of the aims is the observer/therapist’s understanding of and attainment of a ‘state of patience’.

Clinical applications

Putting this into clinical contexts, one of the things I have found most helpful from having had the experience of infant observation is being able to ‘sit with’ children and young people when I have not the faintest idea of what’s happening or what to say! Which happens a lot! This does not usually reduce the horrible feeling of discomfort in these moments, if anything it intensifies it. Moving into ‘infant observation’ mode means that although there may be less ‘action’, the internal state of the observer is extremely active, and – often by ‘hanging on’ some processing takes place. It helps to not try to ‘put things right’ so to speak prematurely. And, when supervising trainees working with adolescents in particular, I have frequently suggested they should ‘do some infant observation’, when the therapist has felt unsure how to be with the patient. This also has the effect of putting the therapist in touch with the infantile in all its actual forms – smell, sound, images of babies’ bodies, and the emotional experience of being with a baby. It leads to the therapist following closely the bodily states and changes of the patient, really bringing these into the foreground of the session, in the therapist’s mind. Usually the therapist reports a more meaningful experience in the session, and less anxiety about ‘not knowing’ what to do.

An illustration of the links between observation and therapy can be provided by a boy I saw between the age of 8 and 10 years, for which I was supervised by Gianna Williams. George had severe eating difficulties- he would eat only pasta, bread and parmesan cheese, and these could never be eaten in combination – a regime of dry and desiccated food, which externalised his need to keep his objects apart; he was reluctant to eat food with a sense of life (vegetables, meat) or where there was a mixture (sandwiches).

He was quite opaque in his communications with me, and infants came into my mind frequently in the sessions with him. He would contrast quite strident ways of talking, which often included violent phantasies and acts, with a completely opposite wistfulness. For example, in an early session:

“He told me he will make a paper aeroplane and set it alight, and throw it. His voice was strident and his eyes lit up. He abruptly looked down and was quiet. He looked up at the picture on the wall and began to hum a tune and then his mouth made sucking movements. His head was turned away from me and he seemed engrossed. Then, drifting back he caught sight of me in the corner of his eye and stopped his sucking movements. While he was quietly sucking, I felt I was seeing an infant who was quite fragile and this made me feel I should be quite cautious with him, and try to protect the vulnerable side of him” (Briggs 2004, p73-74).

We can also note the abruptness of the movement between two contrasting states of mind – the strident and the reflective (in a kind of reverie) – and how this took part in my presence. But the conscious awareness of my presence was persecutory and broke the link in his mind with a maternal object.

A key aspect of the therapeutic process was the sense that it was difficult for him to take in very much from me –so his feeding pattern was replicated in the transference, and in my counter transference I frequently felt a sense that I could not formulate what to say to him – as though linking thoughts together was not possible. He needed to take his ‘therapy food’ with a ‘coffee spoon’ size interpretation.

He seemed therefore to be a boy whose infant had ceased to be able to process what he needed to take in, and who had developed a ‘no-entry syndrome’ (Williams 1997). We did learn from his mother in fact that he had fed well from the breast until around 6 months but he had not managed weaning at all well. He had teethed several teeth at once giving him a ‘mouth full of teeth’; later he talked about his identification with sharks, which were, he said, malignant creatures.

George’s feeding difficulties thus evoked feeding difficulties in infancy. In my study (Briggs 1997) I identified two constellations in babies with feeding difficulties: a hard and resistant ‘food refusal’ – in which the baby was very ‘muscular’ (as described by Bick) and a ‘floppy’ presentation, in which the baby would appear to comply, for example, s/he would take the bottle into his mouth, but would be very limp, or floppy. I saw the muscular babies having a ‘rigid grip’ on their objects, compared with the ‘loose grip’ of the ‘limp’ or ‘floppy’ babies.

These 'limp' or 'floppy' features can be seen in an example from clinical experience with a teenager, Tanya (Briggs 2010). Tanya, 18, began her therapy in tremendous difficulties.

She told me she had previously made five suicide attempts, starting after her parents divorced. The most recent attempt took place just over a month previously when her girlfriend said she wanted to end the relationship with her.

In the first session she struck me as 'floppy' and her tears 'oozed' and I quote from the session notes:

Tanya began the assessment eagerly, but anxiously, conveying a soft, almost floppy feel in the way she sat with me in the room; she has soft features, is of mixed ethnicity, and quite tall. She quickly became tearful, her tears appearing to ooze from her eyes as she spoke about her depression, and suicidal impulses.

This physical or bodily aspect of her presentation appeared quite infant-like, and, although there was considerable pressure on me in the session to attend to the immediate talk of suicidal impulses and behaviour, the infant observational aspect was striking, and it was possible to notice and think about this. Tanya used the word 'stupid' repeatedly in the session, mainly with reference to herself, and it seemed she felt annoyed with herself for showing so much vulnerability in this first meeting.

In the second meeting Tanya's appearance was quite different. She appeared more held together, less floppy and more 'muscular'. This was partly a conscious strategy for this session, as she said she was making a conscious effort not to 'cry about everything'. Tanya had also started work in an office setting, which she said she was enjoying. For the third session Tanya came from work, wearing a suit and actually looking quite powerful. She said she was eager to come for her session and that she had been thinking about coming back here (to her therapy) during the week.

These were quite quick – almost sudden changes – and seemed to have at least a degree of conscious planning about them – but they also appeared to be organised around her relationship to her objects, and particularly her transference; her eagerness for therapy. The much more 'muscular' power-dressing presentation was

striking, marking an attempt to gather herself up – to get positive – and also to get as far away as possible from those horrible feelings, and a sense of vulnerability. Sometimes young people just run away from therapy when a sense of vulnerability or dependence is too unbearable; here Tanya finds a way to manage her need –her eagerness for therapy and to keep a bit of distance from her ‘floppy’ and ‘oozing’ aspect of herself. Tanya has adopted a kind of ‘skin-suit’ – so that at least part of her could think there were 2 ‘suits’, or grown-ups in the room. I made a note to myself to keep track of her oscillations between these two states, and the pattern that became identifiable was that Tanya’s floppy, limp side resurfaced in the sessions when she was faced with sadness and anxiety, especially about separations from others.

3. Sequences and patterns; generating knowledge from baby observation)

As I have said, earlier, in contrast to the work of Bowlby and others, Bick did not set out to develop ‘research’, through infant observation - though she did make discoveries, developed hypotheses –such as the prevalence of depression in mothers – and linked direct observations with clinical experiences to develop psychoanalytic theory, notably the theory of skin and adhesive identification. Through recognising these kinds of activities as valid science, infant observation has become a research method; the recent book by Cathy Urwin and Janine Sternberg (2012) is a good example of the distinctive kind of research that can be done using this approach.

Key to discovery through the observational method is that it provides opportunities for following sequences within observations and for the identification of patterns over time; I will give two quite different examples. The first example is of a sequence within an observation from a doctoral study of a small sample of severely learning disabled young adolescents (Hingley-Jones 2011; Briggs and Hingley-Jones 2013).

Daniel

Daniel, 12, a white British boy, has autistic spectrum disorder and severe learning difficulties. He lives at home with his mother, father and three brother. The observations followed a theme of Daniel ‘growing up’. Daniel’s parents have different views about whether he should behave in a more ‘grown up’ way. The tension that ensued appeared to be heavily laden with ambiguous but emotionally powerful

issues: should expectations be placed on Daniel to conform to age-appropriate behaviour or, given his severe difficulties, was this actually a rather cruel way to treat him, depriving him of something he enjoyed. At the centre of the dispute is what he should do with his body—display it if he wishes, or cover up.

In this extract, mother Kate shares with the observer her wish to indulge Daniel, allowing him to play with water, and she also confides that her husband has a different view:

“As I walked through the conservatory at the back of the house, Kate returned to cooking food for the boys’ tea, calling out occasionally to the boys to try to keep them in order. I could see several lads bouncing on the large trampoline on the grass outside at the back. Daniel was at the far end of the garden, flicking water from the wheelbarrow as I’ve seen him before. Their activities were completely separate and I could see that the brothers were each playing with a friend. As I went to go out of the back door, I noticed Kate behind me and she said ‘Daniel’s enjoying the water. His dad tells me not to let him have it, but I can’t see why he shouldn’t’

Then, the observer is watching Daniel play, and the scene leads to her feeling she oversteps her role as observer, by becoming actively involved with his care:

“As I rounded the trampoline, I saw a wet looking Daniel, standing over the wheelbarrow full of water at the raised area at the back of the garden. The sun was shining and it was warm in the sun. Daniel was standing behind the wheelbarrow, between the handles, leaning over it . . . Daniel dipped his hands in the water in front of him and flicked the water, in the air. He seemed to have a variety of ‘flicks’, some soft, which kept the water spray fairly low down as it arched above the barrow, to medium and high flicks, when the water flew up a good few feet in the air, maintaining a droplet arch above the water surface. With these higher flicks, he’d quickly raise his hands above his head and twiddle his fingers together. Once in a while he’d vocalize, making a noise which didn’t resemble speech or singing, just a medium-pitched sound. Daniel’s trousers were wet and he had no shoes on. He had drops of water on his face too

. . . I saw that he was flicking the water now onto the paddling pool, with a plastic, rattling sound and then onto the hardboard, with a wooden pattering, then onto the concrete with a much 'deader' sound. The hardboard sound seemed preferable to Daniel, who speeded-up the flicking, till he achieved a sound like falling rain on the wood. He repeated this a few times and whooped, enjoying the effect. I heard Kate call out that my cup of tea was ready . . .

It is at this point that we see the observer become directly involved, to her consternation, nudged by mother to taking a role with Daniel:

“ . . . As I turned round, I saw that Daniel had now taken off all of his clothes and he was splashing about naked at the end of the garden. John (brother) shouted out 'he's taken off his clothes mum!' to Kate. Kate disappeared into the house, saying she'd fetch him some trunks. She came back and I offered to take them, carrying them over to Daniel to change into. She said 'give me a shout if you need help' and Daniel, slightly reluctantly, allowed me to help him step into the swimming trunks”

The sequence in the observation shows the difficult theme of Daniel 'growing up' being played out between mother and the observer with Daniel apparently passive in this process. The sequence of observations is very moving, as the issue of Daniel's nakedness becomes a key feature, repeatedly observed, standing for an issue of development. The painful feelings about the problems he has in development split parents and draw the observer into a powerful emotional field.

Patterns

Esther Bick thought that

“probably the most exciting part of the [baby observation] seminars, as they develop during the year, is the opportunity for teasing out of the material certain threads of behaviour that seem particularly significant for a particular child's experience of his own object relations” (Bick 1964 page 47)

Thus she thought that the observation of patterns fulfilled the aim of understanding the development of each individual baby, with her/his mother. She wrote about the

longitudinal task of the observations consisting of a process of linking of experience over time:

“The experience of the seminar is that one may see an apparent pattern emerging in one observation, but one can only accept it as significant if it is repeated in the same, or a similar situation in many subsequent observations. Paying attention to such observable details over a long period gives the student the opportunity to see patterns, and changes in the patterns as much in searching backwards as forwards [my emphasis]...he can see...changes in the impressive capacity for growth and development in their relationship...”
(p47-8)

Interestingly, Bick appears to be describing elements of what, in social science, is now known as the ‘constant comparative method’, for example, as used in Grounded Theory (Glaser and Strauss 1967). The idea that infant observation, as psychoanalytic research and grounded theory fit well together has now been recognised (Anderson 2006).

Patterns in infant relatedness

One of the key tasks, for which the process of identifying patterns is central is the search for continuities in infant development. It is important to be able to identify the qualities of continuities in object relatedness in early development in order to understand the processes of early internalisations. I will illustrate through drawing on my study of five infant observations, and I will pay attention to development in the second year (which I think gets neglected somewhat, with the emphasis on one year duration of observations, and I think this is quite a loss). Observations in the second year provide very vivid illustrations of the child’s entry to the world of language, symbolic play, and the externalisations of identifications, all observable alongside the increased physical capacity.

There are many ways potentially to go about the task of Identifying patterns. My approach has been to generate a conceptualising framework through which patterns can be recognised. In the framework I use, three categories are important: mother’s container shape, the baby’s ‘grip relations’ and the ‘fit’ in the relationship between mother and baby. These categories enable descriptions of the qualities of

relatedness between babies and their parents, which can be tracked over time and compared with other mother-infant relationships.

Continuities in infant development through negotiating anxieties

I will illustrate a theme of managing intimacy, separation and separateness in the relationship between one baby, Samantha, and her mother³. Interestingly there is quite a parallel between Samantha's early relatedness patterns and Tanya's (see above) fluctuations between 'floppy' and very muscular presentations. In the first observation I observed mother holding, then feeding Samantha:

“Mother moved a little and Samantha, still asleep, moved with her so that her head was lying back, almost out of Mother's arms in a slightly unsupported way.... mother talked to me of her physical pain after the birth. Samantha stirred, opening her eyes slowly, quietly. She looked towards mother's face. Mother said she was awake at last and said 'I'm just going to feed her'. She offered the right breast to Samantha and made a grimace as she took the nipple. She readjusted and Samantha lost the nipple, then took it again and sucked steadily.

Samantha makes a 'firm grip' while mother's container shape is 'flat' as she related to the baby's mouth – feeding – not her eye contact.

Employing the method advocated by Bick of “as much in searching backwards as forwards”, subsequently, this became identified as the first occasion of a theme of Samantha being loosely held in mother's arms, and in her mind. Repeated observations of the 'loosely held' quality of mother's physical holding match the difficulty mother has to make contact with Samantha emotionally. When mother did have moments of emotional contact with Samantha, she commented herself that this was unusual: she said it's not easy to have this kind of time with Samantha as she often had “twenty nine other things on her mind”. Observations included floppiness of Samantha's grip relations: for example there were times when her eyes looked blank, unfocussed, and without expression

³ There is a fuller description of this theme relating this baby in Briggs and Behringer (2012), together with a description of the different categories of container shape and grip relations

Between 3 and 12 months: a pattern was identified of holding on and letting go. In some moments, Samantha continued to have floppiness of eye and body;

‘Samantha, lying in her cot, lifted her head suddenly, looked at me, smiled and then seemed to lose control of her head which fell back against the mattress’
(7m 6d)

She appeared to fear falling: e.g.

Mother lay Samantha on a changing mat. She reached out and grasped a toy with her hand and then rolled off the changing mat and on to her back she tensed and a touch of fear appeared in her face. Mother said, it’s all right you weren’t going to fall, you can roll over’ (8m2w)

We can see that mother is here in touch with Samantha’s anxieties (concave container shape). Samantha resisted changes with by making a rigid grip with her hand and body, holding her breath (4 months, 9 months), holding on to the high chair (11 months).

The rigidity of these grips especially her hand and her body appeared to be ways in which she struggled to hold herself together (with muscularity) and there was a sense in which Samantha was not easily able to manage the processing of change from one position or state to another.

“It was change itself to which Samantha objected, change which meant letting go of the external structure, and which meant a momentary journey into the unknown of not being held” (Briggs 1997 p165) and this included anxieties about falling. I should add that she had a most persecuted expression at these times.

Samantha’s entry into language and symbolic play was most interesting. Repeatedly, her play and her language held a theme of someone or something that ‘may be dropped’. In other words, the theme from her development in her first year was present in these communications in her second year. Sometimes the play was more truly symbolic, with a ‘thing’ representing the subject – on other occasions it was more ‘symbol equation’ to use Hanna Segal’s term, when Samantha’s own body took part in the play – sometimes it moved between these two modes, for example,

'Samantha took an apple from mother, walked round the room and deliberately dropped the apple; she picked it up, came over to me, tried to climb on to a chair and fell, woodenly, crying out briefly' (19m4d)

She showed repeated play of dropping toy bricks down the stair well, watching them falling; standing up, she smiled and sat down with a bump; play when she imitated being pregnant (she put a ball up her dress) and dropped' the ball/baby:

"Samantha picked up a see through ball. She brought it towards me and bent her head, looking into it. She carried it towards mother, and put it up her pinafore dress. Mother said 'what have you got up your dress?' and Samantha let it fall to the floor, standing back with outstretched arms" (at 19 months 4 days)

Again we can note mother, in these observations of Samantha's second year, closely observing her daughter and communicating these observations to her. Words were repeatedly about people and their location (I'm fairly sure she will have a GPS now) –and she used words to voice her anxiety, or- really – her worry: 'mummy where?' she would ask me in a worried little voice).

There were some evocative scenes when she rode on her rocking horse (e.g. 21 months). She appeared on the point of falling off, engendering great anxiety in onlookers. This gives a graphic illustration of her internalisation of 'loosely held', and replicated in the toddler, Samantha, the position she held in the first observation at 13 days. The quality of internalisation –at a bodily level of grip relatedness –is striking and clearly defined. The developmental capacities in the second year, physical capacity, symbolic levels of thinking, identifications, and play – especially the characteristic contents of her play - were being used to work out or work through the content of early experience; that is, it is the experience of grip relatedness that underpins the pattern, a key continuity in her development.

Finally, some thoughts about the observer's role

There is an idea around that the Tavistock model is a rigid one, with scant leeway for social niceties, and woe-betide the observer who leaves the sanctity of the true analytically informed observer position, for example, developing the 'state of patience' as described at the beginning of this paper. However, in undertaking an

infant observation, Bick was very clear that the observer should be responsive to the mother and

“this would not seem to exclude him being helpful as a particular situation arose—by holding the baby, or bringing it an occasional gift”.

Being in the process of developing a ‘state of patience’ does not preclude engagement, appropriately or thoughtfully. In the seminars I attended as a student, my seminar leader, Gianna Williams would attend to the matter of what was –and what was not - an appropriate gift, when this issue arose. Something soft – like a cuddly – could be recommended especially if, for example, observations were showing the baby in a ‘toughening up’ process after weaning, as the baby prepared for toddlerhood and the loss of the mother’s lap.

My experience as observer of several vulnerable infants was that I ended up in all kinds of roles: actively involved with the babies, holding and feeding them at times, babysitting, attending family events (e.g. a Christening), as well as listening to parents; in these circumstances it was important to keep observing the baby even as the level of participation – as ‘participant observer’ was higher. The art seems, in retrospect, to be able to find a position close enough to experience and be responsive, whilst being distant enough to observe and experience one’s own responses . Complementing the pressure to participate emanating from parents, infants can develop sophisticated relatedness to the observer: Hashmat, the 9th child in a Bengali family living in London, in his second year, would take my briefcase, watch and glasses and imitate me using these 3 symbols of the observer’s role. Babies can somehow ‘know’ what’s going on –from being aware of a new pregnancy to awareness of the significance of an event.

Hashmat knew I was stopping the observations when he reached his second birthday. Mother asked me to eat rice and curry, to mark the event, and Hashmat joined me:

“Mother Rani cleared the table and invited me to sit there. Hashmat looked up at me eating and then pulled up a chair for himself. Rani gave him a plate and he ate rice and curry with his fingers. He pointed to the water jug and I poured him some water in his glass. He drank some and pointed again and I refilled the glass. He raised his

glass and I raised mine and he said 'cheers'. I said cheers and we touched glasses. This was repeated several times, each time he said 'cheers' and smiled at me"

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