

What can be learned from a single case of Psychoanalytic Infant Observation?

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Abstract

This study investigates a single retrospective case of psychoanalytic infant observation. Two principal aims emerged from the evolving investigation. The first concerned the methodology involved in examining observational data using psychoanalytic methods, the second being the exploration of what can be learned from the systematic study of a single recorded case of infant observation using Grounded Theory.

The focus for the study concerned the infant's first year and considered the structuring of the infant's psychic life, which takes place in the initial relationship(s). From the phenomenological description of behaviours in the observed context, combined with the emotional field described in the observation reports, emotional meaning was inferred. The systematic use of line-by-line coding, abductive reasoning and the formation of categories led to discussion of the following detail:

The first month of life;

Exploration of the period when mother was traumatically absent, followed by her return;

Selected observations that reveal parent/infant recovery.

Several conclusions are reached regarding the observed infant. The first concerns the identification of synchronous rhythms or patterns in the mother/infant relationship where they were found to form a backdrop to aesthetic reciprocity. Rupture in aesthetic attunement was instrumental in activating a cascade of early proto-defensive organisation into later development. This took the form of oral preoccupation; namely regurgitation, rumination and choking. Whilst this defensive organisation may be specific to the observed infant, the study draws attention to developmental processes that may be relevant to infants in general. There is evidence to support how babies are more integrated than first thought by Bick (1968) and are 'open' to triangular relating in the first weeks. Proto-defensive structures may be evidenced from the start of post-natal life. This study makes a contribution to the body of knowledge concerning rumination in infancy.

Declaration

This thesis represents my own research and original work. It cannot be attributed to any other person or persons.

All participant names and identifying features have been changed for reasons of confidentiality. The account of the baby and family are true, observational material would only be recognisable by them.

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Dedication

This thesis is dedicated to my late parents Dorothy and Llewellyn.

Chapter 1 – Introduction

Sonnet 34

Why didst thou promise such a beauteous day,
And make me travel forth without my cloak,
To let base clouds o’ertake me on my way,
Hiding thy bravery in their rotten smoke?
‘Tis not enough that through the cloud thou break,
To dry the rain on my storm-beaten face,
For no man well of such salve can speak
That heals the wound and cures not the disgrace:
Nor can thy shame give physic to my grief;
Though thou repent, yet I have still the loss:
The offender’s sorrow lends but weak relief
To him that bears the strong offence’s [cross].

Ah! But those tears are pearl which thy love sheds,

And they are rich and ransom all ill deeds.

Shakespeare.

Context

This research endeavour began the moment I first met the observed family, although I was unaware of this at the time. The whole experience sensitized me to the earliest relationship between parent(s) and infant, in so doing it brought meaning to the struggles associated with life-long fluctuations in states of mind. Just how the baby begins this journey of knowing their own and others’ minds is at the heart of this study. The first weeks post birth were full of promise – a ‘beauteous day’, yet within a short

period of time the baby at the heart of this investigation experienced the sudden loss of close intimacy. Metaphorically, this was likened in my mind to the infant travelling forth without the cloak of maternal warmth and security. Just how these changes were accommodated to forms the main body of work in this thesis. As Shakespeare's sonnet suggests, the struggle towards recovery was a complex task. This involved the infant managing feelings associated with ambivalence, betrayal and a lack of trust in order to establish the recovery of the lost good object. Mother's state of mind similarly influenced the manner in which transformation was made possible. The case study presented here endeavours to chart these nuances in detail.

Prior to training as a Child and Adolescent Psychotherapist, I had spent several years working in acute and medium secure adult mental health settings. The level of disturbance and pathological personality organisation, which seemed to have originated from childhood onwards, was particularly striking. Although qualified as an adult psychotherapist I felt ill equipped to work in depth with the infantile transference and crucially in recognising the developmental deprivation that some of these young patients presented with. It was with this background that I began work with children in a CAMHS setting and applied to do the psychoanalytical infant observational course. It is this first experience of infant observation undertaken for training purposes that is the focus of this research endeavour.

As an undergraduate I had spent many years in life study room(s). There I learned the skills necessary for close observation – of a particular sort. Objects in relation to each other, the play of light and shade and importantly experiencing first hand how the mind can distort and direct what the eye sees were fundamental aspects to my learning. These skills first studied within the context of a fine art setting were the foundations upon which I embarked upon a two-year infant observation. I had some awareness of how emotional responsiveness and reflective practice could deepen one's understanding of object shape and form – that is other in relation to self. However, psychoanalytic infant observation is conducted within a dynamic not a 'still' setting and requires the mind of the observer to engage actively in the observational context. In the clinical setting these impressions are actively explored and tested interpretively, not unlike how the artist engages experimentally in outline and form. The observational setting though, required

a suspension of one's own desires and activity and demands that the mind and eyes of the observer frame the events in emotional time and sequence. Fundamental to establishing this discipline internally, there is a need for a containing mind. The seminal work of Wilfred Bion (1962) on the containing function of the mother/analyst particularly illuminates how the mind acts as a transformative object: a necessary state from which to observe inwardly and outwardly and on which all clinical practice depends.

I now work as a clinician within a specialist NHS mental health service for children, young people and families, a fundamental aspect of the work I do concerns the careful observation of children and families I come into contact with. Often their experiences are not so dissimilar in theme to this observational case study, where aspects of loss, trauma and later recovery dominate. Holding in mind both the infant and the infantile in one's patient(s) and oneself is crucial for clinical work, and is often first encountered within the observational setting. Stern (1985:13-14) made a distinction between the 'observed infant' and the 'clinical infant', the former being related to observed phenomena and the latter being subject to 'reconstruction'. Rosine Jozef Perelberg (2008: 163-180) introduces the concept of the '*primal infant*', which lies *at a different level of abstraction as it refers to the infant as proposed by a specific theory, as it can be comprehended by reading the text (e.g. what Freud and Klein say in their writings)*', (176). Importantly she discusses time within the context of infant observation and clinical practice, and demonstrates how developmental continuity marks the passage of time in the former, structural organisation in the latter, and a third notion of time, *après coup*, where '*impressions and memory traces may be revised at a later date, when the individual reaches a new stage of maturation*' (Laplanche and Pontalis, 1985:111. Perelberg, 2008: 179). These ideas led me to refer backwards to my original experience of infant observation, where the inferred mental states encountered by the close examination of the mother-infant relationship continued to inform my clinical understanding. I was drawn to considering this first experience of infant observation from the relative security of clinical qualification - to explore in greater depth the very foundations upon which the training I had received was partially based.

Why observe babies – a research method?

‘We are, I suppose, on dangerous ground when we start to speculate about the infant’s experience; but if we do not allow ourselves to imagine and wonder about such things, we may well be closing the door to understanding elements of adult experience that are preverbal yet deeply important. Obviously, we can never know what the baby actually feels when the mother smiles at him; but perhaps it would not be too far wrong to think of the experience as quite undifferentiated, whole, and “good”’. (Wright, 1991: 12)

The observational method rather uniquely allows an examination of the convergence between the infant’s development and the outside world. This is illustrated by how the infant appears to unfurl and grow into the waiting, anticipating minds of the mother, father and perhaps siblings. Although there is a mental continuation from pregnancy (Freud, 1926), the caesura of birth acts as a stimulus to brain development and relationship building (Schore, 1994). Just how these details are observed and recorded in a way that captures the emotional and psychological content of the interaction is dependent upon the receptive state of mind in the observer. Since most observations like this one are conducted prior to a clinical training, the main task is usually that of the student learning to develop the skills necessary for later analytic work; research questions are often peripheral at that stage, though not completely lacking when it comes to writing a paper about the observation.

Notwithstanding the observer’s sensibilities there are of course limitations to the method of infant observation as a mode of research. The observer, as Michael Rustin (2010) has pointed out, does not interpret. Unlike the psychoanalyst they are denied the opportunity to ‘test out’ their insights about what mothers and babies might be feeling or what their unconscious preoccupations might be, by the ‘golden rule’ of infant observation which is to abstain from interpretation or active intervention (Rustin, 2010: 4). The discipline of Infant Observation trains the observer to adopt a particular state of mind, which Martha Harris (1987) described for later clinical work as ‘*living with the question...rather than flee to [the] premature application of theory*’ (p. 267). It would seem to me that this mental and theoretical stance of ‘learning from experience’ is not confined to psychoanalysis.

Different disciplines of course adopt various standards for the conduct of research and the admissibility of evidence. The framework of psychoanalytic infant observation goes a long way in fulfilling the criteria necessary for a research study (Rustin, 2006). The way in which the data is collected, informed by the observer's benevolent neutrality, floating attention and the use of the counter-transference (Prat, Amar, Delion, Le Guellec, and Mellier 2006) means that later qualitative analysis using grounded theory is possible. Each observation becomes a tool for 'research in action'. In addition the infant observation seminar acts as a research body where the emerging themes from the observations are noted and the analysis of the data generates hypotheses that are considered over time. This method, however, has not yet been formalised into a 'constructed methodology' and this probably goes some way to explaining why there is still a relative scarcity of infant observation research studies.

Infant Observation Revisited

As I approached the observation reports fourteen years after they were written I recalled vividly the changing light in the room where the baby attentively slept; the long silent sequences punctuated by a slight movement, or in contrast the sudden explosive effort related to the appearance of arms or legs, and also a head that seemed so heavy for such slight shoulders. Above all else I recalled the baby's breathing pattern, faster and quicker in pace than my own, at times irregular and with it I encountered primitive anxiety (my own) associated with survival – I recalled how I waited for the next breath in frozen expectation. I knew of course the developmental narrative, there would be no surprises, or so I thought. Therefore, it was with a mixture of curiosity and theoretical interest that I began to read through all of the two-year transcripts and beyond. From this early beginning I realised that there were two parallel processes of enquiry. There was the research potential of a single case of psychoanalytical observation, and also the methodological questions associated with the practice of infant observation and data analysis. I have maintained this focus throughout – including in the writing up of this research project.

I was surprised by how much I remembered. I was able to recall entire sequences, this time 'observing' the observational process as well as the mother-infant interaction. The research process emerged from this 'invisible' or unconscious work of re-reading and

re-living the material. Background assumptions were initially recalled and later challenged by the process of line-by-line analysis, from the initial re-examination I learned that there was a vast amount of research potential within a single observation, multiply this by two years and it becomes clear that managing the data required a selection process. This was achieved by concentrating on recurring themes and the frequency of identified events.

The family and nanny in this study are all white British; the observer/researcher shares the same ethnicity although there are differences with regard to social background. Mother has been referred to throughout the thesis, in most cases this refers to the observed mother. This should not be taken to imply that when used theoretically this excludes others who may provide care giving.

Developing a research focus

The Infant observation method is considered a reliable instrument in drawing the researcher into the naturalistic family situation; it places the infant and their carer(s) at the very heart of the research endeavour. The attention given to writing the retrospective detailed notes is equivalent to those of how psychoanalytic clinicians write emotionally sensitive session notes in depth. Finding a method of data analysis that suited the object of study was my first consideration. Grounded Theory (Glaser and Strauss 1967) was selected as the most appropriate methodology for examining the data. The use of line-by-line analysis I was to discover facilitated the identification of '*selected facts*' (Britton and Steiner 1994) and gave deeper insight and understanding to the observational material. My hope was to discover something further about this single case.

In *The Discovery of Grounded Theory* Glaser and Strauss (1967) proposed that systematic qualitative analysis had its own logic and was a powerful means of generating theory. In particular they identified how one of the defining components of grounded theory practice was the induction of codes and categories from the data itself, rather than imposed on the data as preconceived deductive hypotheses. This requires the researcher to suspend pre-existing ideas and instead pursue varied emergent analytic themes. This is close to what is expected of psychoanalysts in their clinical practice. It would appear therefore that Psychoanalysis, Infant Observation and Grounded Theory

Research share a common aim, one that places the clinical or observational data and the method by which it is collected within a framework of emergence. The suspension of a theoretical framework, which requires a '*negative capability*' (Bion, 1992), allows for new discoveries to surface.

The infant observation presented here concerns aspects of developmental continuity/discontinuity, with reference to how significant environmental change impacted upon the infant's developing psyche. It would seem that the adverse circumstances for the infant had the effect of making the external world, including the first external object, the mother's breast/bottle, appear hostile and attacking. Earlier, healthy developmental processes were increasingly overshadowed by protective and defensive structures as the infant struggled to relate to a substitute carer who took on the characteristics of the bad object. Paradoxically these defensive constructions became more entrenched when the infant's mother returned after a period of hospitalisation, suggesting that phantasy and the reorganisation of memory can and does influence new stages in development and maturation. The challenge was how to concentrate the research enquiry without predetermined '*overvalued ideas*' (Britton & Steiner 1994) determining the focus of enquiry. Leaving the question open to see what could be learned from a single case of psychoanalytic infant observation meant that a re-appraisal of what had been initially understood became possible, as well as the possibility of new ideas emerging.

Thesis Outline

In researching the observational material two forms of data examination have been referred to. The first concerns the narrative account, the analysis of which offered a framework for the contextualization of the infant's development. This method is akin to how observation transcripts are approached in the infant observation seminar. I retained the narrative account in this thesis, to both illustrate the two methods used as well as retaining the observational integrity of the original transcript, keeping the analytic account as close as possible to the observational detail. In essence this builds upon the existing framework for psychoanalytical observation – a research method in its own right. The second form of data analysis was approached more systematically using

grounded theory methods. The application of line-by-line coding, clustering, and categorisation were processes that by their very nature took segments of observational material apart, creating a more abstract view. These two research methods were inextricably linked together throughout the research process and the binocular account they provided led to the eventual grounded theoretical formulation.

The first chapter in this thesis will concentrate upon the context of psychoanalytical infant observation, charting the historical basis and looking at how the method has developed into a tool for research. This is followed by a theoretical discussion of specific aspects of the infant's development, informed by the grounded analytic statements that emerged from the research process. The discussion then moves to considering methodology before turning to the narrative account. This is followed by data analysis arising from grounded theory and I conclude with the findings which arose from this research study.

Chapter 2 – Infant Observation

The development of the Tavistock observational method

The distinctive two-year infant observation became a central component to the training in Child and Adolescent Psychotherapy when Esther Bick and John Bowlby introduced it into the clinical training at the Tavistock in 1946. Martha Harris in her obituary to Mrs Bick was to refer to it as ‘*a stroke of genius*’ (Harris, 1983. Briggs, 2002). The aim was to ‘*help students to conceive vividly the infantile experience of their child patients*’ (Bick, 1964: 241) and to ‘*resist being drawn into roles involving intense infantile transference and countertransference*’ (p. 242). Even though her 1964 paper included detailed clinical analysis of several babies, emphasis was placed upon developing the observer’s capacities for later clinical work. Thus, from the outset there appeared to be two significant aspects to the observational method: the first and more explicit reference was related to the skill and practice of infant observation; the second, was implied by her expert analytic enquiry and understanding of those babies under observation. This could be viewed as an early indication of the research potential of single and multiple baby observations.

Interestingly Esther Bick’s first encounter with infant and young child observation was in a research context. The methods used were in keeping with the behaviouristic approach of the 1920s, 30s, and 40s. Briggs (2002) writes of how this experience confirmed for her the wish to study ‘*the ordinary life of babies*’ in their own ‘*family environment*’ (xxi). Her early life of looking after children first led to teaching, then research and finally analysis. ‘*Having completed her doctorate [...] she was determined to study something she had seen about children, and the process of observing them, but which could not be quantified*’ (ibid: xxv). It was the emphasis she placed upon naturalistic observation that led her to clearly state the method was not research orientated (1964). However, contemporary infant observation practice has seen this view change significantly. It could be argued that Mrs Bick did not entirely leave her research interest behind, given how her seminal papers on the ‘*skin*’ (1968, 1986) drew inspiration from the close observation of babies.

Briggs (2002: 2) identifies two ways in which Bick's ideas were pioneering. He writes: *'First, infant observation, as a naturalistic means of generating understanding, helps us see the inner world of the infant far more clearly than would otherwise have been possible. Second, her focus on the infant's struggle for survival took our attention to an even earlier site of infant development than that visited by Melanie Klein'*. He goes on to stress how the method uniquely relies upon the observer's emotionality as a means of gaining a clearer view of the infant.

Bick's two papers *'Child Analysis Today'* (1962) and *'Notes on Infant Observation in Psycho-Analytic Training'* (1964) form her full account of the method and practice of infant observation. In her 1964 paper she discusses how the trainee through the practice of infant observation comes to understand play, and non-verbal expressions of early infantile experience. Briggs (2002) stresses how these two papers gave a sharp focus on how to receive and think about the material under observation – whether clinical or observational. He believes that she unintentionally built upon Freud's discussion about *"evenly suspended attention"* anticipated Bion's (1967a) thoughts on memory and desire, and placed what Keats (1817) termed *"negative capability"* at the core of the observational and thus clinical method' (p. 3-4).

It is in Mrs Bick's description of the theory and function of the skin that we see her most crucial contribution to psychoanalytic understanding of early primitive anxieties. Whilst Klein emphasised the movement between integration and disintegration associated with the availability and absence of the external good object, Bick's contribution centred upon a stage prior to the fluctuating internal security provided by the ego. She gave credence to early anxieties and how the infant is tasked with holding aspects of the self together by both protective and defensive means. She maintained that in the first stages of development the object functioned as a 'skin' binding the parts of the personality together. However, these ideas have been challenged and O'Shaughnessy (2006) suggests that *'passive unintegration, unless it is transient, is not a normal first phase, but indicates an infant who is already, in some way, traumatised, and who uses the skin as a container as a desperate means to survive and not disintegrate'* (p. 153). Alvarez (2006), Urban (2006), Urwin, (2006) and Waddell (2006) have also contributed to the evolution of these ideas by making a distinction

between a *prior stage*, (unintegration) from disintegration as a result of early relational trauma. A crucial aspect of infant observation is being able to witness first hand these struggles and perhaps distinguish between fluctuating states of mind to those of *states* that become entrenched and directly determine or influence stages in development.

Isca Wittenberg (1999) concurs with Bick and Freud that ‘*the earliest experiences in life leave traces and are of significance to the development of the structure of the mind.*’ However, she makes a clear delineation between what she considers to be infant observation from psychoanalytic understanding. She writes:

I think it is important to distinguish infant observation from the psychoanalytic understanding that we derive from it. I believe we only confuse the issue if we speak of psychoanalytic observation of infants. For surely observation means taking in whatever our senses are able to perceive. Furthermore, neither the method nor the focus is psychoanalytic: the primary focus in psychoanalysis is the internal world as it manifests itself in the transference and interpretation plays a central role in testing the correctness of the analyst’s understanding as well as in effecting change. In observing infants, we are studying object relations and an internal world in the making. What also makes it very different is that we study the relationships which develop between third parties, between baby and others, ones that happen in the inter-woven mental and physical activities. It is this detailed bi-focal attention to body and mind, intrapsychic and inter-psychic events which gives the study of infants its specific character (p. 5).

More recently Steven Groarke (2008) has been critical of the position taken up by Michael Rustin (1989, 1997), an advocate of infant observation, particularly in light of the theoretical deliberations concerning psychoanalytical infant observation as a method of research. The most contentious area of debate concerns the generation of psychoanalytic knowledge and whether infant observation has a contribution to make. Pre-dating these discussions, Waddell (2006a), in her paper ‘*Infant observation in Britain: The Tavistock approach*’, places the analytic and observed infant in historical

context. She writes of how during the 22nd Psycho-Analytic Congress of 1961 something distinctive was ‘*in the air*’ (p. 1103), for there was a ‘*consistently strong emphasis upon the very early psychological, emotional and cognitive development of infants and young children in relation to their parents*’. This emphasis she considered was directly related to the work of Bick and Bion and importantly coincided with the introduction of infant observation into psychoanalytic training. Waddell examines in her paper how the apparently ‘*disparate strands of thought first introduced at the 1961 Congress were, during subsequent decades, interwoven into the texture of the theory and practice of infant observation as we know it today*’ (p. 1105), suggesting interdependency between the developments seen in psychoanalytic observation and that of the generation of psychoanalytic theory.

The method of infant observation

Infant observation as referred to in this thesis concerns the ‘naturalistic’ observation of a baby in his or her home setting. The observational period usually lasts for two years and often begins with a pre-natal meeting. The two-year weekly duration is distinctive from observations that are occasional or one off, or those that last for one year and undertaken by trainees on the various adult psychotherapeutic and psychoanalytic trainings. This two-year observational period is a recognisable element in the pre-clinical training in child and adolescent psychotherapy. Yet many students undertake the two-year observational course at the Tavistock with the intention of furthering their understanding of infants, whilst maintaining their core, often non-psychotherapeutic professional practice.

The training in psychoanalytic infant observation takes place in a small seminar group of usually five members. Finding a family willing to have an observer present for a two-year period can be a complex task. Analytic thought begins at this stage, starting by allowing the observer time to express and explore their early preconceptions and anxieties. These worries often surface during the preliminary period of searching for an intermediary who helps to identify a suitable family. When a family is found and preliminary visits have confirmed their willingness and commitment, observations are arranged for a regular time each week.

During the observational hour, the student seeks to observe unobtrusively, not being too engaged or too distant from what is occurring within the family. Naturalistic observation supports the observer to '*see what is there to be seen and not to look for what they think should be there*' (Reid, 1997: 1). Notes of the observation are only made afterwards in order that the experience remains immediate and the student inwardly records what is occurring. This internal account is not just a visually descriptive one; there is reference to the emotional impact on the observer and the expressive quality in the observational setting. The tone, and visceral qualities to the interaction are also considered. A written account follows which includes minute-by-minute detail of the baby as well as the states of mind stirred in the observer. On a weekly basis a member of the seminar group presents their baby observation, which is then discussed in detail in the presence of an experienced seminar leader/clinician. The group's function is to reflect and mentally process the observational material in a benign manner. During this practice observational detail may be remembered and further emotional associations referred to.

Waddell (2006) writes '*As a mind is observed encountering another mind, it is possible to identify both the seeds of those factors which may nurture, and also of those which may obstruct, potential mental and emotional development*' (p. 1109). This of course is the intensity of the observational experience – the exposure to developmental possibility and how encountering the mind(s) of others sensitizes us to our own, in its many states. Margaret Rustin captures this succinctly when she writes: '*The capacity to contain and observe emotionally powerful psychic phenomena is the basis for knowledge of oneself, and for that contact with psychic reality which is at the core of an authentic personality*' (1991, p. 244 cited in Waddell). This process of self-reflection, together with reflexive observational practice, provides both a foundation for psychoanalytic thought as well as promoting the research potential of a single case of infant observation in the mind of the observer.

The infant observation seminar group has an important part to play in facilitating a thoughtful exploration of the role of observer, becoming aware of feelings encountered in the observational setting and having an interest in the baby's development and that of

the family. The group also acts as a container for the tumultuous impressions the observer receives and absorbs by being in close emotional proximity to the passions of the baby. It brings with it an awareness of how the mind of the observer has a central role in the observational process and once established, the impressions, feelings and attention aroused in the observer are considered alongside what is more difficult to record, process and think about. The whole experience goes to the core of what Waddell terms the '*psychoanalytic attitude*'. She writes:

The experience has little to do with theories or axioms of infant developmental research, nor with philosophical models. It is not to do with 'learning about' infants. It is to do, rather, with whether, in Keats's [1818] phrase, the axioms 'are proved upon our pulses' (Gittings, 1987, p. 93). It is to do with resisting the blocking of observation by preconception; with garnering the details of the emotional impact on the self as a guide to the potential meaning for the baby, while also being able to remain constantly open to new developments and possibilities' (ibid, p. 112).

There have been, over the years, significant developments from how infant observation was originally conceived. These changes have involved both focus and structure. Mrs Bick was once again pioneering when, on her retirement, she conducted an infant observation group in which there was only one active observer, other group members participated in the group discussion before going on to observe at a later date (this experience is described by Jeanne Magagna, 2002). This model was later widely followed in France, particularly with regard to the developments in the application of infant observation for therapeutic purposes.

The therapeutic application of infant observation

Developmental problems are often encountered during the course of a 'normal' infant observation spanning two years. When anxiety dominates the observational setting, the role of the observer may become crucial in containing and bearing witness to the experience. Parents can feel supported by the observer's presence and interest in their

infant, whilst for others, the observer can act as a receptacle for unwanted unbearable feelings. These unplanned therapeutic benefits are not unusual. In traditional circumstances, families are not selected on the basis of developmental difficulty, unlike the planning that takes place in relation to a therapeutic observation, where infants and families are selected for vulnerability. Until quite recently, in Britain at least, infant observation had not been seen to have an application within a therapeutic context, having retained a primary focus in education. Identifying and working with babies and young children in difficulty using therapeutic observational skills mainly began in France with the pioneering work of Didier Houzel (1999). There, it is seen as a part of multidisciplinary practise to treat children and young infants with, or at risk of, autism and psychosocial difficulty, see for example, Delion (2000) and Lechevalier, Fellouse and Bonnesoeur (2000).

Following the developments in France, several therapeutic observational studies have focused on children at risk of autism, for example Gretton (2006) and Rhode (2007, 2012). Some of the earlier therapeutic studies however, concerned premature babies, for example, Negri (1994), Lazar and Ermann (1998) and Cohen (2003). These authors identified how the premature baby experienced a primitive, fragmented state and how during the course of the observation these 'proto mental' acuties gradually came together in a more integrated form. Berta and Torchia (1998) described therapeutic observation as a successful intervention with a 'failure to thrive' baby. In this case the observer spoke to the infant's states of mind, encouraging the parents to notice, explore and likewise name the baby's experience. In the context of foster care, Jenifer Wakelyn (2012) has written an extensive account of therapeutic observation carried out for research purposes. During the course of her weekly ten-month observation it was noted how the presence of the observer had an intentional therapeutic benefit, this extended into the wider network. Wakelyn writes, '*Speaking from knowledge and experience gained from the observation allowed me to convince the network of Rahan's [observed infant] need for a more integrated transition and a greater degree of continuity between his foster and adoptive homes*' (p. 85). Despite her best endeavours the adoptive family did not take up the offer to continue with the observation. Wakelyn concluded, for there to have been further therapeutic benefit the social workers needed greater 'connection' to the project. The discovery of an organisational dichotomy between a 'developmental organisation' and that of a 'trauma-driven organisation' surrounding a baby's transition

from foster placement to adoptive care highlighted the universal experience of babies awaiting adoption in the care system.

Maria Rhode (2012), in a paper that outlines what had been learned from a pilot research project on young children at risk of autistic spectrum disorder, draws attention to Houzel's (1999) account of three main types of receptivity essential to the practice of therapeutic observation. The first concerns 'perceptual' receptivity, *'that is, the observer's capacity to pay attention to details and sequences of behaviour that can be later made sense of in the seminar. The second is emotional receptivity [...] Thirdly, perhaps the most important factor in Houzel's opinion is what he calls 'unconscious' receptivity, that is, the observer's openness to communications at the deepest level, beyond what can be achieved through an effort of will'* (p. 105). Building on Houzel's generalised account, Rhode whilst reviewing process notes made during a pilot study (see Gretton, 2006), identifies five further important functions performed by the therapeutic observer. These are listed as follows: *'Receiving, containing and validating/verbalising communications from both parents and child [...] Making links between parent and child [...] Embodying a third party/regulatory function [...] Modulating separations and referring verbally to the absent mother [...] Experiencing aloneness and rejection'* (p. 108). Some aspects of this research project further validate these findings, especially so when considering how the nanny in this study adjusted her sensitivity and timing towards the infant to his therapeutic benefit. It could be argued that the presence of the observer acted as a third position, from which the nanny was able to draw a reflective position.

Observation and psychoanalysis

Freud, as Waddell (2006) points out, was familiar with the observations noted by Charles Darwin on his infant son, William, and later published in *'A biographical sketch of an infant'* (1877). James Sully¹, the author of *Studies in childhood* (1895), was also known to Freud and was probably influential in Freud's theoretical conceptions of early childhood and sexuality. This interest continued with the encouragement Freud

¹ Waddell (2006) cites Cathy Urwin's (2002) 'learned review' of the republished *Studies in childhood* (2000 [1895]).

gave to the parents of little Hans to study and observe their five-year-old son (1909). Together with Freud's own observations of his grandson playing the 'fort-da' game (1920), they form the best-known psychoanalytic papers containing aspects of infant and young child observation. This tradition continued in the observations and writings of Melanie Klein and Anna Freud.

Klein's seminal ideas on the existence of unconscious phantasy and the role of curiosity in the infant's psychological development arose in part from the observations of her own children. Waddell writes of how Klein's understanding of infant and young child behaviour was also informed – and confirmed – by her associate Margaret Ribble's observational study of 500 infants. Additionally, the observational studies carried out at the Hampstead nurseries by Anna Freud and her colleagues were not dissimilar in approach. Her paper '*Some remarks on infant observation*'² (1953), which was given to first year medical students, described three stages the observer was encouraged to notice. The first is simply distinguishing satisfaction from dissatisfaction, secondly, the observer noting how the mother differentiates the infant's needs, thirdly, '*To witness this birth of mind out of the body*' (p. 12). Advancing her father's theoretical ideas, Anna Freud states: '*When constructing inwardly a first picture of his own self, the infant follows the only principle which is important in his life: the principle of pleasure*' (p. 14) [...] '*The young infant bears out the proverbial saying that tears and laughter live very near together in a child, the younger the nearer*' (p.15). She stresses how pleasure and pain constitute much of the infant's experience, whereas Klein in her observations was concerned with psychic reality and Bick with the infant's early experience of integrating aspects, principally the psychic skin and cohering factors in the growth of the mind. Interestingly, Anna Freud appears to have an infant in mind that experiences the world through his/her stomach. She states the importance of transformation from '*greedy stomach-love to a truly constant love attachment*' (p. 17). With a different emphasis, Mrs Bick construes the infant's internal psychic experience from the emotional reporting of the observer. In so doing she interprets a mental situation for the infant much earlier than that envisaged by Anna or Sigmund Freud.

² This paper predated Bick's first published paper on infant observation by 11 years.

Winnicott (1941), in his paper '*Observation of infants in a set situation*', gives an account of the spatula game. Drawing upon infant observation and his experience of child analysis he draws conclusions about infants having an active fantasy life, suggesting the presence of fantasies in symptom formation. Yet he also questions how much clinically can be deduced from observation alone. He states: '*It is illuminating to observe infants directly, and it is necessary for us to do so. In many respects, however, the analysis of two-year-old children tells us much more about the infant than we can ever get from direct observation of infants*' (p. 61). Yet the conclusions he reached regarding a seven-month-old baby girl who developed asthma, indicated how he relied primarily upon psychoanalytic infant observational skill in a 'set situation'. He writes, '*Because of the method of observation, it is possible for me to make certain deductions from this case about the asthma attacks and their relation to the infant's feelings*' (p. 59). Winnicott concludes his clinical assessment by writing '*I have shown that the hesitation [demonstrated by the infant in relation to the spatula] indicates anxiety, and the existence of a super-ego in the infant's mind, and I have suggested that infant behaviour cannot be accounted for except on the assumption that there are infant fantasies*' (p. 69). Undoubtedly, Winnicott was relying upon his psychoanalytic knowledge and skill to 'interpret' the observations he made, taking the observational role into a therapeutic application. Judith Jackson (1996), drawing upon Winnicott's use of the *set situation* conducted research with three groups of South African infants, aged seven to nine months old. They were selected from white, black and institutionalised infants with the aim of validating Winnicott's findings that there were no significant differences in the infants' expression of phantasy across different ethnic groups. However, it was discovered that there were important dissimilarities for the institutionalised infants, in which it was revealed how there was considerable disturbance and deviation.

Meltzer (1984), in his paper '*Dreams as Unconscious Thinking*', appears to synthesise Bick's observational method (in particular the importance she places upon the observer's counter-transference) with Bion's theory of thinking. In so doing, he makes an inspired theoretical statement when he suggests that the technique used for dream analysis be applied to the observations of primitive states. Meltzer uses the presentations made of 'Mathieu' to illustrate the observer as thinker and the seminar leader and group as thought comprehended. He writes: '*[...] in this context the*

participants of the seminar, mainly in the persons of Martha Harris and the author, will be seen to play the role of analyst, that is, sharing the experience through imagination with the therapist and helping her to discover the meaning that it held for her, not only the meaning of Mathieu's behaviour but of her own as well' (p. 52). In keeping with Freud's original description of the method of dream analysis, he makes a distinction between defining the *meaning* of the observational scene from exploring the *significance* of the interaction and the mental states portrayed. These ideas take the theory and discipline of psychoanalysis further into the practice of infant observation.

Suggesting a closer connection between the study of infants and psychoanalysis is not without controversy. There has been considerable debate on the relationship between the infant and the infantile and whether the observations derived from laboratory based attunement studies contribute to psychoanalytic knowledge (Green, A. 2000, Stern, D. 2000, Perelberg, R. J. 2008a). The encounters between André Green and Daniel Stern in 1997, and Peter Fonagy and André Green in 2002, opened a debate that had far reaching implications. Aside from the question of whether infant observation had a contribution to make towards psychoanalytic research, there was the wider question of whether the findings from child development research and the then new discoveries arising from neurodevelopmental study had a place in the consulting room.

Perelberg (2008b) writes, '*Green's thesis is that psychoanalysis is incompatible with observation. Observation cannot tell us anything about intrapsychic processes that characterize the true nature of subjective experience'* (p. 182). Meanwhile, Stern (2000) concurred that infant observation could not prove or disprove the clinical principles arising from psychoanalysis. But he argued, infant observation contributed to our ordinary understanding of *who* the baby is. His aim was to imagine the baby's subjective world and thereby gain understanding of the infant's interpersonal world. In discussing Stern's work, Green points to a confusion between the infant and infantile. Perelberg (2008b) further elaborated on this argument when she writes:

Our true object as psychoanalysts is the infant in the adult, which has very little to do with the question: what really happened to the infant? The infant

remains intact in the adult. It is childhood that has been interiorized and discovered by psychoanalysis in the analysis of the transference. It is characterized by the absence of the real child and [...] can only be comprehended après coup (p. 184).

The infantile seems to have little or no place in this ‘constructed’ version of the infant. This is quite a different interpretation to that of Freud, who viewed the child within the adult as the infantile; see for example, ‘The Rat Man’ (1909). It would seem that Stern’s original discussion concerning the ‘observed infant’ and ‘clinical infant’ is particularly pertinent in this context. He writes:

As soon as we try to make inferences about the actual experiences of the real infant – that is, to build in qualities of subjective experience such as a sense of self – we are thrown back to our own subjective experience as the main source of inspiration. But that is exactly the domain of the clinical infant [...] Each view of the infant has features that the other lacks. The observed infant contributes the capacities that can be readily witnessed; the clinical infant contributes certain subjective experiences that are fundamental and common features of social life (1985: p. 17).

Stern argues that it is important to consider evidence from child development research to strengthen or test the claims made by psychoanalysis. Urwin and Sternberg (2012) cite how he challenged the theoretical view of a ‘normal autistic phase’ by drawing on evidence of complexity in sensory and perceptual capacities in young infants. The opinion that developmental research holds a justifiable position in relation to the generation of psychoanalytic knowledge has received both support and criticism from the psychoanalytic community. Findings from the fields of attachment and neurodevelopment have led Fonagy and Target (1997) to develop their theory of ‘mentalisation’, which they suggest begins in early infancy (cited in Urwin and Sternberg, 2012 p. 5). These views are rejected by a number of psychoanalytic practitioners, most vociferous amongst them being Green (2000). He makes a distinction between the relevance of developmental research to the care of babies and

that of the infant encountered by the analyst via the transference during the course of treatment. He concludes that the infant encountered in research has theoretically little to offer the psychoanalyst.

More recently, Groarke (2008) has taken up these arguments and, like Green, concludes that the observed infant cannot be thought about in the same manner as the clinical infant. Focusing on infant observation as a method of research, he further asserts that the method cannot validate the claims made by the observer/researcher. He compares this to psychoanalytic practice where an emerging hypothesis can be tested via interpretation; he maintains that infant observation lacks the means of validating research claims and therefore is unable to contribute to psychoanalytic knowledge. Urwin and Sternberg (2012) conclude that, '*In the strict sense, this is surely correct in so far as such knowledge belongs to the processes of co-construction and evaluation that take place within the analytic relationship. Furthermore, following this argument, infant observation will develop a field of knowledge in its own right*' (p. 5). They remain open minded about the possible contribution infant observation can make to psychoanalytic knowledge and point to how the observation of infants has sensitised practitioners to working with the counter-transference. Urwin and Sternberg maintain that the enduring presence of infant observation in pre-clinical training will continue to inform psychotherapists and psychoanalysts of infant states of mind in adult patients. In so doing, there remains the open possibility of further psychoanalytic insight and theoretical development. Furthermore, they suggest how the dual focus on clinical study and infant observation as epitomised by Bick's discoveries continue to inspire a new generation of clinicians.

Infant observation and research

The genesis of using infant observation as a method of research has grown out of the work of child and adolescent psychotherapists, psychoanalysts, researchers and sociologists. Several publications, including the *International Journal of Infant Observation*, have broadened the interest and application of infant observation beyond a pre-clinical training experience into the realm of infant and young child observational research (e.g. A. Briggs 2002; Miller, et, al, 1989; S. Reid, 1997; C. Urwin and J. Sternberg, 2012; J. Sternberg, 2005). Professor Michael Rustin, whose papers have

appeared in many of these publications, has been actively promoting infant observation as a method of research for over three decades. He has written numerous papers in support of these developments (2002, 2006, 2011a, 2011b, 2012).

As Rustin, M. J. (2012: 13-14) has pointed out, one area of on-going discussion within the literature has been whether infant observation has a contribution to make towards the growth of knowledge in psychoanalysis, or indeed be considered as a form of research. He believes that this raises several controversial issues, firstly whether the clinical consulting room can be seen as a 'primary' source of data relevant to research. Secondly, whether infant observation has made, or is able to make, a contribution towards psychoanalytic understanding '*in a way comparable to what has been achieved in the clinical context*' (p. 13). Unequivocally, he believes the answer is 'yes' to both of these questions and he elaborates on why this is so. He bases his argument on how scientific research has to be appropriate to the particular field of study relevant to the discipline. From Freud onwards this has evolved into the study of unconscious factors and the evolution of the personality (e.g. case histories). Thus, the specific area of study in psychoanalysis is the examination of analysand and analyst interactions, including states of mind and dream life. For these reasons, Rustin has argued that the consulting room is therefore equivalent to the clinical 'laboratory', where aspects of mental life are examined free from the extraneous interruptions of 'outside' or 'external' events related to daily life. Infant observation shares some continuity with the clinical setting, with observations taking place at the same time each week on a regular weekly basis, although in the baby's home. The detailed observation write-up is similarly made after the event and the content discussed in detail within a seminar group with an experienced clinician. The observer's role, though different to that of the clinician, still shares qualities of overlap. There is a requirement to be unobtrusive, to refrain from giving direction, and in the role of observer to remain an onlooker.

There still exists a significant amount of debate as to whether the unconscious as inferred in the infant observation setting can be reliably examined in a research context. The consulting room has long been the research preserve for the study of unconscious phenomena. Rustin, M. J. (2012), in furthering the analytic connection between the unconscious as perceived in the consulting room and how it is encountered in the

observational setting, writes; *'It came to be realised that observers, and even the seminar groups who discussed their observation reports, were being exposed to a field of unconscious feelings, both between mother and baby but also often including the observer herself. [...] If one wants to 'see' the unconscious, one can find it in the setting of infant observation as well as in the consulting room'* (p. 14-15). The major debate centres on the reliability of such observations given that in the clinical setting analytic formulation can be tested through interpretation. It could be argued that 'testing' in this context still remains open to distortion, given the power imbalance in the therapeutic relationship. The supervisory 'corrective' is as relevant to the clinical setting as it is to the practice of infant observation.

Michael Rustin, in exploring the similarities and dissimilarities between clinical practice and infant observation, aims to establish the efficacy of the observational method as a tool for research. Noting the important links to psychoanalysis and what is *actually being studied*, together with the frame of reference as to *how the unconscious is apprehended and interpreted*, is reliant as much upon noting points of convergence as it is to identifying what is unique to the practice of psychoanalytic infant observation. In the consulting room, the focus of study centres on individual difficulties, interpersonally and intrapsychically, whereas infant observation importantly allows for both the study of risk and difficulty (see for e.g. Briggs, S. 1997a), as well as factors associated with growth, resilience and development. In fact, it could be argued that infant observation offers a distinctive opportunity to research the border area between health and factors associated with anti-development. Significantly, as a research method it may be better positioned to study emotional truths relevant to the emotional experience and development of the infant's personality, and in the mother's case, her developing identity as a parent (e.g. Elliott, Gunaratnam, Hollway and Urwin; 'Identities in Process: Becoming Bangladeshi, African Caribbean and white mothers in Tower Hamlets'; part of the Identities and Social Action programme, project no: RES 148-25-0058; second 'Maternal Identities, Care and Intersubjectivity: A psycho-social approach' RES 063-27-0118).

Wendy Hollway (2012), coming from the 'outside' position of being a Psychology professor with no clinical background, writes of the value of infant observation in

qualitative psycho-social research. The infant observation method could, she believes, *'access what could not be verbally expressed by research participants; it could go beyond the intentional account and beyond narrative coherence'* (p. 27). In the first funded research study of its kind, the Tower Hamlets research project utilised both infant observation and the 'Free Association Narrative Interview' method (Hollway and Jefferson, 2000). The purpose was to study first time mothers and infants from diverse cultural backgrounds. The research project established *'how the emotional and physical demands of the baby catalyse the mother's infantile experience and her own associations to being cared for'* (Urwin, 2007, p. 243 cited in Hollway). *'This is central in understanding the processes involved in becoming a mother'* (Hollway, 2012, p. 27-28).

Through the course of the study, Hollway in the tradition of qualitative research practice reflected upon the methodological implications of infant observation. Specifically, she addressed how the emotional responsiveness in the observer was an essential element of the research study. Yet, how to make sure that this subjective element reflected the emotional tone of the observational setting rather than the observer's own bias and preferred view of the infant's world was an important methodological consideration. Traditionally in the field of research, significant emphasis had been placed upon 'objectivity' as a way of managing these dilemmas. The supposed neutrality of the researcher has however been criticised and Hollway in recognition of the technical challenges associated with drawing on emotional inference suggests that *'keeping an open mind, so central to training in infant observation, provides an alternative epistemological basis for the practice of objectivity'* (p. 29). Drawing on the work of Judith Edwards (2008), she outlines three distinct periods of time, and process, where the observer/researcher can draw meaning from what is, or has been observed: in the actual observational setting, during the course of writing up the observational notes, and in the later seminar presentation and discussion. At each of these stages, an 'open minded corrective' to possible preconceptions entering the field of study can be made.

Rustin, M. J. (2012) writes of the advantages of infant observation, in that, the method remains close to the experience of the 'lived lives' (p. 17) of infants and families. It can provide a complementary addition to quantitative laboratory forms of investigation, and

importantly, the method has the means of identifying distinctive patterns ‘in being’ and relating, which may over the course of time, influence and direct development. The normal two-year infant observation allows for the close study of inter personal and intra personal factors as they develop. Although the duration exposes the observer/researcher to ever increasing complexity, the lengthy observational period allows for the most prominent features of the observation to surface, often with distinctive clarity.

Rustin, M. J. (2006, 2012) has undertaken an extensive review of the observational literature and in so doing has identified several distinct fields where infant observation is establishing a research presence. These subjects include areas where there is a direct contribution to psychoanalytic understanding, and research into mother-infant relationships. These include:

- The study of different forms of containment and non-containment in mother-infant relationships (Briggs, S. 1997b; Williams, 1997).
- Studies in ‘bodily and psychic integration’ in infants, and the ‘potential difficulties’ given emotional or physical deficits (Haag, 2000; Maiello, 1997; Rhode, 1997, 2003).
- Observational studies of infants and their carers in the specialist neonatal setting (Cohen, 2003; Mendelsohn & Phillips, 2005; Sorenson, 2000).
- The adaptation of infant observation for therapeutic purposes (Delion, 2000; Gretton, 2006; Houzel, 1999; Lechevalier, Fellouse & Bonnesoeur, 2000; Rhode, 2007; Wakelyn, 2012).
- Infant observation in different cultural contexts, exploring patterns of infant care related to family migration and displacement (Urwin, 2007, 2012).

Rustin, M. J. further elaborates how there has been a significant development in the application of infant observation as a method of research in diverse areas of study. These range from training in infant mental health (Emanuel and Bradley, 2008) to using observational methods in institutional contexts (Hinshelwood and Skogstad, 2000). More recently, and perhaps in recognition of the increasing use of the nursery setting for young child observations, there have been several research studies undertaken (Datler, Datler and Funder, 2010; Elfer, 2010; Datler, Hover-Reisner, Fürstaller and Datler, 2014). The method has also been extended to a study of the elderly in nursing homes (Datler, Trunkenpolz and Lazar, 2009; Davenhill, 2007; Ng, 2009). Perhaps driven by

the emphasis now placed on the mental health of children under the age of five in the care of teenage mothers, there have been two observational studies following individual babies (Roper, 2009; Thomas, 2009). A further study looked at the antecedents of ‘*Why teenagers have babies*’ (Waddell, 2009). Shuttleworth (2010, 2012) draws together ethnography, social anthropology and infant observation in her study of the participants of a London mosque. Finally, infant observation continues to be referred to within the work context, and several publications attest to the role of observation in clinical practise (Rustin M.E., & Bradley, 2008). The Tavistock Clinic ‘understanding your...’ series also draws heavily on the observational method as a source of parental learning (Aves, 2006; Bergese, 2008; Boswell, 2004; Emanuel, 2005; Gustavus Jones, 2004; Maroni, 2007; Miller, 2004; Waddell, 2005; Youell, 2008).

Despite these significant developments, there are several areas in which the method of infant observation requires further research elaboration. Michael Rustin (2012) has identified five main areas:

- Observation established as a method of research
- A more systematic approach to gathering and analysing of the data
- Establishing comparative observational studies
- Methodological consideration given to the interpretation of observational material
- Aside from a method of research, retaining the value of infant observation in pre-clinical and clinical contexts

The observational study referred to in this research project has a contribution to make towards the discussion of systematic data analysis. The use of line-by-line coding, clustering around themes and the emergence of categories developed a level of abstraction that culminated in a ‘grounded theory’. The original purpose of the observational study was however, for educational reasons. The secondary research process was seen to reveal significant complexity that hitherto remained unseen in the ‘ordinary’ analysis of the data via group discussion. This finding alone warrants further consideration of qualitative research methods in the analysis of observational material, at least on a partial or occasional basis. This may act as a ‘corrective’ to premature interpretation, or help to deepen and confirm already existing hypothesis.

Given that this study relies upon a single observational account, the methodological debate surrounding the analysis of infant observation material goes to the heart of whether the findings from this study have empirical relevance. Throughout, this debate has acted as a major prompt to examine the material closely, looking for patterns, discontinuities, repetition, replication and validation. Analysis of the data has been approached in much the same way as the clinician would who examines the material of non-verbal children, where there is reliance upon the counter-transference. Immersion into the dream-like qualities of the observational material and treating the data as though it were a dream sequence has helped the researcher think inside the experience of the infant. Whilst there is some similarity between infant observation research, and research conducted within the clinical setting, there are also significant points of departure. Rather than trying to 'fit' infant observation into an already existing set of 'rules' and boundaries concerning research evidence and interpretation, there is a need to establish infant observation as a rather unique research method in its own right, and in so doing perhaps learn to live with some of the 'failings'.

Chapter 3 Theoretical Contexts for the Research

The First Months: The Infants' sensitivity to the environment³

One of the fundamental aspects of this research study has been the suspension of possible theoretical explanation or theorization⁴ until analysis of the observational material was complete. As a result the content of this chapter has been determined by findings related to the close analysis of the observational data.

After a short introduction in which I describe the psychoanalytic view of infant development, I consider the context in which babies are considered unintegrated at birth. Within the field of psychoanalysis the on-going theoretical discussion concerning unintegration, disintegration and integration has particular relevance to this study, since the research findings question the established view. From the beginning, it was noted how sensitive the infant was to the environment. It was observed how attentive and sensorially aware he was to presence and absence, his alert state indicated a readiness to engage with the other. There was observable bodily organisation and rhythm in the baby's movements, particularly so in the presence of mother, which I came to realize indicated a significant level of integration. These findings are consistent with Melanie Klein's account of how object relations are operative from birth, although she emphasised how ego integration fluctuated.

Infants are born with many potential social skills; findings from this study converge convincingly with those from developmentalists who have worked on neonatal imitation. Incredibly, infants can imitate adults within 20 minutes after birth (Meltzoff, 2007). Experimentation has revealed how babies watch the face carefully, and if the parent sticks out their tongue the baby after a lot of effort will imitate the action. By two

³ Environment as referred to in this context refers to the total environment, including parents, siblings and others.

⁴ I discuss elsewhere how data analysis can never be theory free or culturally and socially informed.

days old babies can imitate a wide range of facial expression, such as smiling, frowning, yawning and showing surprise (Field, 2007). It is in the arena of psychoanalytical infant observation, rather than that of psychological experimentation, that we see more detailed accounts of how in an atmosphere of mutually positive affect, enjoyment, pleasure and exuberance can reveal a fine-grained emotional attunement, one that has the power to dispel negative affect. Music (2011) recounts a study by Kugiumutzakis et al, (2004) which support this view, although the findings were based on an older cohort of infants aged between 7 and 12 months old. They found that as pleasure and joy increase in both dyadic and triadic interactions, neutral and negative emotions all but disappear (p. 125). The findings in this study reveal how from the beginning of the observation the baby was highly sensitive to emotional attunement, with transformation of affect determined by the close mental attention of the mother.

A further important finding from the first month after birth concerned the presence⁵ of a triangular relationship. Theoretically, I explain how relevant this is in regard to psychic development and consider the importance of triangular functioning in managing two trains of thought at once (Alvarez & Furgiuele 1997). This was especially important when the mother returned to care for the infant.

Following the sudden disappearance of the object at three months, careful study revealed how regurgitation and rumination became a prominent feature, which interestingly, continued for some time after mother's return. I therefore consider the significance of the mouth as viewed psychoanalytically, and discuss the research findings from an early study on rumination by Gaddini and Gaddini. I conclude the chapter by linking oral disturbance and a state of under integration, to that of a trauma driven response. Informing this theoretical enquiry throughout is the role of aesthetic conflict.

⁵ Presence as referred to here also embraces what the infant might infer from the mother's state of mind, offering the infant quite a different perspective to that of maternal 'reverie' (Bion, 1962).

Infant Development

The first years of life and their relevance to later personality development first found clinical and theoretical exploration in the work of Freud (1905). His views about the child's strongly felt emotions of love, hate, jealousy and the struggle associated with life as a sexual being from birth, were revolutionary (Diem-Wille, 2011: xix). The idea that early childhood phases and influences could persist into later development influencing both normative and pathological⁶ processes has received significant attention, expanding beyond the original confines of psychoanalysis. Developmental theorists, neuroscientists and attachment researchers have latterly contributed towards this exploration. This has created a rich opportunity to triangulate learning from psychoanalytic practice, laboratory based experimentation, and infant observation. Psychoanalytical infant observation holds a unique position in relation to this on-going theoretical interplay as it both continues the psychoanalytical tradition and establishes the technique as being a valid method of studying babies in a naturalistic setting.

The psychoanalytic conception of infant development is regarded by Hinshelwood (1989: 277) to fall within several domains, listed as follows:

- 1) '*Physiological maturation*'. Bodily development underlies the psychological, setting in motion libido enquiry and discovery. Some ego-characteristics are determined by developments that take place in physiological integration,

⁶ With regard to the persistence of pathological processes influencing later developmental stages; the work of Bick (1968), Winnicott (1956b), Meltzer (1992), Tustin (1972) Alvarez and Reid (1999), Alvarez, (1992; 2001) and Williams, (1997) amongst others, have contributed significantly to this discussion. By sensitizing the clinician to early infantile states, first encountered and discovered from the close observation of babies they extended psychoanalytic understanding. This was particularly so in relation to the interpretation of defenses, with Alvarez stating that deprived and abused children relied upon their defensive position in order to survive the psychological impact of abuse and neglect. Williams placed emphasis on different forms of container function, and similarly focused upon technical issues in relation to the timing of interpretation.

because maturation affects the development of the mind. Physical maturation is also thought to create a balance between the life and death instincts, furthering development in the perceptual apparatus, offering a relation to a whole object.

- 2) *'Phases in the development of the libido'*. Klein identified how developmental progression is disturbed by destructive impulses, which inhibit progress and prompt regression, or in the promotion of rapid progress, creating a situation of premature maturity. Klein spoke of the interplay between libidinal development, the drive to make reparation and the infant's sense of guilt as directly influencing the degree to which libidinal phases unfold. These ideas are particularly relevant in the case cited here, where the baby's relationship to the breast was suddenly interrupted by the mother's prolonged absence. The consequence being that *oral* libidinal development suffered a period of disturbance.
- 3) *The reality principle'*. The infant depends upon neurological development to *'distinguish the reality of external objects'* (Hinshelwood, 1989: p. 278). Psychoanalytically this is thought to happen around the fifth or sixth month of life. For depressive anxiety to be tolerated a significant amount of psychological maturation is required. *'The ability to relate to a whole object means relinquishing omnipotent projections and introjections, which distort perception'* (p. 278).
- 4) *'The development of object-relations'*. In object-relations theory there is an ego present from birth⁷, this is thought to be a biological given and Klein

⁷ Hinshelwood (1989) following in the Kleinian tradition cites the presence of object relations from birth. However, the work of Piontelli (1992) has challenged this view. Through ultrasound observation she has recorded how aspects of the infant's personality can be observed whilst in the womb, placing object relatedness as pre-natal. From a developmental perspective there is an ever-increasing body of research, which supports the view that psychological life begins before physical birth. The fetus is clearly its own being, asserting a preference for its own likes and dislikes (Bradley & Mistretta, 1975), having its own 'rhythms, urges, and biological expectations' (Music, 2011). Object relatedness in this context refers to specific aspects of interacting and seeking of environmental connection. However, from a classical psychoanalytic perspective, object-relations involve the ego in interplay between the paranoid-schizoid and depressive positions with a focus on the internal, phantasy world of the

emphasised how the earliest ego had to manage intense states of persecution and fear of annihilation, this is thought to originate as much from within as without. The introjection of a good object⁸ aids in the amelioration of persecutory and destructive internal elements.

- 5) *'Development of the ego'*. The recognition given to the nature of splitting, and the debilitating effects of split-off parts of the self are fundamental in the appreciation of how these splits are pulled together creating a more integrated ego. *'Such integration does not mean making the different parts of the self all the same; rather it means the more flexible choice of different aspects of the self, or freer and more flexible identification with the assimilated objects that make up the self'* (p. 279). At the heart of the Kleinian description in ego development, is how multiple internal objects are in a fluid *live* relationship with the ego.

Internal objects are also in live dynamic interplay with external object(s); this is most noticeable when considering how the infant's most primitive fears and anxieties are managed. The container/contained relationship described by Bion (1962), places symbolic functioning at the heart of mother/baby early interactions. The carer's ability to contain the infant's emotional states and the internalization of this function by the infant creates a sense of interiority – a space inside. The infant who experiences parents who consider and hold in mind their experience whilst at the same time relate to each other - opens up a 'triangular space' (Britton, 1989: p. 86). This model of being thought about is internalised and creates the basis for self-reflection, security and learning from experience.

infant. Klein believed that the infant's relation to the breast, as a part object, was instrumental in beginning the process of internal object relatedness. Meltzer wrote extensively on the importance of the relation to the placenta, which he thought could sometimes interfere with the establishment of the relation to the breast.

⁸ A good object is first thought to originate from the experience of 'nipple in the mouth' and the milk in the infant's tummy, which provokes 'mental representations of unconscious phantasies [...] of a good object going inside (introjection)' (Hinshelwood, 1989: 278).

Findings from this study reveal how the infant was subject to a triangular presentation from the beginning. Accommodating, tolerating and imagining external reality as represented by the presence of the third, together with the baby's capacity to tolerate depressive anxiety is thought psychoanalytically to occur between 5 and 6 months of age. The case cited here would question this assertion and would suggest how the infant was able to tolerate and manage depressive thought from a much earlier age. Initially, this was evidenced by how the mother from the beginning introduced the outside world in a manageable form. At the point of her accident the infant although defensively preoccupied, was able to adjust to the changed environmental circumstances and retain a level of integration necessary for object seeking and relating.

Triangular thinking⁹

Within psychoanalytic literature, triangulation is thought to occur with the increased separation between mother and infant. Resnik (1995) has argued that mental space and internal world exist if the world can be perceived as having dimensionality (p. 16). He speaks of mental space having depth and volume, being three-dimensional and relating to the state of the internal parents. Space and dimensionality are also discussed by Maiello, S. (2007) when she describes maternal and paternal functioning¹⁰ and the 'in-between space', she writes: '*This in-between space which guarantees the sense of individual identity is the prerequisite for the development of a relationship. The opening of the dyad to otherness in general, to the third, paternal to the element, is implicitly contained from the very beginning in that distance, in that space in-between. There is a proverb saying: There is no two without a three. It announces the principle of triangulation*' (p. 46-47). Meltzer and Tustin view the nipple as similarly representing a paternal element, creating a triangular space from the start.

⁹ For clarity I make a distinction between triangularity and its relationship to the mother infant dyad, from that of triangulation encountered through the observer's presence.

¹⁰ Maiello, S. (2007) discusses maternal and paternal functioning within the observer, here I refer to it as a general principle.

In a remarkable sequence (observation 2) the baby was observed to be sensitive to the presence of the third even whilst sleeping. This was an important discovery suggesting perhaps, that from birth the young infant is quite possibly anticipating mental and physical self/other differentiation. Whilst the finding of mental relatedness is consonant with developmentalists' work as well as with Klein's views, the detail of how this was evidenced whilst the infant slept was an original finding. The 'space between' was sometimes observed as uncomfortable even persecutory at times, and at others creative and dynamic in the link to the outside world (for contrasting views see observation 2 and 14). The pronounced¹¹ nature of the baby's engagement with mother together with the sensitivity to environmental nuance would suggest that skills in joint attention, as theorised by developmental researchers, develop earlier than suggested.

These skills are usually assumed to mature towards the end of the infant's first year, with many authors placing emphasis upon earlier dyadic interactions for their origin (Bakeman & Adamson, 1982, Mundy & Sigman, 1989, Hobson, 1993 cited in Burhouse, 1999). These skills are particularly associated with positive rather than negative affect and are related to the inclusion of a partner in the affective experience. Shared looking, curiosity and protodeclarative pointing in the singling out an object of interest, are particular aspects of joint attention skills. A defining feature concerns the triadic nature of the interaction, between self, another, and a third object or person.

From a psychoanalytic perspective, the resolution of the Oedipus conflict is thought to offer a new dimension in the process of psychical maturation. The infant who experiences parents who consider and hold in mind their experience whilst at the same time relate to each other - opens up a 'triangular space' (Britton, 1989: p. 86). Britton writes (1989):

The capacity to envisage a benign parental relationship influences the development of a space outside the self, capable of being observed

¹¹ I use the word 'pronounced' to describe the constant intersubjective nature of mother/infant interaction. Stern (1985) has likened this to a dance, reciprocal in nature and unmistakable in finely co-ordinated expression.

and thought about, which provides the basis for a belief in a secure and stable world (p. 87).

In addition to the recognition given to the couple relationship, it becomes possible ‘*to also internalize a recognizable conception of a three-person relationship – a - triangular relationship [...] the child’s new view of itself and the active individuals - father, mother, and child - results in a balance within the triad*’ (Diem-Wille, 2011: p. 236-237). Feldman (1989) views the healthy negotiation of the Oedipus complex as instrumental in formulating an ‘*internal model of intercourse that is on balance, a creative activity*’ (p. 106). This is believed to directly connect to how ‘*thoughts and ideas [to] interact in a kind of healthy intercourse*’ (p. 106).

The construction of a ‘triangular thinking space’ is dependent upon the infant’s internalization of ‘dyadic’ interactions. The caregiver’s mind¹² provides a model as Feldman (1989) and Bion (1962b) stress, which in time helps to develop a mental space within the infant that embraces the concept of the triad. Thinking triangularly about the inter-relatedness of objects begins with a distinct set of achievements. The use of gesture and eye contact to share experience of an event or object, are instrumental in the eventual perception of objects that are distinct from self (Mundy et al (1993). This cognitive achievement has significant bearing on the infant’s ability to relate to his or her own mind and in so doing, acknowledge and create mental links with others (Bion, 1962, Britton, 1989). Whilst I acknowledge the importance of defining stages¹³ associated with the acquisition of joint attention skills, the findings from this research study suggest that the infant and mother enjoyed a triangular relationship from the beginning. Joint attention skills which involved shared looking and curiosity was noticeable from when the baby was between four and five months old.

¹² When all goes well the caregiver’s mind is thought to contain a model of the couple relationship.

¹³ Trevarthen (1975, 1979) distinguishes how there is a distinct developmental phase in the acquisition of joint attention skills, ‘primary subjectivity’ concerns early attunement and the sharing of feelings between baby and caregiver and with the development of intersubjectivity comes skills in joint attention.

Triangulation: the observer's perspective

Building on the work of Houzel (1999) and Tustin (1981), Maiello (2007) contends that the observer, whilst maintaining a position of triangularity, evokes *psychic bisexuality*. She writes-

The other aspect of the observer's learning process has been formulated in terms of the acquisition and strengthening of the paternal function. If the maternal function is connected with bearing the disturbing presence of unconscious mental contents, the paternal function's task is to come to terms with absence and concerns the capacity to tolerate the frustrations deriving from it. This function entails the development of the ability to bear feelings of exclusion, to tolerate not knowing, to be in the position of the third, which is the position of otherness. It means accepting not to be in control, allowing events to happen without being able to foresee and to monitor them. It means developing the negative capability. This is the basis of the capacity for genuine listening and creative thinking about psychic reality, not only the others', but essentially one's own (p. 48-49).

I would also add that like the mother/infant relationship, the form of triangulation is determined by closeness and distance. Too close mentally and there is an over-identification with the baby's experience, too distant and the observer loses contact with what is occurring in psychic reality (Rey, 1979). There is a need for the observer to get to know the *in-between space* familiar to the small infant.

How integrated/un-integrated are babies?

The established view that babies require the ministrations of another to offer both mental and physical means of cohesion and coherence was emphasised in Klein's work. Although she identified a rudimentary ego in the new born infant, together with an in-born readiness for object relations, she never-the-less held the view that the baby's ego lacked a binding force. In her 1946 paper 'Notes on Some Schizoid Mechanisms' she writes-

I would also say that the early ego largely lacks cohesion, and a tendency towards integration alternates with a tendency towards disintegration, a falling into bits. I believe that these fluctuations are characteristic of the first few months of life (p. 4).

According to Hinshelwood (1989) she viewed:

*the mind as operating in split and unintegrated ways. More than any other analyst, Klein relinquished the integrity of the mind. Instead of the interrelated structure of id, ego and superego, **she saw integration as the developmental task** (p. 328 emphasis my own).*

The first good object for Klein was the mother's breast¹⁴, Esther Bick (1968) two decades later elaborated this further and related how this first introjected object gives an internal and therefore external sense of space into which the baby can project. For Bick, whose position was more extreme than Klein's on this point, unintegration was seen as a *primary phase of development*, prior to the classical Kleinian stage of paranoid-schizoid splitting and idealisation of the object. Like Klein she held the view that the infant was born unintegrated, writing-

*'The thesis is that in its most primitive form the parts of the personality are felt to have no binding force amongst themselves and must therefore be held together in a way that is experienced by them passively, by the skin functioning as a boundary. But this internal function of containing the parts of the self is dependent initially on the introjection of an external object, experienced as capable of fulfilling this function. Later, **identification with this function of the object supersedes the unintegrated state** and gives rise to the fantasy of internal and external spaces' (p. 55-56: emphasis my own).*

This function can be thought of as circular, which when all goes well reinforces the presence of a good object.

¹⁴ The mother's breast as the first good object is thought to be a part-object that satisfies the infant's bodily need of hunger.

Symington (2002), drawing on the work of Bick, described a universal stage prior to the *'idea of an object with a space inside it'* (p. 108). This is conceived of as a two-dimensional situation whereby the infant manages anxiety by finding an object to stick to *'with the force of a suction disc'* (p. 108). She argues how this 'sticking on' may well be related to the infant's feeling of safety rather than a strictly 'second skin' defensive formation as conceived by Bick (1968). However, Waddell (2006b)¹⁵ clarifies the difference between a *stage* of development as envisaged by Klein, Bick and Symington to that of a *state* of mind, *'one which may occur in the face of disaster or trauma, or constitute a temporary, if catastrophic, fear of losing all sense of integration'* (p. 149). In discussing a clinical case she differentiates between primary unintegration, where the individual had *'never found coherence or protection from catastrophic anxiety within an available skin-container'* [...] to that of *'continuously regressing to unintegrated states'* [...] while having the capacity to hold parts of the personality together in less primitive ways (p. 151-152).

Edna O'Shaughnessy (2006) discusses the beginnings of post-natal life and argues that the *'infant's state of passive unintegration in which the object functions as a 'skin' to bind together the parts of the personality is not a normal first stage of development, [as Esther Bick suggested], but rather a sign of an aberrant and already disturbed development resulting from trauma'* [...] (p. 153). She differentiates between passive second skin unintegration to *'ordinary unintegration'* in which the baby actively searches for an object. However, Alvarez (2006) challenges the established view that infants are born in a primary unintegrated state, and introduces the idea of *'under-integration'*. She writes; *'A notion of a continuum of levels of integration may be useful in avoiding a too simplistic dichotomising between unintegration and integration. [...] some degree of integration is a necessary precondition for a state of object-relatedness; a precondition, however, need not imply a lasting or primary phase of development'* (p. 160). There are many complications according to Alvarez, such as how *'disintegrative activities may accompany un-or under- integrated ones. [...] Dissociation is one of the*

¹⁵ Waddell was the chair at the ACP Study Day in 2005 where Anne Alvarez and Edna O'Shaughnessy presented papers on the theme of the day: 'Integration, Unintegration, Disintegration'. The Study Day arose from the brief background discussion on the topic between Joan Symington and Edna O'Shaughnessy.

earliest defence mechanisms but it is automatic in infancy' (Perry et al., 1995: quoted in Alvarez p. 176).

Drawing on child development research Alvarez (2006) introduces a notion of '*pre-seeking, or proto-seeking*' in infancy. This refers to the baby's desire to object seek and relate from the beginning, with some babies more active in this process than others. She speaks of the infant's innate desire to relate, build and construct meaning. In so doing there is a suggestion that the baby cannot afford to be in a unintegrated state for long and there must be some ego coherence for the infant to resume object seeking. She concludes her argument by stating:

'Thus I do not agree with Bick when she says that "in its most primitive form the parts of the personality are felt to have no binding force among themselves' (1968:55). Nor do I agree that the containing function comes only from the external object. Some babies, probably most babies, are born with a good deal of inner cohesiveness and solidity. But all babies have their limits, and surely levels of integration fluctuate throughout the course of even the most solid baby's day' . (p. 167).

Neo natal studies reveal how some babies are born more integrated than others (Negri, 1994). Which suggests that the baby's readiness to meet the outside world is influenced by how the pregnancy has proceeded. This includes the mother's state of mind¹⁶ as well as the maturation of the baby. Alvarez draws upon the work of Lou Sander (1975) who

¹⁶ Music (2011) draws upon several research studies to illustrate the lasting effects for the infant of severe maternal stress. Increased levels of dopamine and serotonin have been linked to a range of childhood emotional and behavioural problems: Drawing on the research of Van den Bergh et, al (2007) he writes; - 'The impact on later behavioural problems particularly holds up if the mothers are anxious between 12 and 22 weeks of pregnancy, but less so when the anxiety is between 32 and 40 weeks. This suggests a programming effect of stress hormones during particular moments of fetal development' (p. 18). My inclination is to also think of a cyclic process in which a compromised early situation affects the infant's state of mind, which in turn impacts upon the mother after birth.

identified the need in the baby for '*Organised States*'. Organisation, he writes, is the anticipation of an *event*, *expectancy* and *sequencing*. It affects the capacity to relate, influences brain development and is significantly helped by having a continuous caregiver. Sorensen (2000) identifies how '*transition facilitating behaviour*' by the carer helps to scaffold the infant's experience and creates a mental contour between events, creating rhythm and meaning in experience. In time the baby internalises this capacity, comes to predict sequences and in so doing has an increased toleration to the undulations associated with more unpredictable care giving behaviour. The contouring of transitions relies as much upon the sensitivity and sensibility in the object as it does upon the infant's readiness for engagement (Stern, 1985) and toleration of aesthetic impact (Meltzer, 1988). When all goes well '*Babies have been found to be hugely more integrated and competent than was originally thought and to be object-expecting, object seeking and object-using*' (Stern, 1983; Alvarez, 2006: 167). The findings from this study confirm this view and further identify competencies in the infant related to internal object constancy, particularly in how the baby uses his senses to powerfully evoke the object when absent or unavailable.

Pre-oedipal integrations

As previously discussed some degree of integration is necessary for the introjection of a good object and the identification of a bad one. Furthermore, in order for infants to successfully project into the object, a certain amount of integration is also required. For good introjections to take place certain preconditions are required: Primitive anxieties need containment in the way Bion (1967) envisaged. Secure background conditions provide the achievement of object constancy and Wolff (1965) drew attention to how babies need to be well fed, relaxed and alert to take in and engage with the world around them.

Integration is based on the introjection of a good object, primarily a part object (mother's breast), and splitting off the bad experience. Klein (1957) describes this as follows, '*My hypothesis is, therefore, that the capacity for love gives impetus both to integrating tendencies and to a successful primal splitting between the loved and hated object*' (p. 191). Having successfully split off and projected the bad frustrating object,

together with unwanted aspects of self the infant is open and available to object-facilitated integrations. These occur through a variety of means; for Bick and Tustin (1981) this was the nipple in the mouth – closing the ‘hole’, where a catastrophic sense of existential anxiety lurks. Moving from the mouth to the eyes, Spitz (1955) and Winnicott (1967) first directed psychoanalytic attention to the importance of eye contact between mother and baby. By closely observing mother-baby interaction, Haag (1991), Wright (1991), Maiello (1997), and Rhode (1997, 2012) have all made a contribution to exploring the role the eyes and mouth play in mind and body integration.

The significance of the mouth in psychoanalysis

Given the prominence of oral preoccupation evident in the observational material, I now turn to considering how mouth activities in very young infants have received psychoanalytic attention. From a Freudian perspective Edward Glover (1924) classified mouth movement into three main phases¹⁷, a) libido development, b) the oral stage of ego development (classically referred to as the basis of character formation) and, c) mouth activity as a channel for destructive impulses. The mouth was thought to accentuate the gratification of ‘*combined hunger and erotic tensions*’ (p. 135) and there is believed to be an optimum period for suckling gratifications, with a shortening or a prolongation, resulting in traumatic experience or fixation. There is a suggestion that over, and under, oral gratification can give rise to individual oral *disposition*, or *character* (p. 137) influencing later pregenital anal and phallic stages in development.

The feeding situation is thought to provide a point of focus for aggressive and libidinal impulses. From the manner in which the infant sucks at the breast, a broad distinction can be made between a passive reaction, to active, and aggressive jaw movements. The change from breast to bottle can produce reactions that vary in intensity from easy acceptance to violent protest. A more passive type of sucking can accompany bottle-feeding and although it lends itself to grasping activities it is seen as deficient in other erotic and aesthetic aspects usually associated with the breast. The nipple, it is

¹⁷ Phases in this context are not thought to be necessarily sub divisive but are based on impression. Although there is thought to be a ‘realistic continuity’ (p. 135) there is a suggestion that one stage may become magnified.

suggested, is not thought of as a separate object for the infant but ‘*as part of the pleasure self*’ (p. 141). This is a significantly different view to that of post-Kleinian thought where the nipple as previously discussed, provides the infant with the experience of the third – paternal in function.

From a contemporary Freudian framework Sandler and Dare (1970) caution against a widespread definition of orality in psychological processes, and challenge the psychoanalytic orthodoxy of oral character formation hypothesised by Abraham (1916) and Glover (1924). Instead they relate the mouth and the associated digestive functions to processes in identification and ego development. Somewhat surprisingly and despite giving evidence to the contrary, (e.g. “*the wish to attain ‘ideal’ states previously experienced in reality or in phantasy*”), they maintain that the infant of a few months old is incapable of organized phantasies, particularly with regard to orality. They write ... ‘*the elaboration of oral phantasies occurs, in our view, for the most part after the first year of life, and their existence may lead to false assumptions regarding the influence of experiences during the oral phase on further normal or pathological development*’ (p. 218: Emphasis my own). The idea that the early breast-nipple experience lacks dimensionality for the infant, especially in the creation of rich phantasy material is at odds with the findings of this research study (e.g. Observation 2) or indeed the writings of Klein and infant observers.

Biting and taking in

Erikson (1968) building on the work of Abraham discusses the developmental changes that are ushered in with ‘biting’, believing that it brings about a more active ‘holding’ and ‘taking in’. Whereas Abraham (1916) explored how biting was related to ‘cannibalistic phantasies’ in which there was a desire to incorporate the object (p. 258), he also drew attention to how the movement from sucking to biting ushered in a stage in which the ambivalent attitude of the ego to its object begins to emerge. He notes the importance of this stage when he writes, ‘*if the pleasure in getting or taking is brought into the most favourable relation possible with the pleasure in possession, as well as with that in giving up, then an exceedingly important step has been made in laying the foundations of the individual’s social relations*’ (p. 396-397). There are two important

factors identified here, which directly relate to this study. The first concerns how the emergence of teeth constitute a more secure 'holding on' for the infant, perhaps representing a phantasy of greater control over the object. The second concerns the expression of ambivalence and its transformation into being able to 'give up and let go' oral possession of the object. This study confirms how following their reunion, restoration of the mother/infant relationship coincided with the appearance of the first tooth. It appeared as if the infant was more in touch with his own aggression and had potent regard for securing the object's mindful attentiveness. The oral disturbance that had been so prominent began to ameliorate, as the expression of ambivalence became symbolised through playful activity (observation 38). In so doing a re-valuing of the oral object apprehended aesthetically took place, purging and ruminatory activity ceased.

Research revealed how a significant aspect of the parent/infant relationship centred upon aesthetic reciprocity (Meltzer, 1988c). Given how events overshadowed the rapport between infant and mother I will now turn to exploring factors associated with aesthetic conflict and the relationship to the breast. I place emphasis upon the manifestation of oral disturbance as an indicator of aesthetic conflict and a disturbance in thinking.

The mouth–nipple link - the relationship to aesthetic conflict

The most urgent need brings about the most intimate connection with the nipple and exposure to sensorial impression. Touch, texture, taste, smell and sight are thought to be associated with the mouth more than any other erotogenic zone. The contours of the mother's breast, the sight of the areola surrounding the nipple, the presence of warm sweet milk suggest how the infant is exposed to an array of aesthetic impression from the beginning. The nipple in the mouth is seen to provide the infant with an experience of sensory combination and integration, with the differentiation between the surface and deeper qualities of the object experienced via the mouth-nipple link. This is thought to act as a prerequisite to bearing the interrelationship between the two. However, this is not always a straightforward task. Donald Meltzer (1988b) argued that the mother had a

powerful impact on the baby and identified how aesthetic conflict arose from the infant feeling overwhelmed by the beauty of the object. He writes of how,

The ordinary beautiful devoted mother presents to her ordinary beautiful baby a complex object of overwhelming interest, both sensual and infra-sensual. Her outward beauty, concentrated, as it must be in her breast and her face, complicated in each case by her nipples and her eyes, bombards him with an emotional experience of a passionate quality, the result of his being able to see these objects as 'beautiful'. But the meaning of his mother's behaviour, of the appearance and disappearance of the breast and of the light in her eyes, of a face over which emotions pass like the shadows of clouds over the landscape, are unknown to him. [...] He is naturally on guard against unbridled optimism and trust, for has not he already had one dubious experience at her hands, from which he either escaped or was expelled. [...] Even at the moments of most satisfactory communication, nipple in mouth, she gives an ambiguous message, for although she takes the gnawing away from inside she gives a bursting thing which he must expel himself. Truly she giveth and she taketh away, both of good and bad things. [...] This is the aesthetic conflict, which can be most precisely stated in terms of the aesthetic impact of the outside of the 'beautiful' mother, available to the senses, and the enigmatic inside which must be construed by creative imagination. (p. 21-22).

Reid (1990) speaks of the developmental change that took place in her young patient when beauty was sought and apprehended, it gave the child an appetite for life, and restored a belief in goodness and hope. She believes that encountering the beauty of the object is the bedrock to mental health in all of us. Likierman (1989) concurs with this view and writes of how our individual development does not remain in a vacuum, but interacts with life events – *'Therefore the experiencing self continually impregnates sensory 'data' with meaning that is personal. For example, at a moment of happiness we may suddenly perceive beauty in an otherwise mundane object'*. She states how aesthetic capacity exists from the beginning of life and is inextricably linked to perceptual activity. Crucially she asserts that the aesthetic experience predates the

depressive position and is a significant enabling factor in its development (see for example observation 46 where the infant engages the mother in mutually loving restorative interaction).

Urwin¹⁸ (2006) identifies how for Meltzer the baby knowing or getting to know the object is as much a driving force as the reconciliation of love and hate. Bion (1992) conceptualises this ‘force’ as forming the K link, which is a conjunction between love (L) and hate (H)¹⁹. The meeting of L, H and K will depend upon a capacity to sustain a container-contained relationship of a ‘commensal’ type, where three elements converge to the benefit of each other (Bion, 1962, p. 91). The problem as Urwin states is how the psychic life of mother is construed through the baby’s active imagination. This is believed to be at the heart of aesthetic conflict. She writes of how ‘*the nature of the aesthetic conflict is uncertainty, tending to mistrust bordering on suspicion*’ (p. 206). The mind’s openness to a ‘new idea’ (Bion, 1970) or K Link, can she adds, is sometimes catastrophic. This is due to how the infant’s cognitive-emotional system is in a state of flux during the assimilation of new impressions and ideas. ‘*These processes are not tied to particular ages, stages or phases of life, but infants live[s] in real time. The proposition is that the depressive position described by Klein is less an ‘achievement’ and more an outcome or an aspect of the child’s attempts to deal with the emotional consequences of the aesthetic conflict, the difficulty of not knowing and uncertainty*’ (p. 206). Developing these ideas she relates how at the onset of the depressive position both Klein (1946) and Bion (1962) described the operation of a controlling superego, the influence it imposed she believed was related to the intensity of the aesthetic conflict. Urwin (2006) suggested how developmental pressures

¹⁸ Urwin (2006) in her contribution to the discussions on ‘integration-unintegration’ refers to Mrs. Bick’s paper on the skin, and concludes that the newborn infant is not ‘in a state of a string puppet with the strings cut’ (p. 210) as Bick’s paper implied. This was not to suggest that some infants may not experience such states, and she stressed how the boundary setting function of the nipple-in-the-mouth described by Bick illuminated ‘the psychological significance of early coordination’s, their interdependence on systems for regulating attention, and the way these operate in interpersonal contexts’ [...] (p. 210).

¹⁹ López-Corvo (2003: p. 158) relates the K Link to Klein’s (1931) notion of the epistemophilic instinct, or the drive for knowledge.

associated with coordination and differentiation may take precedence over emotional learning at times, creating a situation of temporary in-balance or fluctuation between body and psychic equilibrium.

Alongside internal processes associated with integration and managing aesthetic contact, there is a requirement for the infant to engage with the caregiver in developing a co-constructed ‘commonsense’ view. In ‘*A Theory of Thinking*’, Bion (1967) writes of how a ‘commonsense view’ is achieved when ‘*conjoined data harmonize*’ (p.119). He writes; [when] ‘*conjoined data harmonize a sense of truth is experienced and it is desirable that this sense should be given expression in a statement analogous to a truth-functional-statement*’. Failure in conjunction leads to a ‘commonsense’ view inducing ‘*a mental state of debility in the patient as if starvation of truth was somehow analogous to alimentary starvation*’ (p. 119). Given the context of the infant’s loss and later oral disturbance I now consider how a disjuncture²⁰ occurred in mother/infant communication²¹, the beauty of the object was no longer apprehended and aesthetic conflict arose in its place. This is a somewhat different account of aesthetic conflict to that given by Meltzer, who stressed its presence within a developmental context. The reference here relates to catastrophic change, which arises from the loss of the aesthetic creating object.

The infant as Bion (1967) points out, relies upon the mother to do whatever has to be done to convert sense data into a form suitable for employment as alpha-elements by the infant (p. 116). Building on these ideas, Rhode (1997) considers how the over-emphasis on sensation at the expense of meaning that can be encountered in autistic children, or as in the case cited here, of psychosomatic symptomology, ‘*may follow from an apprehension that the meaning would be intolerable*’ (p. 141). Her work challenges the view that in the beginning there is bodily sensation, from which the mind gradually evolves (Freud, 1923). The case studied here concurs with this view, and formulates how the aesthetic apprehension of the object was overshadowed by traumatic loss, the

²⁰ The missing ‘conjoined data’ as conceived here relates to the nipple-mouth link.

²¹ Communication as referred to here implies sensory, physical and verbal forms.

meaning of which was inassimilable and felt to be intolerable for both mother and infant.

Rhode (1997) relates how the baby has a preconception of an object that is both integrated and integrating, '*not just with regard to 'common sense', but with regard to sensory and emotional experience*' (142). When such a preconception meets a realisation often enough we could assume that a link is made between the baby's experience at the breast, sensation in the stomach and the development of thought (object representation). In the absence of an object that facilitates such a realisation, the immature infant no longer has a symbol-creating object, and in its place psychosomatic symptomology and phantasy dominate. Joyce McDougall (1989) explores the disconnection between mind and body in psychosomatic illness, describing how through 'the theatre of the body' emotion is expressed when it is not possible to articulate oneself symbolically²². Theoretically, this is relevant when considering how strongly felt emotions are communicated by the immature infant. The baby requires an available receptive mind to process and contain these sense impressions, bodily functions, and states of mind (Bion, 1962b). Without this mind-mindedness²³ (Meins, et al, 2001) availability the baby's body becomes the vehicle by which emotions are communicated and defended against (Klein, 1946: Bick, 1968). This symptomatic response is discussed in the next section where I begin by examining the research study of Gaddini and Gaddini (1959).

Trauma displayed orally – regurgitation and rumination

The close connection (and disconnection) between body and mind becomes apparent in psychosomatic illnesses. Gaddini & Gaddini (1959) made several important discoveries during their research on the psychosocial aspects of rumination in infancy. They

²² In this instance the carer becomes the means through which symbolic thought is mediated on behalf of the infant.

²³ The concept of mind-mindedness arose from developmental psychology and the work of Elizabeth Meins. Measuring the frequency by which parents made mind-related comments to their children, Meins and her colleagues revealed how they were predictive of attachment security.

concluded that the infant when engaged in ruminatory activity held the expression of *'the sucking infant who, completely gratified, spontaneously gives up the breast'* (p. 168). They describe how the infant's expression changed from tension prior to rumination, to that of *'extreme relaxation and beatitude'* (ibid). It was discovered how the infants in the study all suffered unsatisfactory early relationships, and were massively projected into. Rumination was seen as a culmination in an already disturbed subject/object relationship. The infant referred to in this study did not suffer early deprivation of this sort; ruminatory activity only began after the sudden temporary disappearance of the mother. Unlike the children in the study, the infant was distressed when regurgitating and choking, rather than feeling satiated by perverse pleasure. Never the less, there are aspects of the ruminatory process identified by Gaddini and Gaddini that do have relevance to this study and to which I now turn.

The Gaddini's made an important discovery with regard to the onset of rumination. They identified how it occurred at the point when the baby/carer are optimally engaged visually, that is, not before the third month of age. In the six cases studied they also conclude that a feature of the disturbed object relationship concerned the mothers' *'profound anxiety, their death fears, their ambivalence toward their babies and, in general, their marked inadequacy when faced with the demands of their feminine role'* (p. 177). Rumination they discovered never started suddenly and was part of a gradual process. The cascade of affect identified in this study would concur with this view. Importantly they observed how *'rumination seemed to occur in relationship to a particular tension whose immediate motivation was not easily understandable'* (p. 179). Again, this is a very different finding to that explored in this research project, where the absence of the object led to a level of distress beyond which the infant was able to manage.

In those babies displaying rumination Gaddini and Gaddini found that they had experienced frustrations, too severe to be tolerated in relation to their age and development. Conversely they found that ruminatory behaviour disappeared when the child's relationship to the mother figure improved (this study concurs with this view). They concluded that rumination is a complex *'psychophysical defensive syndrome'* (p.

183) operational at a time when the infant had reached a certain level of maturation, although within a ‘*climate of marked deprivation*’. They continue:

The fact that, in the great majority of cases, it is preceded in its development by vomiting [...] our impression was that ruminative activity was always accompanied by visible mounting tension as evidenced by restlessness. The child would withdraw his interest from the environment and focus it upon the sensations deriving from his own body. More than the stimulus of hunger, the child seemed to suffer a tense “stimulus hunger” that feeding not only could not satiate but seemed instead to promote or just exasperate’ (p. 183).

Rumination and the link to aesthetic rupture

Rumination as conceived in this study relates to an oral blending of libido, (a desire for the object) with that of ambivalence (attack on the object), whereas for Gaddini and Gaddini rumination signified the infant’s preference for their own body sensation over that of gaining object satisfaction. The infant of this study used rumination and later choking as a means of mastering a bad experience. The relationship of mouth and nipple as previously stated held an aesthetic component for the infant, and from which we might conceive of aesthetic rupture occurring, especially during the time when a replacement carer took over responsibility for the infant. In ‘*A Theory of Thinking*’ Bion (1962b) described how the mother’s capacity for ‘reverie’ acts as a receptor organ ‘*for the infant’s harvest of self-sensation*’ (p.116. Reprinted in *Second Thoughts* 1993). Reverie in this context acts as a binding force for the infant’s aesthetic sensibilities and in its absence it was noted how the infant turned to defensive means of self-preservation. In the absence of an object able to gather together the infant’s ‘harvest of self-sensation’ we see the appearance of a deeply personal idiosyncratic response in the form of vomiting, regurgitation, rumination and persistent choking.

During the period of mother’s absence and later recovery it was as if the infant’s internal sense of safety was threatened. Persecution took the place of goodness and despair and detachment threatened ‘continuity in being’ (Winnicott 1968). In order to manage the internal threat, the infant expelled and projected the unwanted feelings. It

was as if the once warm and loving parent had turned away, leaving him alone in a world unaccustomed to his sensitivities and sensibility. For this reason Levy and Lemma (2004) see trauma as ‘*attack on attachment*’ (p. 5). They write-

We specifically use the term attachment to underscore the importance of both internal object relationships and the quality and presence or absence of external relationships at the time of trauma. We believe that an attack on attachment is fundamentally an attack on the possibility of dialogue, of sharing our experience with an ‘other’ who can know about and receive this information. Traumatic experiences undermine or attack the psychically integrating function of narrative, of being able to put our own story into words, both in relation to another person and also in terms of the construction of an inner dialogue with our objects (p. 5).

It is my view that aesthetic experience gained through mother’s reverie acts as a dialogue forming narrative. With a rupture in this function we see the emergence of a traumatic response and the ‘*perversion of a capacity to mourn*’. [...] ‘*Instead of a normal grieving process, there is a breakdown, where the individual identifies with the lost person in a particularly cruel and relentless way*’ (Freud, 1917. *ibid.* p. 5).

Responses to loss

With the breakdown in mother/infant relations we see how the baby used his body and digestive system in a concrete manner to express his sense of loss. The mouth became the site of traumatic injury, vividly conveyed by induced choking and retching. Levy and Lemma (2004) identify how a traumatic event often precipitates a destructive type of identification. ‘*It is as if the individual takes on the shape and nature of the very thing that has caused him to suffer [...] Whatever form it takes, this type of identification uses action, in this instance aggression, to replace thought and understanding*’ (p. 6). For the infant in this study this might typically imply how regurgitation and choking became the dramatization of what the bad (absent) object does to the infant in phantasy, as well as providing the means by which a bad object is expelled (vomiting and regurgitation).

Garland (2002) identifies how major trauma undermines the capacity to think symbolically and thereby impairs the mental representation of experience. For the immature infant, who relies upon the symbol performing qualities of the carer, this poses a complex problem, especially when the traumatising object is the same as the symbol creating one. *'This twisting of goodness into badness can feel catastrophic for the survivor and often shatters the essential trust and hope that good objects will endure and prevail'* (Levy & Lemma 2004: p. 11).

Freud (1920) detailed how the mind needed protection from too much reality. He proposed a mental shield, which acts as a barrier to stimulus that is overwhelming. Levy and Lemma describe it as a *'skin to the mind'* (2004: p. 7) whose function is to sort and protect what can enter and what needs to be shut off from consciousness. The mother in part performs this task for the immature infant. Losing this reliability, coupled with the object as a traumatising agent, results in a breach of this mental barrier provoking mental disturbance, which as Freud states, *'set(s) in motion every possible defensive measure'* (1920: p. 20). An infant whose existence depends upon relative dependency cannot sustain the strategies of fight or flight, which normally accompany such a rupture, for long. Passivity and compliance with the object ensures survival, with defensive pre-occupation continuing in this instance, in regurgitation, rumination and choking.

The delayed re-union, which occurred several weeks after mother's return home was a passionate affair – aesthetic conflict tolerated. Meltzer (1986) in a short paper entitled *'On Turbulence'* introduces an interesting view that *'passions represent states of turbulence arising from the paradoxical impact of one intense emotion on another, producing a turbulence by reason of the conflict with previously established ideas about the meaning of these emotions and their relevance to the organisation of our internal world, and therefore our view of the external world'* (p. 187). Similarly, Bion (1965, p. 8) conceptualized how change became 'catastrophic' when it was not apprehended via the container/contained relationship. These ideas illuminate the intensity of the conflict the infant experienced and perhaps help to make sense of why the defensive organisation was located orally (this of course was the most passionate site of contact between mother and infant in the early weeks). I am suggesting therefore, the infant's

distress although fixated at an oral level, (with attendant other features, such as gaze avoidance) had a relationship to the object wider than that of nutritive provision.

The mouth came to signify the site of injury (the intimacy with the breast) and vomiting, retching, rumination and choking came to represent a perverse ‘symbolic equation’ (Segal, 1986) of maternal care. Segal spoke of how symbols were required to bridge the gap between self and object, with the transition from symbolic equation to symbolisation requiring a relinquishment in concrete possession. The un-weaned infant of three months is constantly moving between object possession and object representation i.e. between external and internal objects. Given the intense dependency on the breast, I think it fair to imagine how there might be a passionate struggle to apprehend the benefit of separate entities.

Grief and Mourning

Bowlby (1960) in *‘Grief and Mourning in Infancy and Early Childhood’* cites how *‘there is insufficient evidence to enable us to theorize with confidence about development before about six months of age’* (p. 13). Despite several decades of psychoanalytic infant observation and parent-infant psychotherapy this view within the psychoanalytic literature continues²⁴. As a result, Bowlby primarily concentrates in this paper on toddlers between the ages of two and three. Although an older age group, his findings relate closely to the observations discussed here. His first statement is to draw attention to how separation is *‘prone to elicit intense and violent hatred for the mother figure’* (p. 24). Bowlby proposed that emotional disturbance resulting from separation was more prolonged than previously proposed by Anna Freud and Dorothy Burlingham

²⁴ Bowlby’s idea that the emotional and psychological development of early infancy cannot receive reliable theoretical attention is surprising given the context of his work alongside Esther Bick (although they were not altogether in sympathy with each other’s ideas). Furthermore the burgeoning evidence from child development research suggests that close observation of babies has much to teach us about the social and emotional development in young infants, especially what aides or hinders their development.

(1942)²⁵ or Spitz, (1946)²⁶. Bowlby argued that when the infant or young child did not see the mother over a period of days or weeks, pain and grief ‘*becomes intense and inevitably he passes into a state of mourning*’ (p. 29). Like Melanie Klein (1940)²⁷ he proposed that the intensity of grief and the capacity to mourn seen in infants and children was equivalent to that of adults. Three phases were delineated; ‘*Protest*’ related to separation anxiety; ‘*Despair that of grief and mourning; Detachment that of defense*’ (p. 9). Bowlby was critical of Abraham for ignoring grief and mourning, and Melanie Klein and her followers for concentrating so much attention on mourning in relation to part objects.

Theoretical overview in summary

The observations in this study offer a unique insight into infant development, grief and mourning in a three month old, and the reclaiming of the object. As such, they bring into question several related theoretical phenomena.

- Analysis revealed how whole object representations were available for the infant from the third week of age. This was principally demonstrated by the level of cohesiveness in the infant’s body movement in relation to the mother. This finding could be linked to Meltzer’s (1988b) proposal that the paranoid-schizoid

²⁵ Anna Freud and Dorothy Burlingham write: ‘This childish grief is short lived ...in the child between one and two years [it] will normally be over in thirty six to forty eight hours’ (1942, p. 52) quoted in Bowlby (1960, p. 31). Bowlby accounts for this underestimation by pointing to how ego integration was not thought to take place until the second year of life, he writes: ‘This conclusion is based on her belief that before this age the individual is unable either to accept the reality principle or to effect appropriate changes in the internal world by controlling id tendencies. Up to this point, she holds, his responses to loss are governed by the pleasure-pain principle and are therefore of a much simpler kind’ (p. 31) [...] meaning that ‘the infant and young child are not yet capable of mourning in its true sense’ (p. 31).

²⁶ Spitz viewed the infant’s reaction as a special form of pathological ‘depression’ rather than mourning.

²⁷ Melanie Klein writes; ‘My contention is that the child goes through states of mind comparable to the mourning of the adult, or rather, that this early mourning is revived whenever grief is experienced in later life’ (1940, p. 311).

position is not normally chronologically the first, but arises when aesthetic conflict or the depressive position cannot be sustained.

- These factors were particularly highlighted by the infant's noted retreat to a part-object defensive position when the care provided by the mother was substituted.
- Observation findings question the view that part-object-relating is universal in the first five months. However, it is important to note how part-object pre-occupation (see observation 15) was noticeably dominant during the time of mother's absence and continued on her return. This could be explained by how the mother was 'lost' but the feeding 'relationship' remained (i.e. a part object function, though the teat of the bottle is obviously not the same as the nipple).
- The splitting that resulted from intense hatred and distress significantly distorted the infant's perception of the substitute carer. The un-contained presence of destructive phantasies caused a constriction in mental space affecting the triangular relationship. Once again, these findings drew attention to the presence of a triangular form of relating prior to mother's absence and before three months of age.
- Furthermore, the infant was presented with a prototype of triangular thinking (demonstrated by how the mother consistently kept in mind her relationship with her husband and older daughter). The healthy functioning of the container/contained relationship (Bion, 1962) significantly contributed to the creation of 'triangular space'.
- Assimilation of the 'reality principle' is thought to occur for infants between five and six months of age, it is assumed that whole object relating begins at this point. The distress and grieving of the three month old infant would suggest that whole object integration had previously taken place, otherwise grief, mourning and melancholia would not have ensued. The dating of this development may of course be different in each baby.
- Throughout the data analysis I considered how aesthetic conflict arose in part from a change in carer. Having reviewed the literature and observations, I have reformulated my thoughts to consider how 'not knowing' and the uncertainty related to a new idea are aesthetic in apprehension, causing conflict in assimilation. This can be thought about in terms of how the baby turned away

from the object when she returned in an altered state. Mental turbulence related to the new idea, in this instance of a mother who had been altered physically and mentally by her experience resulted in aesthetic conflict; this is a different view to that proposed by Meltzer.

Chapter 4: Research Methods

Research and Infant observation

In this chapter I explore and consider the methodological application of Grounded Theory and its relevance to the research project. The fittingness between grounded theory and psychoanalytic infant observation is quite a remarkable one, since both rely upon a framework of *emergence* in which preconceived inferred hypotheses are eschewed. Fundamentally for both, a literature review in the traditional manner is conducted after an independent analysis. Although there is a simultaneous involvement between the collection of infant observation data and that of analysis in the infant observation seminar it does not determine or direct the original data collection but informs it. This too, is a defining component of grounded theory practise (Glaser and Strauss 1967; Glaser, 1978; Strauss, 1987).

The observational setting and later seminar presentation, acts as an initial *laboratory* (Rustin, M. J. 2006), where, the identification of recurring themes takes place. Although the training institution promotes a distinctive theoretical orientation the aim is one of exploration and enquiry. The multiple perspectives that are often encountered in small, often culturally and socially diverse, groups significantly help this task²⁸. The seminar group also has the potential to act as a corrective to the promotion of overvalued ideas. Theoretical insights emerge from the observational data, and over the course of the two-year infant observation seminar, these developing ideas are considered against emerging observational evidence. Consistent with the reasoning established by Glaser, (1978, 1992; Glaser & Strauss, 1967), in which a completed grounded theory research met the following criteria; that of usefulness, a close match to the data, robustness over time, theoretical density including multiple perspectives, modification through the process and explanatory strength, infant observation practice actively involves many of these components.

²⁸ The observation material was presented in a small seminar group facilitated by the Psychoanalyst and Child Psychotherapist Margot Waddell. The Tavistock clinic has an international reputation for teaching and training, as such; seminar groups are often culturally and socially diverse.

In *Notes on Infant Observation in Psycho-Analytic Training*, Esther Bick (1948), writing about the inclusion of infant observation as a pre-clinical requisite, states the following:

I thought this important for many reasons but perhaps, mostly because it would help the students to conceive vividly the infantile experience of their child patients, so that when, for example, they started the treatment of a two-and-a-half-years old child they would get the feel of the baby that he was and from which he is not so far removed. It should also increase the student's understanding of the child's non-verbal behaviour and his play, as well as the behaviour of the child who neither speaks nor plays. (p.558).

The idea of observing infants directly, and learning from that experience, gives recognition to the transferability of skill and knowledge. Bick also adds, *'In addition, he would be able to compare and contrast his observations with those of his fellow students in the weekly seminars' (p. 558)*. This method contains within it fundamental elements of a research tool, in which observational data is collected, analysed, thought about over time and importantly contrasted and compared with observations conducted by others. Although Bick states that the role of the observer was not one of researcher, but planned as an *"adjunct to the teaching of psycho-analysis and child therapy, rather than as a research instrument, it was felt to be important that the observer should feel himself sufficiently inside the family to experience the emotional impact..." (p.559)*. The very nature of being *inside* the family yet developing and retaining a capacity to think *outside* of the observational setting is unique to infant observation and psychoanalytic practice, yet commonplace in ethnographic studies.

For Bick, the centrality of the observational method concerned the development of the observer's state of mind, or as she termed it 'attitude', in which the observer –

[...] Find a position from which to make his observations, a position that will introduce as little distortion as possible into what is going on in the family. He has to allow some things to happen and to resist others. Rather than actively establishing his own personality as a new addition to the family organization he has to allow the parents, particularly the mother, to fit him into her household in her own way.

But he must resist being drawn into roles involving intense infantile transference and therefore countertransference. (p.559-60).

Bick concentrates on several methodological aspects of observational practice. She addresses the role of the observer, the nature of the enquiry, the role of the seminar group and the part played by the seminar leader. She places emphasis on the 'unconscious attitude' (1964: p. 558) in the observer, which as I later discuss, has a particular relevance to the researcher's scrutiny of his or her research experience (reflexivity). The abductive reasoning involved in examining the data also relies heavily upon adopting a state of mind that infant observers are trained for.

In order to continue exploring the fittingness between infant observation as a form of research and that of grounded theory, I will now give a short historical overview of the development of grounded theory research. Following this I consider the alignment between psychoanalysis and infant observation before considering the value of the single case study. I conclude the chapter by looking at abductive reasoning.

The Emergence of Grounded Theory an Historical Context

The emergence of Grounded Theory developed from data collected from the opposite end of the life cycle to that discussed in this research project. Sociologists, B G. Glaser and A L. Strauss's collaboration in 1965, 1967 studied the effects on professionals of working with terminally ill patients. They were interested in how death was managed in a variety of settings and particularly in how professionals managed the news that their patients were dying. They analysed observational material from the field and explored analytic ideas, making explicit how the process produced a theoretical analysis of the nature of dying and the social organisation's response.

Doing so they also made notes on the progression of the method, developing this further into a systematic methodology that could be adopted for studying a myriad of other areas. *The Discovery of Grounded Theory* (1967) detailed what had been learned from this process and famously articulated the strategies employed in analysing the data from these studies. They importantly advocated how the development of a theoretical

understanding should emerge from research that was grounded in the data, rather than inferring hypotheses from already existing theories. This movement away from deducing testable hypotheses from already existing data, to one of researching emergent themes analysed from data gathered in a systematic manner was a significant challenging research departure from the quantitative methods dominant during the 1960's in the United States.

Charmaz, (2006) writes of how quantitative methods had gained dominance because of methodological assumptions based on a '*unitary method of systematic observation, replicable experiments, operational definitions of concepts, logically deduced hypotheses, and confirmed evidence - often taken as **the** scientific method [...] These assumptions supported positivism, the dominant paradigm of inquiry in routine natural science*'. (p. 4). Positivist conceptions of the scientific method and knowledge, stressed the importance of research replication, objectivity and generalisation, with researchers in the field aiming to discover causal explanations and from these make predictions about an external knowable world. The significance and bias placed upon replication and verification led to the avoidance of research questions that did not fit with a positivistic research design, with human difficulties often being ignored. '*If proponents of quantification acknowledged qualitative research at all, they treated it as a preliminary exercise for refining quantitative instruments. Thus, some quantitative researchers used interviews or observations to help them design more precise surveys or more effective experiments [...] Although they refined extant theory, their research seldom led to a new theory construction*'. (p. 5).

With the publication of '*The Discovery of Grounded Theory*' Glaser and Strauss countered these prevailing methodological assumptions and offered an alternative in the form of qualitative research practice. This was one that proposed that qualitative analysis had its own logic and could produce new theoretical lines of enquiry. They intended to conceptualize through the use of abstract theoretical explanation, a range of complex social processes. In order to do this Glaser and Strauss (1967; Glaser, 1978; Strauss, 1987), uniquely defined constituent parts of grounded theory practice which include:

- Theory evolves during the actual research, this is achieved through a continuous interplay between analysis and data collection
- Analytic coding and categories emerge from the data and not from preconceived logically determined hypotheses
- The development of a theoretical understanding takes place during each step of the research project, from data collection to the latter stages of data analysis
- Employing the constant comparative method, this involves making comparisons during each stage of the analysis
- The elaboration of categories through the use of memo-writing; this helps to define the relationships between categories, and to identify disparities
- Sampling which is aimed towards theoretical construction and not for overall representativeness
- The literature review is conducted after developing an independent analysis

These suggested guidelines and procedures evolved over a 25-year period through the research experience of its users. Importantly they were designed to enrich the effectiveness of the method and significantly allow for freedom and creativity in data collection, areas of enquiry and later data analysis. This creative freedom also recognised how *'researchers can also usefully carry into current studies any theory based on their previous research, providing it seems relevant to these - but again the matching of theory against data must be rigorously carried out.* (Strauss & Corbin, 1994, p. 159). This liberty was a meaningful factor in this research project of *'What Can Be Learned From a Single Case of Psychoanalytic Infant Observation'*, because the data had been collected some sixteen years previously as part of the pre-clinical training. I have discussed earlier the relevance to this research project of preceding experience and theoretical background arising from a clinical training in psychoanalytic psychotherapy. This is part of the 'liberty' which Charmaz's account allows, diverging from the strict tabula rasa approach of the original Grounded Theory Method.

Charmaz, (2006) writes of how Glaser and Strauss '*provided a powerful argument that legitimized qualitative research as a credible methodological approach in its own right rather than simply as a precursor for developing quantitative instruments*', (p. 6). They drew attention to the illogical division between theory and the practice of research and challenged the view that qualitative methods were subjective, impressionistic and lacked systematic analysis. In particular, and of importance to this research project they disputed the view that qualitative methods could not generate new theoretical lines of enquiry. Previous guidance had focused upon data collection methods with little attention being given to how to analyse and manage the field data, (Charmaz, 2006).

Although infant observation has developed considerably since its inception into the clinical training, there has been little expansion in refining the method for research purposes²⁹. In this regard, Grounded Theory has particular relevance in helping to formulate a more methodological approach. In the following section I explore the separate traditions of infant observation, psychoanalysis and grounded theory methods, and consider how these disciplinary traditions have the potential to merge into a heuristic method of study.

Merging Disciplinary Traditions: Points Of Contact And Departure

There have been identified principles that align psychoanalytic infant observation with psychoanalysis. Bick (1964) for example thought it essential to have a sense of the baby in one's mind, Margaret Rustin (1989) suggests how infant observation provides a '*focus for transference and counter-transference reactions akin to those elicited in a clinical setting*' (p. 130) and describes the purpose of infant observation as creating a '*psychoanalytic attitude*' (1989, p. 20). Shuttleworth, (1989) identifies how internal space affords a parallel process between the infant's self-organisation and being held in the mother's mind.

²⁹ The publication of 'Infant observation and research, emotional factors in everyday lives' (ed. Urwin and Sternberg, 2012), represents the most up to date publication devoted to infant observation and its applications in a research context.

It is however with the work of Michael Rustin that we encounter a more systematic evaluation of the method. Having reviewed extensively the methodological application of infant observation, Rustin (2002, 2006, 2011a, 2011b) made the point that the method could play a greater role in *'generating new ideas and understanding in psychoanalysis'* (2002, p. 122). He also drew attention to the research potential of infant observation; the method, he argued, lends itself to inductive³⁰ theorising, with the structure and means of gathering the observational data fulfilling the necessary criteria of a qualitative research project.

This however, was not without controversy; Steven Groarke (2008) has been the most vociferous critic after André Green (2000) in detailing his objections to infant observation as a form of psychoanalytic enquiry. He acknowledges its place in pre-clinical experience and learning, but suggests that it is problematic to think of the baby's mind as being observable. Furthermore, he questions how clinical and observational facts can ever be brought together. A further criticism centres on how he believes there is-

'[...] confusion between observable facts and intersubjective clinical facts, between empirical research and the analytic encounter. In short, I want to question the validity of psychoanalytic infant observation at the point where it exceeds its pedagogic rationale [...] how do we know what goes on in a baby's mind? How can we claim objectivity in infant research? What do we mean when we identify something that has been observed as a fact? And what relevance, if any, does empirical research have to psychoanalysis? (p. 304-305).

He goes on to say *'I simply don't see how we can extend the theory of meaning to the inner world based on empirical observations of infant behaviour and intention. I don't see how the unconscious can be inferred or deduced from observation of the external situation, that is, without referring to the way in which patients experience and make use of the therapist in the clinical setting'* (p. 310). The crucial question would therefore appear to be, could anything be learned from unconscious states of mind without the

³⁰ More recently, Michael Rustin has suggested that the method of infant observation research offers itself to 'abduction', as well as 'inductive' reasoning.

evidence that follows on from clinical interpretation? However Freud's account of his grandson playing the '*fort da*' game (1920), Bick's (1968) formulation of the '*psychic skin*' and Sorensen's (2000) discovery of '*transition facilitating behaviour*' all give accounts of observations of the unconscious at work which counter this view. In addition to the many theoretical areas contributed to by infant observation Rustin (2006) identified five. He listed these as '1. *The development of the infant psyche and integration of body and mind*. 2. *The study of containment and its disorders*. 3. *Therapeutic observation*. 4. *Neo-natal intensive care, and the extension of infant observational methods to other hospital contexts*. 5. *Cross-cultural studies in infant observation*' (p. 43).

There are notable chapters in the book *Infant Observation and Research. Emotional processes in everyday lives* (Urwin & Sterberg 2012) that evidence both existing theoretical formulation, as well as the generation of new knowledge deriving from observational methods. For example the chapter '*Infant observation as an early intervention*' by Maria Rhode (2012) supports the findings from Urwin, 2002 that children at risk of autistic spectrum disorder 'blossom out naturally' as the parents become more hopeful. Identifying how the 'unfocused glance' can turn out to be 'a mask of terror' undoubtedly adds to our clinical understanding of primitive states in relation to the gaze. Theoretically much has been gained from our psychoanalytic understanding of the dyad – however babies relating to each other offer tremendous potential for further research. This is illustrated by the work of Bradley, Selby, and Urwin (2012) who identify how the 'clan' baby needs not just one but several others to engage in interaction with at the same time (p. 147). Elsewhere the discoveries made through observational study may feed back to inform clinical practice, see for example, Jones (2012), Reid (2012) and Wakelyn (2012). There is positive evidence to support how the findings from infant observation methods can generate new meaning and psychoanalytic understanding.

Having established how the tradition of infant observation continues to develop and influence theoretical development I now turn attention to the single case study method.

Single Case Study Method

Research into individual cases has created the most influential and clinically relevant contributions to psychological treatment, being the preferred investigative method of research in psychoanalysis. Fonagy and Moran (1993) cite how individual cases have also made a contribution to neuropsychology and the study of personality theory (p. 65). However, Fonagy (1993, 2003) also argues the need for more conventional methods of research to enter psychoanalytic practice as a way of addressing the critical arguments related to generalisation and replicability. Rustin (2006) however counters this view, he writes; *'I believe there is little fundamentally the matter with established procedures of discovery and verification in psychoanalysis, and that this field should continue primarily to rely on the methods which have been so productive for it for a hundred years or so'* (p. 36).

Evaluating the efficacy of the single case study Midgley, (2006) drew attention to how Freud thought there was an *'inseparable bond between cure and research'* (1927: p. 256). He notes how detailed the original published case studies in psychoanalysis were, and how the single case tradition has remained strong in the profession, although published case studies today tend to be less detailed. The practice of infant observation shares many of these early traditions; detailed reports, consistency in study, attention to the inner life of the individual and consideration given to the emotional resonance in the observer.

Despite historical popularity and how the rich, imaginative inner life and personality structure was portrayed by Freud's case studies, the method has received considerable criticism. As partially indicated, the main area of limitation centres on the generalization of findings from a single case study to that of other cases. However, Lincoln & Guba (2000) question whether generalizations can be scientifically made at all, and suggest that *'the trouble with generalizations is that they don't apply to particulars'* (p. 27).

Alternatively, Stake (2000) (building on his earlier work) places value upon the method of *'naturalistic generalizations'* -

naturalistic generalizations develop within a person as a product of experience. They derive from the tacit knowledge of how things are, why they are, how people feel about them, and how these things are likely to be later or in other places with which this person is familiar. They seldom take the form of predictions but lead regularly to expectation. They guide action, in fact they are inseparable from the action (Kemmis, 1974). These generalizations may become verbalized, passing of course from tacit knowledge to propositional; but they have not yet passed the empirical and logical tests that characterize formal (scholarly, scientific) generalizations (p. 22).

The naturalistic generalization of ‘particulars’ is ‘*arrived at by recognizing the similarities of objects and issues in and out of context and by sensing the natural covariations of happenings. To generalize this way is to be both intuitive and empirical, ...*’ (p. 22). Lincoln and Guba (2000) in challenging the notion of generalizability, even naturalistic generalization, suggest the ‘working hypothesis’ (p. 38). Drawing on Piaget, Donmoyer (2000) however, proposes schema theory as a more ‘*appropriate way of characterizing how generalizability occurs in experiential learning*’ (p. 59). The notions of ‘assimilation, accommodation, integration and differentiation’ (p. 59) are thought to describe and to rethink generalizability. My own view gained from this first experience of research, is to think carefully about how particular findings can be preserved when planning a wider generalizable research project. I see the value in each of the contributions cited here, and almost feel as if they are relevant at different stages in the research, with ‘naturalistic generalization’ relevant to the early stages of data gathering and analysis. The middle stage can be characterised by ‘assimilation, accommodation, integration and differentiation’ with the final stage developing a ‘working hypothesis’, one that is enriched by the fine-grained detail of observational recording.

A further limitation of this single case study concerns the research design: the lack of a systemised triangulated corroboration leaves the findings open to scepticism. However, the rigour associated with line-by-line analysis together with the theoretical conjunctions of psychoanalysis and developmental psychology offer a corrective to wild analysis and theoretical assumption. Although the outcomes of this investigation are specific to the individual(s), there is also a level of generalization to be made. The themes that have emerged have a resonance with early childhood observations made by

practitioners in the field. There are points of convergence and departure, ones that may be specific to the infant concerned or require further enquiry with a larger observation cohort.

Donmoyer (2000 p. 61-65) notes three advantages of case studies a) *accessibility* – ‘*case studies can take us to places where most of us would not have an opportunity to go*’ b) ‘*seeing through the researcher’s eyes [...] and, in the process, to see things we otherwise might not have seen*’ c) *decreased defensiveness* - ‘*the vicarious experience provided by case studies might be preferable to direct experience: vicarious experience is less likely to produce defensiveness and resistance to learning*’. Stake (2000) believes that the case study is an effective means of developing understanding in the reader, of the natural everyday experiences acquired in ordinary personal circumstances (p. 19 - 22). He cites how the case study ‘*proliferates rather than narrows. One is left with more to pay attention to rather than less*’ (p. 24). And he believes that case studies will ‘*continue to have an epistemological advantage over other inquiry methods as a basis for naturalistic generalisation*’ (p. 24). Case studies allow us to experience unique situations (such as that cited herein) within our own culture. Finally, case studies can add depth and dimension to theoretical understanding (Donmoyer, 2000: p. 64).

Abduction

Abduction is a fundamental aspect of grounded theory logic. It is ‘*a type of reasoning that begins by examining data and after scrutiny of these data, entertains all possible explanations for the observed data, and then forms hypotheses to confirm or disconfirm until the researcher arrives at the most plausible interpretation of the observed data*’ (Bryant & Charmaz 2007: p. 603). ‘*It links empirical observation with imaginative interpretation, but does so by seeking theoretical accountability through returning to the empirical world*’ (p. 46). Reichertz (2007) describes how the concept of abduction is over 400 years old yet is seen as a new method in grounded theory, one that has evolved from the work of Strauss. He explains;

Something unintelligible is discovered in the data, and on the basis of the mental design of a new rule the rule is discovered or invented and, at the same time, it also becomes clear what the case is. The logical

form of this operation is that of abduction. Here one has decided (with whatever degree of awareness and for whatever reasons) no longer to adhere to the conventional view of things (p. 603)

The charm of abduction lies in the ‘*means-of-inferencing*’ (p. 216) from the data in a logical way, making new discoveries in a methodologically ordered manner. Reichertz drawing on the proponent of abduction, Pierce (1929), relates how ‘*genuine doubt or uncertainty of fear or great pressure to act is a favourable ‘weather situation’ for abductive lightning to strike*’ (p. 221). Letting the mind wander with no specific goal is a fundamental aspect of abductive reasoning³¹. Observational description, which has significant complexity and many variables, lends itself to abductive reasoning³².

Ethical considerations

Written and verbal permission to research the observational data used in this research project was given by both parents of the baby studied. Given the age of the child when data investigation began it would have been inappropriate to seek his permission. The observation was conducted using the Esther Bick (Tavistock) method, following the principles first set out by her. The decision to select this observational experience for research purposes was made after the observation was completed. The writing of this thesis has involved taking the necessary steps to protect confidentiality. All names and places of reference have been changed or removed. Given the dramatic incursion into the lives of the family by mother’s accident, these details may be recognisable to them, but to no one else. I have deliberately kept to a minimum background information that may identify the family and have concentrated upon the observational data.

³¹ How can we know what the baby is thinking or feeling internally? Abduction as a methodological construct is an important adjunct to the psychoanalytic mind and can help to trace and investigate in a logical manner the baby’s ever changing feeling state.

³² This is quite a different type of thought to that governed by **deduction** where reasoning starts ‘*with the general or abstract concept and reasons to specific instances*’ (Bryant & Charmaz 2007: p. 608). Grounded theory has traditionally been an adherent to **induction** as ‘*a type of reasoning that begins with study of a range of individual cases and extrapolates patterns from them to form a conceptual category*’ (p. 608).

Chapter 5 – Observational Narrative part 1

The First Month Observations 1 to 4

Introduction

In the first month after birth, an enormous amount of development takes place as the baby gets used to being in the outside world and both mother and baby begin to learn what to expect from the other. Newborns are particularly sensitive to the human voice (Aldridge *et al.*, 2001), preferring their own mother's voice to that of other females (De Casper and Fifer, 1980) and selectively responding to their own mother's body odour. This mother-infant discrimination would suggest that there is rudimentary early competency in the domain of 'social perception', supporting the view that some forms of implicit experience of self, objects or persons could be present at birth (Soussignan and Schaal, 2005). These ideas were first postulated from a psychoanalytic perspective by Klein (1959), who maintained that babies were born 'object related', primed to meet 'the other'. From her close observation of babies, Esther Bick formulated a rather different view, suggesting that prior to developments within the ego the skin acts as the first containing and organising principle, whilst Bion's theoretical formulation of pre-conceptions uniquely deepens our understanding of how seemingly unconscious elements of the mother/infant relationship are realised, (1967).

Psychoanalytic infant observation³³ with its recognition of the interplay between the container and contained (Bion, 1970) accepts that the infant and mother are sensitised to a dynamic emotional exchange from the start. This is evidenced in the account that follows. For we witness a rich pattern of verbal and bodily dialogue that from the beginning sets the scene for a refined aesthetic attunement between mother and baby. The first observation in this series of four is characterised by psychic spatiality: the mother seemed to envelope her infant visually whilst actively encouraging the baby to enter into a dynamic engagement with the world around him.

³³ The observations cited in this thesis follow the method of observation first created by Esther Bick in 1948. Psychoanalytical observation was a term never used by her, since she made a clear distinction between observation and the practise of psychoanalysis.

Interestingly, the observational reports contained many references to the sensorial qualities of the environment. In observation 1, the observer notes the quietness of the house, qualities of light and shade and in particular the sensitive and graceful manner by which the mother engaged with her baby. This heightened state of sensorial impression in the observer was quite possibly evoked by the very close detailed observation of the baby and informed by my training in the arts. Each retreat, flinch or movement away from contact (visual, auditory or touch) was recorded in close detail, firstly in the memory of the observer and secondly, in the observational write-up that followed. The sojourn of these sense impressions in the mind of the observer was at times emotionally moving and at others deeply disturbing. This heightened period of sensitivity was particularly apparent during the first four weeks of the observation and might possibly be explained in part by the rapid development of the baby's own sensibilities.

Observation 2 has a focus upon the elaboration of proto-defences. These were identified as originating from the frustrations associated with ordinary everyday environmental demands as well as the struggle or conflict in aesthetic attunement. Observation 3 explores the patterns associated with mind/body infant connection to the mother. Coinciding with longer periods of wakefulness the infant is under psychic pressure to manage increasing periods away from its mother's arms. In so doing, there is a persuasive requirement for the infant to rely upon the containing function of the mother's mind. This leads into Observation 4 in which the infant begins to favour a vertical position whilst being held. It highlights how there was an emerging distinction for the infant between horizontal positioning and its relationship to the breast and mother's face, to that of verticality and the promotion of triadic thinking. It could be argued that the infant's proto-defences at this stage served to promote developmental opportunity, which in turn could only be realised by the necessary conflict or struggle in aesthetic attunement.

The section begins with a brief description of the initial meeting to establish the observation. A midwife known to the family had taken an interest in my observational request and had approached the family to enquire about their interest. Both parents wished to meet with me and from the outset I gained the impression of a strong parental couple. I was surprised at their trust in a process that that they had no way of knowing about. There was of course discussion with regards to the aims of the observation; to

further the observer's learning. The establishment of the necessary boundaries of time and day although explored formed only a small part of thinking about the family committing themselves to a visit by an observer each week.

The initial meeting

At the initial meeting – to establish the observation – I was warmly welcomed by both parents, whom I shall call Susan and Mark. Both were in their early forties, a white professional couple who appeared financially secure. Susan was tall with olive skin and black hair; in striking contrast Mark – also tall – had a shock of white hair. The family home was old and modest; nestled into a rural landscape and furnished with antiques of family origin, there was a sense of generational continuity that seemed in keeping with the expected arrival and continued expansion of the next generation. The home was quiet save for the ticking of a distant clock that chimed the hour.

It was Rosie, their pretty petite dark haired five year old daughter, who spontaneously announced that *'mummy has a baby in her tummy'*, prompting much discussion about who the baby might look like when born. Mark selected several family photographs, using them to locate Rosie and in expectancy, their unborn infant, within a generational and genealogical context. There was a psychological preparedness as the couple contemplated *becoming* parents to two children. At that stage, *anticipation* dominated the conversation; the baby as yet undifferentiated from the 'known' personal attributes of family members. With the birth, came the 'realisation' that specific individual characteristics could be contemplated.

There was curiosity about the observer role and a questioning as to where my line of sight would be drawn. The father in particular believed that to *'know the baby you first needed to know the parents'*. When I emphasised that I was happy to learn from them whatever they wished to share, but that I had no set questions or requirements, Mark was at first surprised and later curious. There was a dawning recognition that I might get to know them as parents *'through'* the experience of *'their'* infant.

Coming into being: Observation 1

Three weeks later, when Kieran was four-days old, Susan invited me to begin observing. On arrival at the family home I was welcomed at the door by Mark's elderly

mother, Doreen. Mark quickly came to greet me and to take me upstairs where Susan was reclining feeding her baby, Kieran. Initially concealed by a lacy shawl, when I did catch sight of him I noticed how his head was covered in a white down of hair. His skin was luminous and fair, long limbs indicated his healthy birth weight but as yet lacked the round plumpness of an older baby, for he still retained the look of a new born infant waiting to be ‘filled out’. The following extract details the first few minutes of the observation.

Susan moved Kieran to the side of her; she positioned him resting next to her thigh. With one hand clenched and his eyes closed Kieran conveyed a whole wealth of expression in a short period of time. His mouth moved into a smile, he stretched out his other hand, fingers fanned, his whole body seeming to uncurl. The smile now flowed across his face, with his mouth slightly open, his eyes began to flutter. Susan started to stroke his hand, saying gently to him “come on Kieran, wake up, I don’t want you sleeping all day, come on Kieran”. As she spoke, Kieran unfurled his legs, his arms lengthened in a ripple and eventually his eyes opened. For a while he fixed on a point in front of him and appeared to be registering where his mother was touching him.

Observation 1 Kieran four days

The baby’s slow emergence into the outside world, encouraged and aided by mother’s articulation of ‘*come on Kieran, wake up*’ suggests Susan recognised the developmental requirement of a relationship to wake up to realising – unconsciously perhaps – that psychic birth can occur for the infant at a different time to the birth process itself. Kieran’s unfurling into the mindful anticipation of the mother evokes a notion of psychic spatiality, one that serves to combine the awareness of another, coupled with body sensation and coherence in the infant.

A noticeable feature of the first observation was how the mother swaddled the baby with her gaze, one that began with Kieran’s body extremities before moving slowly to fixing attention on his face. It captured the small detailed events that constitute the building of a body boundary. Susan’s visual tracings seem to imply two distinct functions; the first is related to form and outline, that is, having a presence in the world;

the second to how Kieran will, in time, introject the mother's capacity to assemble and connect together his body parts, aiding and developing a core sense of self.

The observation proceeded in a largely silent, relaxed manner with Susan stroking her son's head and moving her gaze around his body until Kieran once again opened his eyes and Susan took his hand. *'Kieran's eyes were deep black, large and round, his dilated pupils captivating. Susan explained that he liked to be held and touched a lot'*. In sharp contrast to this sensitive aesthetically refined attunement, Kieran struggled to allow the breast to immediately satisfy him. In the following extract we begin to see how he uses his fist to blockade his access to the breast.

Whilst having his back stroked Kieran pulled up his legs and let out a short painful cry. Susan lifted him to her shoulder and he quietened. His arms splayed across her shoulders and his fingers on one hand were open and elongated. Again, Kieran gazed at the bedside lamp. His knees were pulled tightly into his body, pressing against the top of Susan's shoulder, feeling it with his tongue and lips. Susan wondered if he might be hungry and placing him on the bed before her she studied him carefully. Kieran reacted to his changed position; his face conveyed a whole range of different feelings. He frowned and his fist clenched. As Susan lifted her sweatshirt to undo her nursing bra Kieran began to wriggle and move about the bed in anticipation, his head shifting from side to side in search of the nipple. Lifting him to her breast Susan said to him 'if your fist is there Kieran, I can't feed you.' She appeared tense and said 'I don't particularly enjoy breastfeeding. I do it but I don't particularly like it.' I wondered whether she felt embarrassed to have an observer present during this intimate time. Kieran latched onto the breast and Susan leaned back on the cushions almost relieved. She gazed at Kieran, holding his head tenderly in the palm of her hand whilst he nuzzled into the breast. After 30 seconds or so I heard a deep sucking sound. Susan went quiet watching Kieran suckle, occasionally saying 'good boy Kieran, good boy Kieran' in encouragement.

Observation 1 Kieran four days

Seeking an alternative to his mother's eyes and face, Kieran turns to the bedside lamp – his tightened lower limbs pressing into his mother's shoulder seeking firmness and structure. This dual combination of solidity and visual adhesiveness whilst aiding Kieran's re-composure became a significant aspect of later defensive structures. Coding also revealed how a pattern was beginning to emerge in which bad experiences were seemingly physically expelled into the object via surface-to-surface contact, leaving the mother's face and eyes the preserve of a receptive capacity. For example, it was noted how Kieran would push his limbs and head into his mother's body sometimes accompanied by an exasperated cry, in contrast when held in his mother's gaze his whole body at this stage appeared attentive as though absorbing and receptive to his mother's presence.

The way in which Kieran orally explored his mother's shoulder, seemed to convey a feeling of anxiety, perhaps contributing to the later difficulty of latching onto the breast when it was offered. The clenched antagonism towards a seemingly 'bad breast present' (Bion, 1967) was made all the more intolerable by Susan's anxiety and aversion. At this point, mother and son appeared temporarily united in a shared ambivalence for the breast. As the observer, I too felt discomfort and wondered whether my presence was experienced as a constraint. However, when the mouth and nipple eventually come together there is tangible relief for both mother and son. Tenderness is once again restored; the breast is felt anew to be a source of security, comfort and satisfaction. Susan's accompanied vocalisations of '*good boy Kieran, good boy Kieran*' form a synchronous background rhythm to the feeding.

Eight main categories or ways of thinking about the material emerged during the analysis of the first observation³⁴ Of these, coding frequency revealed how the elaboration of proto-defences bore a connection to the baby's relationship to the mother, seemingly influenced by both consciously apprehended qualities as well as phantasised aspects. The second observation exemplifies these ideas, particularly so because the observation took place whilst the baby slept.

³⁴ These categories include proto-defenses; growing into the outside space; family accommodating to the new baby; the building of a relationship; feeding; sibling relationship; role of the observer and generational child care differences.

Elaboration of proto-defences: Observation 2

The mother's aesthetic appreciation of the baby added a delicacy and fine attunement that conferred upon the infant an affective bodily state; like the breast, this capacity was not always available. The following extract illustrates how Kieran, although sleeping, registers the to-ing and fro-ing of his mother. His state of mind appears to be expressed through body movement with particular emphasis placed upon the positioning of hands, especially the thumbs.

The pram was situated opposite the window, diffused light shone onto Kieran's face... He lay with his head to the right, lying predominantly on his back. Kieran shuddered as his mother left the room. A smile flickered across his face, followed by a sucking movement and irregular breathing. Kieran's eyelids continued to flutter and occasionally became screwed quite tightly, at such times he looked as though he may be in pain or remembering pain.

Susan returned, she looked into the pram and watched Kieran for a short while. Kieran's breathing steadied into a slower rhythm, his body still and relaxed. Susan looked up and said to me that she was going to make a phone call. After she had left the room Kieran began to move his arms around. He brought his left arm and fist up and moved it across his face, trying to put his fist around his lips and mouth. The thumb of his left hand remained underneath his curled fingers. Very occasionally the fingers of his left hand would open but his thumb remained entirely bent into his palm. His right hand, however, was more relaxed, his fingers opening and bending, the thumb enveloping the fingers at times.

In the distance Susan and Mark were talking. Kieran's breathing changed from small gasps to what appeared like a sob. His arms flew back, the force moved his body up the pram and his arm hit the folded pram hood. I could discern underneath the pram cover that his legs were making what appeared to be involuntary movements and his sob continued to deepen. Kieran's eyelids and whole body now began to quiver and his fists tightened. He made a sucking movement and his

breathing turned into a faint 'ooh' sound. Each breath was rapid and there was pronounced movement in his upper chest. His breathing continued in this irregular manner. Kieran's right hand began to move and he made a circle with his thumb and first finger, the other fingers remained slightly bent and relaxed.

Observation 2 Kieran 10 days

These observation extracts illustrate processes consistent with Klein's descriptions of a newborn baby having a rudimentary self, one that utilises unconscious phantasy (1958). She stated that these phantasies are largely constitutional and precede experience, and placed emphasis upon their harsh and punitive nature. The evidence is very compelling that the baby responds to the mother's comings and goings even while asleep, and that her presence has a calming effect upon him. It could be speculated that in the opening sequence there is a movement from a more benign phantasy; that a breast can perhaps be dreamt about towards a more persecutory experience. What seems to be relevant here is how the mother's presence and then absence triggers the activation of such mental processes.

Several sources of observational evidence indicate that even in sleep Kieran recognised his mother's absence. In response he seems to extend into the space available, as though his arm stretching and body movements suggest an exploration beyond a personal body boundary into the space between the object and infant. The way Kieran holds his thumb, encased by his curled fingers on his left hand, and his thumb's freedom and exploration of the right hand, gives a simultaneous impression of reservation and enquiry, as though an internal equilibrium between the two opposing forces is achieved. The discordant involuntary body movements that accompanied his sob interrupt this. Kieran at this point appears to be on the threshold of waking, a transition that challenges his resources and we see how he retreats to closing his eyes tightly, tensing his body and resuming a sucking with his lips. His breathing intensifies until the finger and thumb gesture appears to offer a source of composure. The circling we might think of as an early example of a symbolic signal, one that seems to suggest a link with a part object – the breast, which together with the infant's synchronous body patterns observed in the third observation appear to function in a connective manner to the object.

Patterns of relating: Mind/ body connection with the mother:

Observation 3

Through repeated frequency, body patterns and their associations, gain research reliability during the third observation where they are seen to be in synchrony with the mother. Kieran, placed in the kitchen, was wide-awake seemingly alert to domestic activities taking place.

Kieran slumbered in a bouncing cloth-cradle chair located to one side of the range; coding revealed how Kieran's positioning pressurised him to rely upon the containing function of his mother's mind and voice in the absence of her lap. It intensified and facilitated his search for a holding environment; he mouthed and sucked the fabric of the chair. His own resources too were utilised in the form of his thumb. Both factors synthesised in creating a temporary object substitute, in which attributes from the mother are transferred to the chair and thumb. In the following extract, the repeated pattern of body movement imbues the activity with meaning.

With somewhat irregular movements, Kieran was kicking his legs and moving his arms, his fingers fully opened and spread. With wide-open eyes he moved repeatedly from looking directly ahead to turning his face into the fabric of the bouncer. He nuzzled his head; with mouth slightly open Kieran made continuous 'mm' sounds. Occasionally his lips would meet together making a sucking sound. This was followed by his now clenched right hand with his thumb protruding, sweeping across his face. Occasionally his thumb would touch his lips and go into his mouth. Kieran's arm moved away and with a kick of his legs the sequence was repeated.

Observation 3 Kieran 17 days

The explicit emphasis originating here centres on the infant's whole body activity, which as the observation progressed became attuned to mother's movement around the kitchen. For example, his animated gestures slowed as she became engaged in stationary activities, only to speed up once again when mother was actively mobile. Kieran's body movements gained greater coherence when the sunlight streaming through the window – in an otherwise shaded room – caught his mother's face,

illuminating her features and noticed by Kieran. In response his arms joined in the activity of his legs creating an impression that his body was in constant dialogue with his mother.

Unsurprising there was an attentiveness towards his mothers voice, for example, on my arrival mother greeted me with a cheeryly hello, *'I looked over towards Kieran who was wide awake and very still, seemingly listening to his mother and my unfamiliar voice'*. His alertness naturally corresponded to how Susan included her son in dialogue, whether this concerned my arrival or other domestic plans. The following extract captures these details. To set the scene Susan was unpacking birth presents that had just arrived by post.

Susan opened a second parcel, and this time came over to Kieran with a fleecy blue top and a white woollen hat. Holding it close for Kieran to see she stroked his hand, Kieran responded by kicking his legs and focusing on the circular emblem in the centre of the fleece. His fingers opened wide and his arms began circular movements. Susan laughed at Kieran and said 'you won't be wearing this until you are at least ten years old by the look of the size'.

Observation 3 Kieran 17 days

The orientation of her infant towards the item of clothing and their combined interest all culminates in the infant's whole body activity. These episodes of shared attention had rhythm and dialogue, beginning with how mother orientates her son to the object of study. Her laughter matches her son's excitement and the whole experience captures reciprocal exchanges related to a combined interest in the world around them. Yet despite these often-repeated attuned exchanges Susan also voiced her insecurities as a parent. She was unsure about Kieran's cries and what he was calling for. In the following example Kieran was at the breast.

Susan turned her attention to Kieran who was sucking for four or five mouth movements, pausing before repeating the pattern. Susan looked at me and said 'I still don't know yet when he begins to cry whether he is really hungry or just wants to have a suckle for comfort, or wind. I

am just not sure what cry is what'. Kieran stopped suckling and mouthed the nipple.

Observation 3 Kieran 17 days

Kieran's feeding tempo evokes thoughts in mother's mind about what kind of breast experience the infant was signalling. There appears to be a combined mother/infant uncertainty about what is being asked for. Against this background it was also recorded how the clenched fist also got in the way of an easy transition into feeding.

Focused coding revealed that whilst synchronous patterns indicated an attuned aesthetic reciprocity, there was also evidence of how rhythm and pattern corresponded to more difficult, ambivalent and perhaps conflicted experiences in the mother/infant relationship. In the following example Kieran had been restless, indicating his insistent desire for the breast.

Susan lifted her jumper and placed Kieran to the breast. Kieran mouthed the nipple and Susan seemed uncomfortable and perhaps annoyed at his mouthing rather than sucking. Susan watched quietly and patiently until Kieran eventually took the nipple into his mouth and started to suck, his half open eyes now turned towards his mother. This continued for a minute or two and Kieran remained still at his mother's breast. The silence was broken by the sound of a butterfly at the window. Susan looked up and Kieran lost interest in the breast.

Observation 3 Kieran 17 days

The fine attunement captured in this extract broken by the sound of a butterfly indicates how sensitive Kieran was to his mother's state of mind and her mental focus. Eye contact, together with the nipple in the mouth appeared to be the organising principle, when this contact is broken the infant lost interest. This sensitivity to his mother's altering focus continued for the duration of the observation - as I came to leave, Susan placed Kieran down in his cradle chair in order that she could mark my next visit on the calendar, Kieran immediately protested in a forceful manner.

Vertical Positioning and the promotion of Triadic Thinking:

Observation 4

By the fourth observation mother acknowledged the passing of time, making her own links to previously observed events and imbuing the observations with a capacity to perhaps ‘hold’ and later integrate these linked and developing themes into an emerging narrative. The observational hour became a space where the mother would perhaps reflect upon her infant’s experiences, muse on his activities and free associate to her own evocations. It was clear that as the baby’s mind was growing, so too, there was a corresponding maturity in the mother’s mind of the baby’s physical and emotional development.

The theme of being alert to his mother’s presence and absence whilst sleeping continued. By 24 days Kieran seemed more able to manage times away from his mother by finding alternative means. In the following example Kieran’s own hands provide a supportive function and he is able to relax once more into sleep.

Susan led me up stairs to where Kieran lay sleeping. She peered over the carrycot; Kieran opened his eyes, shuddered and closed his eyes again. Leaving me to sit on the bed, Susan left the room. Kieran let out a short, quiet cry and then went silent. Both arms lay stretched above his head. His face was rounder and fuller from my observation of last week. His skin was luminous in the subdued light, downy fair hair translucent from the roots. His eyes softly closed, the fair lashes long, resting together. His fingers stretched open wide. Suddenly his right arm moved to his abdomen. Eyes open wide now, he moved his head from side to side. His left hand joined the right and he closed his eyes again. Observation 4 Kieran 24 days

Managing transitions was a major aspect of the baby’s experience. There were occasions when these demands seemed to be beyond his means; at others like with this one, the baby appeared to have the necessary resources. Naturally there was reliance upon the breast to provide continuity – especially at times of mental and physical discomfort. During this fourth observation mother recognised how the infant used the breast for reasons other than nutrition. She spoke of how the breast-feeding was at times every hour and at others, every two to three hours. Susan expressed how ‘exhausted’

she was, having been up all night. She wondered how long she ‘could keep it up for’ and during this observation she smilingly referred to Kieran as a ‘little guzzler’.

The infant’s relationship to the breast was a complex one; *‘Kieran began moving his head from side to side making sucking sounds, Susan lifted her sweatshirt over her right breast and encouraged Kieran towards her. Kieran’s tight fist obscured the nipple. With his mouth open in anticipation Kieran became agitated awaiting the breast’s arrival’* (Observation 4, Kieran 24 days). Forestalling the breast’s abundance, the fist became the focus for the expression of contradictory feeling states towards the mother. When in an agitated state it was noted how the infant struggled to settle whilst cradled in mothers arms. Coding revealed how this held an association to horizontal positioning and was perhaps related to a primary split between horizontal and vertical axes.

In contrast to the moulding and shaping into his mother’s body as he fed, Kieran demonstrated an erect assertion in favouring an upright position, with feet pressing against his mother’s abdomen, his head alternated between nestling into her neck and stiffening to look around. There was a clear and distinctive change in the infant’s emotional connection to the mother at this point; the physical scaffolding afforded him a dependable ‘structure’ from which to explore the outside world. In conjunction, the upright (vertical) position also stimulated the mother’s mind to think beyond the dyad. References to the couple and sibling were almost exclusively made whilst the infant was in this stance. In addition, mother was more likely to converse with me whilst the baby was in an upright position, suggesting perhaps that the move from horizontal to vertical positioning bears a relationship to the move from dyadic to triadic thinking. The following extract is one example:

Susan lifted Kieran to her right shoulder and started to stroke his back. He burped and went very quiet. Kieran’s eyes were wide open and his fingers splayed across his mother’s shoulder. His feet appeared to be standing on Susan’s hip and she cradled and supported his bottom with her left hand. Kieran nuzzled his head into the nape of Susan’s neck and then remained motionless. Susan spoke to Kieran and said ‘Are you looking at the photograph of mummy and daddy Kieran?’ Kieran looked intently at the photograph.

Observation 4 Kieran 24 days

Mother had noted the infant's favoured position of resting against the shoulder during the first observation. The finding of a receptive curvature (the mother's neck and her slight adjustment to accommodate the baby's head) is suggestive perhaps of a transitional physical 'holding' that helps to aid the development of triadic thinking. Susan assumed where Kieran's interest was drawn as his head and neck tensed to look over her shoulder. The combined mother/son attention on the photograph appears to point towards the skills necessary in later development associated with 'joint attention' (Bates *et al.*, 1979 Scaife and Bruner, 1975, Butterworth, 1991, Burhouse 1999) in which the infant is able to assert his own capacity to notice the world around him, and over time take up the third position that allows for reflection on one's own and other's minds; thereby creating a link between them. This finding is remarkable given that these skills are usually related to 'secondary intersubjectivity' and associated with infants of about 8 or 9 months of age.

Although there was a strong differentiation between horizontal and vertical positioning evident in the observations, there were also on occasion an alternative viewpoint. The following extract concerns the period of time following the infant looking at the photograph.

Kieran arched his back, his head moved jerkily and he turned to face his mother. Susan adjusted her position and said 'hello there'. She spoke to him and me about how strong his back was and how he 'throws his head around'. Taking him from her shoulder she rested him now across her legs facing her. She described how he liked gentle movements whilst swaying her leg. They looked into each other's eyes. After a minute or two Susan spoke to him about daddy nursing him in the evenings. Kieran closed his eyes making a slight discernable sucking movement with his lips. Susan smiled at him; although Kieran's eyes were closed a smile flitted across Kieran's face.

Observation 4 Kieran 24 days

Kieran initiates the sequence of interaction, which mother responds to with a 'hello there'. Recognition is given to his strong back and the forcefulness with which he moves his head. It appears as if there is an emerging strong male presence in mother's

mind in relation to her son, especially so, because in contrast Susan had earlier remarked upon Rosie's less physical presentation at the same age. It is interesting how mother evokes daddy at this moment, the association perhaps relating to both physical strength and his capacity as a nurturing object. The evocation of a couple working together seems to contribute towards a comfortable relationship with the lap. The smiling exchange that follows captures the sensitivity of reciprocal exchange even whilst the infant's eyes were closed.

This sensitive attunement between mother and infant was apparent throughout the observation. Not only was Kieran aware of her closeness or distance, he also seemed attuned to his mother's state of mind. For example, '*Kieran became increasingly agitated as Susan wondered aloud how long she could breast feed for, when sometimes it was every hour*'. Although Kieran appeared disturbed by these ideas, Susan once again offered the breast in a timely and relaxed fashion as the following extract demonstrates.

Placing her nipple on his lips, Kieran with mouth open wide took the full nipple and immediately quietened into a slow rhythmical sucking. Susan watched Kieran whilst he fed and she appeared to relax further and further into the armchair. I heard Kieran swallowing the milk in a slow relaxed manner.

When Kieran stopped sucking Susan left him lying next to her bare breast. Kieran's hand was clenched; Susan took it and started to smooth his fingers out, looking at him carefully as he slept. Kieran's eyes opened and he resumed a sucking movement with his lips. Susan still stroking his hand said 'sh Kieran sh Kieran'. He closed his eyes and Susan commented on how he needs to 'know I am here'.

Observation 4 Kieran 24 days

Instinctively Susan recognised the tension in her infant and tried to smoothe it away by elongating the infant's fingers out of the tight fist. Kieran in turn responds by evoking the breast in his mouth movements. His unsettledness continued however until mother raised him upright. It was clear that this was his favoured position, and in contrast to his tight fist whilst feeding, or horizontal, his hands splayed in a resting position whilst at

his mothers shoulder. In the following chapters it is possible to trace how this proto-defensive structure develops.

Chapter 6 – Observational Narrative part two

The Legacy of Mother's Accident: Observations 14 to 16

Introduction

Weekly observations continued without interruption. The lengthening days associated with the end of winter and the move towards early spring brought renewed activity around the family home. Mark began to tend the garden and Susan once again resumed horse riding. On arrival at the family home I frequently found mother and infant in the garden or just having returned from a country walk. There appeared to be a more outward looking perspective as Susan spoke of Rosie's progress at school, her friendship groups and activities. There were plans for a family Easter holiday now that Kieran was established in a more predictable routine.

Kieran had developed into a robust looking infant, his limbs sturdy and strong. He was now able to hold his head unsupported and with this came a greater sense of enquiry with regard to the world around him. He arched his back in protest and when lying on the floor he could almost turn onto his side. Kieran signalled his distress with confidence and his frustrated cries were full of protest. His hair had grown into a white down covering his head; his skin along with his hair was pale like his father's with whom he also shared the same piercing blue eyes.

Susan had continued to breast feed Kieran exclusively until he was eleven weeks old, after which an evening and late morning bottle were introduced. The breast-feeding was calm and relaxed with Kieran enjoying strong eye contact with his mother as he fed. He took to pausing at the breast, resting whilst the nipple remained in his mouth, his splayed open available hand placed on his mother's breast. In contrast there were also times when a more desperate desire for the breast led to frustrated and angry demands to be fed, often accompanied by frantic fist - clenched struggles reminiscent of how his tightened fist was placed in the way of the nipple in the earlier observations. Susan at these times remained calm and often responded at the optimum moment. By the thirteenth week she demonstrated how she had an expectation that Kieran could begin to manage his frustration, albeit for a short period. In relying on the development of an internal container she naturally imbued Kieran with a confidence in his own developing capacities.

There were many smiling, gurgling exchanges with mum and open invitations towards others in his gestures. He was clearly more animated in the presence of his sister and Rosie in turn began to approach her brother directly. This was first recorded in the notes when Kieran was five weeks old as Rosie slid her hands over the warm fleece cover where her brother had lain. At the time, she lowered her head to smell and smooth the fleece against her face. It was a touching moment that seemed to capture the small and as yet indirect advances towards a more intimate relationship with him. This development came after a prolonged period in which Rosie either 'ignored' her brother's presence or actively protested, demonstrating her more mixed feelings towards him.

When Kieran was fourteen weeks and three days old, I received a telephone call late one evening prior to my regular observation time of the following day. Susan, I learned from Mark, had been involved in a life-threatening horse-riding/road traffic accident, for which she had undergone emergency surgery. A day nanny had been employed to care for Kieran, and Mark had adjusted his work schedule to accommodate the school timetable of Rosie. The following observations record the three weeks Kieran was cared for by the nanny.

I present observation fourteen as the first in this sequence; it captures the development of significant defensive structures. These were characterised by avoidance, aversion and projective processes. In the light of such catastrophic anxiety displayed by the infant, the young nanny clearly struggled to contain and manage her own and Kieran's feelings of persecution arising from mother's absence.

The splitting of good feelings from bad ones recorded in the earlier observations; in which mother's gaze and face were felt to be receptive containers because the bad experience had been disposed of through surface pressure against mother's body is important in understanding the difficulties that were later observed between baby and nanny. Kieran's encounter with a nursing face different to that of his mother, leads to facial aversion and a preference to focus on familiar surroundings. In order to do this, he forces the nanny into an uncompromising position of being held continually upright and kept constantly on the move as a 'second skin' defensive measure (Bick, 1968). In what was to become a familiar pattern, projective processes were released through muscular

tensing of the infant's body against that of the nanny. Given these difficulties, the observation that follows records the adjustments that both baby and nanny made in order to manage the feeding experience. Although Kieran continued to retreat from encounters with the nanny's eyes and face, there were developing moments of reciprocal contact between them.

Between observations fourteen and fifteen, Kieran developed eczema. It drew attention to how the primary container of the skin was under stress. It brought to mind Kieran's early experience of his mother's visual swaddling, in which maternal sensitivity provided him with a protective membrane against the primitive forces associated with early infant experience. Its functioning in the creation and maintenance of a psychic skin draws attention to how mother's absence permeated both mental and physical domains. Being held together by a mental capacity appeared to be significant when considering the retraction and expansion of psychic spatiality. Observation fifteen considers this in some detail, suggesting as it does that when the nanny begins to actively mentalise the mother's absence for the infant, there appears to be an accompanying expansion of mental space promoting a thinking capacity.

Into this recovered spatiality, Kieran's vocalisations increase in range and frequency. Both observation fifteen and sixteen contain references to this surge in vocal development, suggesting perhaps that the episodes of miscommunication between baby and nanny had pressurised the infant to develop a more elaborate communicative style.

The section begins with observation fourteen; it is the first account I make of Kieran in the presence of a carer other than his mother. Mark in his telephone call had informed me that his mother and a day nanny would be present and I was welcome to continue my observations.

The elaboration of defences: Observation 14

The following observational extract details the first minutes of my weekly visit; it was the beginning of Kieran's third day without his mother.

Following my formal introduction to the nanny, Mary, fathers elderly mother, left the room. Kieran looked at me with great intensity, his

eyes widening. As I explained to Mary the purpose of my visit, Kieran animatedly began to kick his legs as though joining in on our conversation. [...] Kieran on Mary's lap gave me a beaming smile, his tired eyes seemed to brighten as the smile intensified. Kicking his legs he began a cooing sound accompanied by 'ahh, ahh, ahh.' At a distance I could see how different he looked, his clothes creased and dishevelled, uncoordinated and slightly too big for him. The contrast to his mother's care was striking. Kieran held me with an intense gaze, followed by a smile, he chuckled throwing his body back into Mary's chest. It was as if he was playing a 'come and get me game.' Mary spoke to him saying 'you are laughing and smiling at Wendy today.' Lifting him to a standing position, Mary turned Kieran to face her, their eyes in close proximity. Kieran turned his head away and began to grizzle. Bringing his fist to his mouth he began to gnaw on his knuckles. The tautness of his mouth and the presence of his fist turned the grizzle into a punctuated moan.

Observation 14 Kieran three months, two weeks

At the beginning of the observation, Kieran's vivacious greeting communicated a genuine sense of pleasure at seeing me. He was clearly animated and wished to join the discussion that Mary and myself were having. The reciprocal smiling exchanges evoked in my mind the mother/infant relationship, since these kinds of interactions were such a common aspect of their communication. Up until this point, Kieran had only ever been in the presence of the observer whilst in the care of his mother. It would appear that my arrival had perhaps evoked within him too, a notion of the object's anticipated return, the 'come and get me look.' Mary gives voice to Kieran's pleasure and then turns him to face her. At this point Kieran becomes discontented as if he was perhaps reminded that this was where he might have expected his mother to be. The phantasy of his mother's return, activated perhaps by the arrival of the observer is now replaced by the reality of his changed circumstances.

What followed was a repeated exchange between Kieran and Mary characterised by avoidance, intense distress and mounting hostility. Baby and nanny were clearly mis-attuned; Kieran was held visually too close to Mary's face, her movements with him lacked fluidity and his communications were constantly misread. The nanny in turn

spoke about her feelings of persecution: Kieran had scratched her skin and he cried each time she sat down with him. As a consequence her arms ached from holding him upright as Mary paced the kitchen floor. It was clear that the baby was projecting his significant distress into the nanny and she, in turn, was trying her best to ameliorate his mounting sorrow by giving recognition to how Kieran needed to be continuously held and kept on the move. This was in sharp and stark contrast to the way in which Susan with her graceful and fluent movements tended to her baby. Mary was desperate to soothe Kieran in his grief; her ministrations in ordinary circumstances would have been enough to calm him. However, Kieran's state of mind in these unusual conditions seemed to communicate an intense split between an idealised object and one that by replacement was experienced as persecutory or bad.

The following extract captures the increasing difficulties Mary encountered in managing the intensity of the baby's projected distrust and rage. There was a desperate attempt to placate him by whatever means possible. In a short period of time he was rocked and walked up and down the room before his escalating anguish was finally interpreted by Mary as thirst and later as hunger for food.

[...] Pulling away from the nanny, with eyes averted, Kieran tensed his body and his crying intensified. Gone were the soft smiles of a few minutes ago, to be replaced now with a taut determined angry cry. Kieran started to chew on his fist; Mary went to collect the juice bottle, telling Kieran that he might be thirsty. Returning with the bottle, Kieran let out a scream as Mary tipped him backwards on her lap to insert the teat into his mouth. He fought with the bottle and Mary appeared to fight back, however, Kieran managed to push the bottle away and Mary placed it back on the table.

[...] Mary took a bottle of milk from the fridge, taking a teat from the steriliser she returned to her chair with both items. Whilst she fixed the teat to the bottle Kieran began to cry, he let out a loud long yell as Mary tipped him backwards, his head lower than his feet, the teat placed straight into his O-shaped mouth, Kieran continued to scream. Mary jiggled the bottle in his mouth, his cries now muffled by gargled milk; eventually Kieran took the teat between his lips and he began to

suck. Kieran strained his head away from Mary in such a way that he was determined not to look at her or the bottle as he fed. He focused instead on the light streaming through the door into the shaded kitchen. Both looked uncomfortable; Mary's arm was bent back, now feeding Kieran at a right angle to her body, Kieran still straining away from Mary. I felt a sense of shock at the thought of the (cold?) pre-prepared milk hitting his stomach.

[...] Kieran became limp and motionless, his sucking decreased. Mary pulled the bottle from his mouth and watched as the air bubbles noisily reached the surface of the remaining milk. Then swiftly the teat was re-inserted. This pattern was repeated several times, at one point Mary exerted quite a lot of pressure removing the teat, and it came away with a pop not unlike the cork from a bottle....

[...] As she moved around the kitchen Mary began to jig Kieran up and down. His eyes averted, they closed and widened open with each up and down motion. I began to feel nauseous and with each downward movement I felt as though I were falling. Kieran started with hiccups. His face screwed in distaste as he brought up a small quantity of milk into his mouth. Kieran's eyes closed and his lips curled as the milk and saliva started to dribble down his chin. With clenched fists and through the hiccups Kieran began to cry.

Observation 14 Kieran three months, two weeks

Kieran's distress is clearly evident. He is unable to sustain eye contact with Mary and her ministrations are clearly out of tune with the baby. Their struggle to establish reciprocal meaningful contact is demonstrated in the conflicted exchange over the feeding bottle. It appears to represent in a concrete manner the agent of intrusion. The eyes and mouth as portals of entry are barred to Mary's endeavours to feed him, and she in turn enters into a battle of forced access. It is a challenging situation; the responsibility for the survival of such a young, distressed and hungry infant who refused all feeds was clearly a strain.

In this observation we see the first instance of regurgitation: the bringing up of small amounts of milk and saliva, in this instance as a passive consequence of his helplessness when faced with the force feeding projections related to Mary's anxiety. She grew increasingly persistent that Kieran should take the bottle, his diagonal positioning on her lap appeared to be the final act in his submission. Seeking an alternative to Mary's face – one that we imagine being a source of persecution for him – Kieran glues himself to the light source streaming through the open kitchen door and later in the observation to the family dog. This *second skin formation* (Bick, 1968) serves as a defence against catastrophic anxiety³⁵.

In the absence of the *familiar* containing presence of his mother, Kieran began to favour an almost exclusively upright position, his taut body seeking a reciprocal firmness for his hands, feet and head. He continued to avoid eye-to-eye contact as he fed and this persisted beyond the time his mother returned three weeks later. The leaking of milk and saliva through regurgitation gave a very vivid impression of a breakdown in containment. It seemed to capture the trauma associated with aesthetic collapse, in which perception through the senses no longer served as a reliable connection to the object.

A further enduring feature centred on Kieran's positioning whilst feeding; by the following week I found him laying across cushions on Mary's lap, his eyes remained averted whilst Mary encouraged him to place his hands on the bottle to 'hold it', giving the impression of pseudo-independence. It seemed to placate him and perhaps support an omnipotent idea that he was once again able to regulate the flow and rhythm of the feeding encounter.

Mary in all her endeavours tried very hard at finding a way to soothe Kieran, yet he fought with Mary and with the bottle, as though his very existence depended on the rejection of the substitute other.

³⁵ Esther Bick described the second skin formation as follows: 'The need for a containing object would seem, in the infant unintegrated state, to produce a frantic search for an object – a light, a voice, a smell, or other sensual object – which can hold the attention and thereby be experienced, momentarily at least, as holding parts of the personality together. The optimal object is the nipple in the mouth, together with the holding talking smelling mother' (p. 485).

Hospital Visit

Just prior to leaving the family home at the end of the observation, paternal Grandmother spoke of how Susan had enquired about the observation and suggested that I might like to visit. Thinking about my role as observer and having got to know the family for three months in a rather unique and intimate manner, I arranged to visit Susan in hospital.

From my personal notes I recorded how surprised and shocked I felt at seeing Susan in such a dramatically altered state. Her black hair had started to turn grey and her normal tall stature appeared diminished as she lay in the hospital bed. Susan was alone in a small side room next to the nursing station. In stark contrast to the vibrancy of many vases of flowers and get-well cards, Susan appeared flat and low in mood. She spoke about the dawning realisation she felt whilst being airlifted to hospital, that the children below were unaware of what was taking place. I listened quietly, saying very little as she described the nature of her injuries; yet she appeared out of touch with the traumatic events that had taken place. Vividly and silently I contemplated the possible outcome of such a serious accident: permanent disability or death. It was still not clear at this point the extent of any persisting incapacity.

Susan spoke about Kieran and Rosie visiting her in hospital. This had only happened once and although she cited the long distances involved (over 50 miles) as the reason, I gained the impression that she found it overwhelming, especially as she described Kieran's reaction: she had been unable to hold him and he had turned away from her '*as if he did not recognise [me]*'. Susan went on to describe his '*blank expression*' and how unresponsive he had been to her approaches. In a light-hearted manner she concluded the cause was probably the unfamiliar surroundings of wires and tubing.

Prior to my visit, I wondered if Susan would enquire about my observation of Kieran and I thought about what my response would be. As it turned out Susan did not solicit any detailed information and from what she said I gained the impression that she had an unquestioning confidence that everything was being managed well by Mary and her husband. Seeing that she was tiring I left after almost half an hour. Susan suggested I visit her again and was supportive of my continued observation of Kieran.

Ambivalence and Development: Observation 15

The following week I was welcomed into a small room opposite the kitchen. Kieran was lying on a play mat in front of the television, the nanny Mary was sitting on the sofa with Kieran at her feet.

Kieran smiled with delight as I walked in and said 'hello' to him. He responded by broadening his smile, accompanied now with the kicking of legs and vigorous waving of his arms. Kieran looked much happier than when I had seen him the week previously. He kicked his legs alternately, almost raising his knees to his chest to do so. His arms accompanied his leg movements and with flexed extended hands, his fingers fanned open. Kieran turned his head from side to side, catching Mary's look he smiled at her. I sat down, noticing my movement Kieran turned once again to smile at me, which I returned, noticing as I did so how my own smile extended that of his. Mary took one of Kieran's toys and began to wave it in his face. Kieran opened and closed his eyes pushing his body firmly against the floor. The object appeared too close for comfort. The noise of the television attracted his attention and he turned to watch it. As he did so, his arm and leg movements quietened, he lay quite still watching in a focused and selected manner the mouth of the person on the television as they spoke.

Observation 15 Kieran three months, three weeks

The extension of Kieran's smile into an active physical greeting seemed to perhaps dispel any lingering ideas that my presence would reinstate his mother to him. This was in marked contrast to the week previously when, catching sight of me, it created a level of anticipation that led ultimately to despair and detachment (Robertson 1953). Kieran's flexed open hands and fanned wide fingers appear to indicate a welcoming accepting gesture. What seemed so apparent was how Kieran had recovered co-ordinated mind/body equilibrium. His relinquishment in this observation of an exclusively upright position whilst in the care of the nanny seemed to have promoted a return of his expressive body movement as a mode of communication. As his arms and legs move in

rhythm and together with his facial expressions, a coherent synchronised emotional pattern emerges.

Kieran's gestures indicate a link between mind states and body activity, which locate him in the present rather than responding to the pressing urgency of internal defensive forces, which seemed to have directed many of the activities in the previous observation. This is evidenced by how much Kieran relates to his environment, he references both Mary and myself and uses the television and, as we will see, wall paintings to help soothe and regulate his arousal levels.

Analysis of the observation revealed an emerging and increasingly recurrent theme, one in which Mary would immediately follow a smiling or inviting gesture Kieran made towards the observer with one of her own, thereby gathering Kieran back to herself as a source of interest. This frequently took the form of a toy being placed in his immediate line of vision, often too close for him to focus on, yet serving the function of obscuring his line of sight. This may well have been borne out of Mary's desire to manage the infant's experience of separation, the closeness of the toy compensating for the distance of the object. By obscuring the line of vision between baby/observer it seemed to draw attention to the new-formed dyad Kieran and Mary made. It gave emphasis to a type of triangularity in which two elements are held closely together with the third forming a pinnacle (see Diagram 1a, where this is visualised). We notice how this close proximity and, I suspect, constriction of mental space was responded to, for Kieran turns towards the television in an attempt to regulate this direct form of engagement.

The selective focus on the moving lips draws attention to his possible pre-occupation with orality. The 'part object' detail is perhaps suggestive of the masterful manner in which Kieran can split the object and in so doing preserve certain aspects. It was possible that this innate ability also allowed Kieran the opportunity to select aspects of Mary's care that he was able to accommodate to. In not seeing Mary as a whole person he was able to safeguard and perhaps conserve aspects of his mother's care, ones that I have come to consider as originating from an aesthetic appreciation of the object by the infant (Meltzer, 1988a).

Although there were perhaps elements of rivalry and competitiveness with the observer and in phantasy with the mother inherent in some of Mary's actions, it did not diminish

the multiple perspectives that were beginning to develop; ones that were necessary in holding in mind Kieran's ill mother. Mary frequently referred to Susan in this and subsequent observations, communicating to Kieran and myself aspects of her slow recovery. This holding of the mother in mind, indicated how Mary had begun to communicate a deeper more sensitive way of thinking, one that could apprehend the loss that Kieran was suffering. This view that Kieran was experiencing a form of bereavement seemed to originate in part from the contact the nanny had with Susan. For example, I learned that mother had indicated how items of her clothing – a nightdress and jumper – were to be given to Kieran to help pacify him. These '*evocative objects*' (Bollas, 1992) were reported to have a soothing effect upon him and undoubtedly contributed towards his more settled behaviour.

Overall, there appeared to be a greater sense of mental freedom and expression in this observation (illustration 1b), in contrast to the previous one, where Kieran's collapse appeared to have been accompanied by a constriction of mental space. The following illustration details how this is envisaged.

Illustration 1a Observation 14

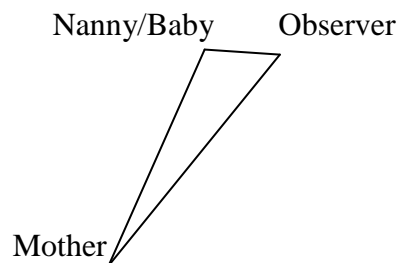
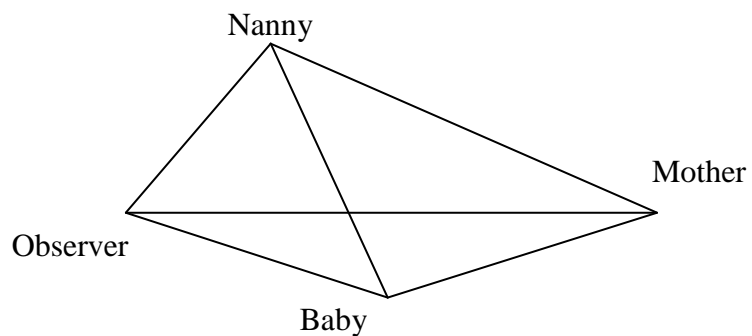


Illustration 1b Observation 15



It could be hypothesized that by the beginning of the second week, mother's more stable medical condition helped to calm the environment surrounding the baby, aiding the restoration of a thinking capacity. It was as if the confirmation of the object's survival made explicit the baby's longing for mother in the minds of those individuals tending to the needs of the children. For example, Mary had sensitively thought about Kieran's sudden and abrupt separation from his mother and had taken him to the hospital to visit her for a second time. It is possible that these factors contributed to a three-dimensional triangularity in which mother was a source of reference for Kieran, nanny and the observer. This expansion of mental space appeared to actively diminish the intensity of persecutory elements associated with the object's on-going absence. It implied that mother's non-appearance could be thought about, and held in mind as an experience for the infant.

Mis-attunement – or mis-steps in the dance, to use Daniel Stern's (1985) expression – is a normal part of everyday interaction. What seemed necessary and important to consider was how these ruptures in attunement were repaired. Although the relationship between the nanny and Kieran was much improved, there appeared to be a persisting lowered threshold towards 'interactive repair' (Tronick, 1989). For example, in a defensive manner Kieran preferred to seek the television screen, light source or other objects to manage his dis-regulation and mis-attunement (Stern, 1985) rather than the available presence of Mary. Each turn of the baby's head away from the nanny seemed to confirm the realisation that what the nanny offered was significantly different to that provided by the mother. The establishment of a good-enough secondary adaptation was only viable until a fracture in attunement occurred; then no amount of sensitive handling from the nanny was acceptable.

Rather surprisingly alongside these frequent ruptures (with Kieran seeking alternative means of holding himself together), there appeared a range of expressive vocalisations previously unrecorded in the observational reports. The frustrations associated with the nanny's care and the absence of the object, seemed by the second week of mother's absence, to have provoked a more expansive communicative repertoire. Frustration (as

long as it's bearable) can promote symbolisation as Bion (1967. p. 111-12) identifies³⁶. These sounds ranged in frequency, intensity and meaning. There were 'pushing out sounds, like 'ph, ph' and 'huh, huh' and ruminatory tones of 'mmm, mmn' which often accompanied Kieran's marked agitation with Mary. Present too, was a range of vocalisation that implied a communicative aspect, with the inferred expectation that an object (external or internal) would receive the communication and respond. The following extract details how Kieran uses a range of sound to communicate his rapidly changing emotional states.

Kieran again started to make a whole range of noises. His 'ah' and 'oo' accompanied Mary's departure from the room. Occasionally Kieran began to smack his lips together. I wondered if the noises that he heard coming from the kitchen reminded him of food. Mary returned with a drink for herself, sitting down she began to watch the television. Kieran appeared to be rather disgruntled and made a few 'mmm' sounds. He looked at Mary and then at me and then turned his attention to the poster on the wall. Kieran continued with his 'mmm', as he did so he vigorously moved his arms and legs and at one point pulled up his legs simultaneously and let out a short squeal. He continued this for some moments and I thought how patient he was. It was very clear to me that he wanted a drink.

Eventually Mary turned to look at Kieran and smiled saying 'you want a drink now Kieran, you want a drink now, I think it is time that you had a bottle, you would like a bottle would you.' Mary stood up and again offered Kieran one of the small toys. He almost went to take it with his hand and instead of reaching forward he opened his mouth. Mary moved the toy towards his fingers and turned and left the room

³⁶ Bion (1967) writes of how 'thought' (and we might conclude it's expression) arises from 'the mating of a preconception with a frustration [...] This mating is experienced as a no-breast, or 'absent' breast inside. The next step depends on the infant's capacity for frustration: in particular it depends on whether the decision is to evade frustration or to modify it [...] A capacity for tolerating frustration thus enables the psyche to develop thought as a means by which the frustration that is tolerated is itself made more tolerable' (p. 111-12).

to make his bottle. Kieran watched Mary as she disappeared and then started to make small noises of discontentment, of 'ah ah' and 'mmm, mmm.' He looked at me with expectation and I gave him what I thought was an empathic facial acknowledgement of how difficult it was to wait. Turning towards the doorway, Kieran kicked his legs vigorously and again let out a squeal. He began to suck with his lips before again letting out a further squeal and a cry. Turning his attention towards the television he again appeared to be watching the mouth of the presenter before scanning and examining the faces on the screen. This momentarily held his attention until he once again began to kick his legs and let out a small cry. In the doorway Mary said *'the bottle is being warmed Kieran, it won't be a moment.'* Kieran looked at her and started to make mouthing movements.

Observation 15 Kieran three months three weeks

The role of timely positive emotion from the carer towards the infant is a crucial aspect of containment in early development. Susan had often responded at the optimum moment; by first allowing Kieran the opportunity to manage his own arousal levels and relying on the development of an internal container, she naturally imbued Kieran with a confidence in his own developing capacities. For example, by the age of thirteen weeks, Susan held the expectation that Kieran could manage a short while and wait for a breast feed, *'but that waiting can feel very painful.'* The longed-for return of the object is however very different to the waiting involved in ordinary everyday circumstances. Mary had to manage the infant's anguish at the object's sudden and complete disappearance.

The observational extract records how Kieran's urgent vocalisation (proto-communication) was responded to in a manner that made it meaningful. The sense Mary makes of these utterances *scaffolds*³⁷ (Bruner, 1966) a development in thinking, demonstrated by how Mary communicates back to the infant her understanding of his hunger. The synchronicity between Kieran's integration of the face on the television

³⁷ Scaffolding as a term originates from child development literature and is used to describe the psychological support the parent provides for the infant particularly in regard to stepped learning.

screen and that of Mary's reappearance serves to highlight how both Nanny and infant were prepared to struggle for contact, to find a fit however briefly. This could be understood as an innate search for a K link (Bion, 1992) as a representation of growth and transformation.

As the observation progressed, Kieran's agitation intensified, escalating in tone and pitch accompanied now by his knees drawn into his chest as though in pain. His cries became staccato, ending with a long high-pitched squeal that sounded as though he were cross. At the time I found myself wanting to use my own voice to soothe,³⁸ wishing to de-escalate the rising pitch of his cry. The intensity of the experience coupled with the powerful nature of the projective identification created the illusion in the mind of the observer and later researcher that there was a complete absence of a regulatory capacity in the form of '*parentese*'³⁹ ('*Motherese*', Bateson, 1971, Fernald, 1985) and containment. The emotional acuteness coupled with a sense that waiting was overwhelmingly painful seemed to obscure just how psychologically hard Mary was working at trying to manage Kieran.

Bion's description of the absent breast (no breast), creating a negative realisation⁴⁰ is particularly pertinent here. This was especially noteworthy because Kieran was expelling the frustration associated with the absence of his mother's breast and the presence of the bottle (substitute carer) in such a forceful manner. It gave every indication that he was defending against such a realisation. The urgency of his need seemed to communicate the phantasy that he might not survive the experience. Yet in order to do so he needed to find a way to tolerate his frustration as a means of

³⁸ Looking back after so many years, it is noticeable how constrained I was as an observing student by the traditional non-interventionist stance of infant observation. I now wonder if I might have taken a more helpful and participatory role given the circumstances.

³⁹ Parentese or motherese describes a way of talking with babies that most adults adopt. This is seen across cultures and is characterized by a higher tone and pitch in the voice when speaking directly to the infant. It is also referred to as infant-directed speech in child development literature.

⁴⁰ For Bion and Klein the *no breast* is thought to represent presence-absence, that is, gaining a *negative realization* of how absence of the breast provokes an emotional response, one that replaces absence with the presence of a 'bad breast'.

commencing the important task of thinking about and perhaps grieving the absent breast.

Just how Kieran adapts to this change is quite remarkable, for there is a tangible diminution of affect-attunement, parentese and containment, yet against this backdrop there appears to be a surge in vocal development. It could be speculated that in the absence of refined object sensitivity, the baby seeks the means by which interactive connection can be further elaborated. In effect, the infant is spurred on to make a more robust communicative link with others, thereby promoting vocal development in a similar way to which Bion (1967) describes how the absent breast in ordinary good enough circumstances provokes thought and the means to think⁴¹. In order to do this the infant requires an internal resilience that can withstand the uncertainty and doubt created by broken contact, and to find the means by which new links can be sustained and nourished.

Kieran's glance towards the doorway where Mary had made her exit would seem to suggest that he could, at three-months old, not only track the movements of the individual but also begin to anticipate their return. This, over time, promotes a capacity to hold in mind the absent object and to perhaps self regulate the impact of the non-appearance. Yet despite his developing capacities of three-dimensional triangularity, internal object regulation and increased vocal communication, Kieran still struggled with the rapid change from breast to bottle and the altered intimacy in the feeding encounter. The following extract details the adjustments that both Kieran and Mary made in order to sustain feeding contact.

Mary sat down with Kieran on her knee. She reached backwards for the bottle and tipped Kieran's upper body below the horizontal position in order to insert the bottle straight into his mouth. He let out a small cry at the sudden and unexpected tipping backwards. Mary then lifted him higher with the bottle firmly held in his mouth until he reached a complete horizontal position. Instead of cradling Kieran in

⁴¹ Løpez-Corvo (2003), writes of the infant's struggle with the 'no breast' as conceived by Bion as follows: 'If the capacity to tolerate **frustration** is adequate the internal 'no breast' will transform into a thought and an apparatus for thinking will be developed, which will make frustration more bearable' (p. 282).

her arms, she rested his head on a cushion and Mary sank back into the sofa to watch television. Kieran watched her intently as he sucked on the bottle. Occasionally as he fed, Mary smiled at him and held his hand. Kieran grasped the bottle to him with his right hand as he began to suck rhythmically. Suddenly without warning the bottle was removed from Kieran's mouth by Mary, air bubbles rose to the surface. The surprise on Kieran's face appeared 'frozen'. Quickly, again without any signal, the teat was reinserted. This pattern continued throughout the feed. The removal of the bottle whilst Kieran sucked rhythmically was very difficult to observe. It made no sense to me whatsoever. I noted how still and composed my body became as though suspended.

Observation 15 Kieran three months three weeks

The unusual style in which Mary fed Kieran meant that it was very difficult for him to refuse the teat; there was no alternative but to take the bottle. It precluded the earlier struggle; of the desire and need for nourishment followed by rejection because it was not his mother's breast. Whether Mary's style was influenced by Kieran's ambivalence was hard to tell. What is clear however, was how determined Mary was in controlling the timing and positioning of Kieran for the feed.

The cushion as an alternative to Mary's embrace appears to be a thoughtful compromise, one that allowed Kieran to once again make eye contact. The hand holding and occasional smile from Mary offers reassurance and the opportunity of skin-to-skin contact. It seemed to promote and support Kieran's grasp of the bottle giving the illusion perhaps that he had regained some omnipotent control over the feeding experience, thereby avoiding a state of helplessness and uncertainty associated with the breast's disappearance.

There was a functional and somewhat mechanical quality to the sudden and unexpected removal of the teat from Kieran's mouth, as if Mary's attention was taken up entirely by the removal of air from the bottle. The erratic nature of the withdrawal bore no relation to Kieran's rhythm of feeding or any observable cue that the baby had slowed or stopped. Kieran's 'frozen response' would seem to indicate a protective function as though he is highly alert to the threat of total withdrawal. Mary's actions and Kieran's

reply seemed to capture the traumatic moment of loss: one that is replayed over again with each abrupt removal of the teat from Kieran's mouth. This occurred frequently during this and every observed feed thereafter.

The observer's feeling of body suspension (an indication perhaps of a strong identification with the infant's experience of frozenness) draws attention to how time is perhaps distorted by traumatic events at this point, supporting the idea of continual replay. The surprise of Susan's sudden and abrupt absence appears to be captured in this moment, as if Mary and Kieran had come together as a nursing dyad in a somewhat startling incoherent manner. Yet in other aspects, Kieran and Mary were forging a relationship that conveyed intimacy and receptivity.

As the observation progressed, Kieran began to suck more slowly and look intently into Mary's face. He was encouraged once again to hold the bottle, supported by just one or two fingers of the nanny's own hand. As he fed, Mary turned her attention to the television and did not notice that the bottle had slipped to the corner of Kieran's mouth and he was unable to suck on the teat and swallow the milk. This was often repeated, as Mary remained distracted. Kieran's response was to eventually evacuate by staring into the distance, tightening the muscles in his legs and buttocks, filling his nappy with great concentration. '*Surprisingly, he attempted to suck on the bottle whilst he did this.*' The simultaneous taking in and evacuation out was quite a striking feature, suggestive perhaps of an ambivalent split state.

The expression of ambivalence was further elaborated upon when the nanny spoke directly to the observer about the previous night's feed. It was reported how grandmother had given Kieran his bottle of milk, which he had '*guzzled down*' with vigour only for the entire bottle to be regurgitated shortly afterwards. This turned out to be the beginning of a regular pattern⁴² that saw Kieran returning the milk in this manner. It drew attention to how trauma associated with the loss of the breast and the change in aesthetic from breast to bottle, found expression in an oral display of

⁴² I am unsure as to the frequency of whole bottle regurgitation. It was mentioned several times to the observer over a long period of time, giving the impression that it was a regular pattern. It occurred both at night and during the day. I directly observed the regurgitation of only one whole bottle of milk, the rest of the time it was smaller partly digested amounts.

regurgitation. Vividly it drew attention to how many feeding styles Kieran had to manage and adapt to. Whether the regurgitation was linked to Kieran's visit to the hospital to see his mother was hard to tell.

Second Hospital Visit

I visited Susan again several days later. I found her in a relaxed state of mind, and easily aroused in a somewhat jovial manner. She still remained in a single room, bed bound and receiving regular opiate pain relief. Getting home was her main conversational focus, together with reflecting upon the strain placed upon her husband by her continued hospitalisation. She spoke briefly about the children and how she thought they were managing. Susan complained that her concentration was poor and she found it hard to focus on things. She hoped that '*being home would sort it all out.*' There was frustration at not being mobile and a worry about the length of time that it would take for her to recover. Concern was also voiced about possible longer-term effects given the serious nature of her injuries.

Holding on with eyes and hands, a loss realised: Observation 16.

My visit to the family home the following week coincided with the return of Susan's horse. After the accident, he had been taken to a prospective buyer but had been returned when the sale fell through. I had been surprised by his sudden expulsion as if the removal had in some way been an enactment of a desire to perhaps immediately dispose of a problem. Against this backdrop, Kieran was in an unsettled state when I arrived – the bustling activity in the yard seemed to permeate the house, creating a rather tense atmosphere. The following extract is taken from my notes a few minutes into the observation.

Kieran began to cry and in response Mary lifted him to look through the window to see what was going on outside. His cries eased to a whimper before turning to a full wail as Mary sat down on the sofa with him on her lap. Holding Mary's top loosely in his hand, Kieran's wailing increased in intensity the harder Mary tried to soothe him. In response, Mary lifted Kieran high above her head to look through the window once again. Eventually Mary said to him 'I wonder if you would like another little drink because I think you are tired.'

Kieran wailed in distress as Mary altered her position to reach for the milk. Placing Kieran on a cushion, head supported, he continued to cry as Mary tipped him backwards to insert the teat into his crying open mouth. He stared out into the room away from Mary and began to suck vigorously until he started to gasp at the exertion. When Kieran rested, Mary withdrew the bottle and watched as the air bubbles rose to the surface. The sheer speed at which Kieran drank caused frothy milk bubbles to form on the surface. Kieran lay dazed by the activity, his body completely still, arms draped by his side staring out into the room not focusing on anything in particular. Kieran's sucking eventually waned and milk dribbled from his mouth soaking into his clothing. Supporting his head, Mary sat Kieran upright and patted his back vigorously with the rhythmic thud eventually leading to a burp. He turned to smile at me briefly and then turned his attention to looking at his hands.

Observation 16 Kieran four months

It is clear from this observational extract just how sensitive Kieran was to the emotional atmosphere of the house. His restlessness seemed to match that of the environment as the horse was returned in a flurry of activity. Mary spoke about what she thought Susan's reaction would be at the return of the horse that had so recently been involved in such a serious road accident. Kieran, perhaps sensing that Mary's mind was caught up in something other than the urgency of his cries, seemed to escalate his cry further and in turn Mary introduced him to the sight through the window that had been occupying her thoughts. His cry turned to a full wail when Mary took a seat on the sofa. She asserts how his upset is related to tiredness and she offers Kieran his unfinished bottle of milk.

There are several recurring patterns that start to emerge in the sequence that follows. Kieran's resistance to the soothing approaches of the nanny, seem to suggest that he is caught up in an internal feeling of grievance, one that delays the amelioration of his distress. His agitation, which continued to almost the end of the observational hour, seemed to highlight his desire for something more than a psychological understanding of his misery. This was made clear by the line-by-line coding which revealed how

Kieran had constantly sought to hold onto something: his own clothing, Mary's top and later a muslin cloth.

Closely examining the feeding encounter revealed the frequency with which the infant took to drinking milk during a heightened state of unhappiness⁴³. This was accompanied by a variety of defensive strategies, which included limpness of body, aversion to eye contact, and a tendency to feed as quickly as possible. Members of the family referred to him as 'a little guzzler'. His urgency in feeding was followed by a 'passive state' demonstrated by milk seeping and dribbling from the corners of the mouth. It conveyed a sense of collapse in mind/body functioning as though there was no longer an internal containing structure available.

The firmness of the back patting brings the baby into a state of object relatedness – perhaps re-affirming the presence of another, together with the force on his backbone recalling an internal structure⁴⁴. In turn Kieran looks to his own open hands, establishing a sense of self-connectedness. His re-composure once more engages Mary and in the following extract we see how she takes it as an invitation to play.

Mary stood up with Kieran, turning to place him down on the sofa in front of her. He was propped into a sitting position with cushions, Mary crouching in front of him. Using a toy snake she crept it towards him, Kieran looked at it disinterestedly and then started to cry. Mary offered the familiar teething rings by jangling them in front of his face; Kieran in response began to wail. Mary scooped him up in her arms and started to jig him up and down, placing him with his chest to her chest and his head propped on her shoulder Kieran began to salivate milky foam. From this position Mary was unaware of what was happening, I suggested a muslin cloth and Mary took it to place

⁴³ The nanny frequently resorted to feeding the infant at times of distress, as if no other means would pacify the baby. Kieran perhaps found this intrusive, and it could be understood how he develops defensive strategies of aversion, avoidance and passivity as the means of protection.

⁴⁴ Haag (2000) described the importance of the backbone in the process of integration. This led Negri (1994) to introduce rhythmical stroking along the spine for babies in the NICU.

over her shoulder. Kieran immediately clasped hold of the soft cloth and held it firmly to him. Although still unsettled his cries decreased to an 'mmmmn mmmmn' sound. Observation 16 Kieran four months

Mary was clearly looking for opportunities to engage with Kieran in his calmer state. However, the nanny-led play did not seem to be to his liking or interest and the milky saliva once again points to a failure in containment. Kieran was clearly unable to regulate his levels of distress and his preference for the muslin cloth over the snake and the teething ring, held too close, seemed to be significant at this point; suggestive perhaps that he was searching for a *second skin* experience as a way of holding himself together to manage the dyadic strain.

The manner in which Kieran caressed the soft muslin reminded me of the complexity associated with early aesthetic experience. His clasping hold of the cloth accompanied by his vocalisation of 'mmmmn, mmmmn' vividly evoked 'mummy'. On reflection it was reminiscent of the first post-natal weeks, when Susan used a muslin cloth whilst she fed Kieran at the breast. We might understand how the observer, motivated by this unconscious connection, offered the nanny the muslin square, especially so in light of the baby's regurgitation of milk.

After a short while, Kieran once again grew discontented. Mary returned to feeding Kieran in the characteristic position of tipping him backwards and inserting the teat into his complaining wide-open mouth.

Mary sat down on the sofa and Kieran started to cry. Mary tipped Kieran backwards and lifting the bottle from the table she immediately inserted it into his mouth. Kieran was reluctant to take the bottle and he pushed the teat out with some force with his tongue. Milk seeped from his mouth and the now dislodged teat. Mary mopped Kieran up and sat him upright, placing the bottle down as she did so. Once again she spoke to him about how tired he was.

Observation 16 Kieran four months

Anew Mary tried to console him, talking to him and finally explaining to me that it had been a 'long tiring morning'. She had arrived at the family home before 8am and although it was only nearing 11am, she felt 'worn out'. Holding Kieran firmly to her she

once again attempted to feed him. Kieran was taken through the same positioning of being tipped backwards, however, he clasped hold of Mary's finger and looked into her eyes as she inserted the teat into his mouth. The eye contact although fleeting seemed to settle him and he began to feed. This improvement may have been in part related to how Mary may well have found containment for her feelings of exhaustion in sharing them with the observer, lessening the projections into the infant. Kieran can then respond by making contact with eyes and finger. In the account that follows, a more enjoyable experience with the bottle and the development of a relationship with the teat is observed.

Kieran's gaze moved to the bottle, gripping Mary's finger he sucked less vigorously. He fed rhythmically and appeared to enjoy each mouthful. Mary removed the teat from his mouth and watched the bubbles rise to the surface of the milk. Quickly, the teat was once again inserted back into Kieran's mouth. As she did this repeatedly, he appeared to watch the teat as it moved backwards and forwards from his mouth. Kieran was very still as he fed, appearing now to really gain some satisfaction from the feed. He occasionally turned to look at Mary before returning his attention back to the bottle.

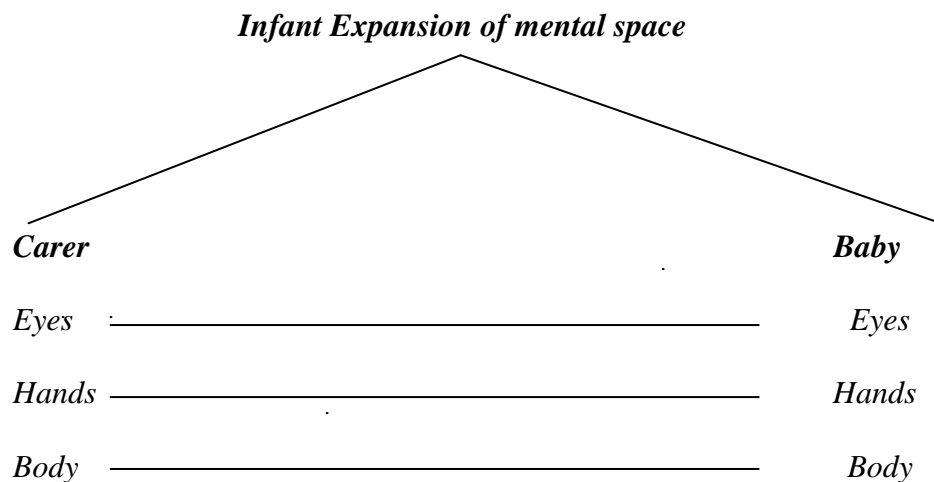
Observation 16 Kieran four months

The difference in Kieran between the two attempts at feeding was quite remarkable. Both accounts were only a matter of minutes apart and yet a significant change had taken place within him during this time. The more satisfying encounter seemed to have occurred when he met Mary through a mutual gaze, and he had the means to hold onto the object in more than one modality. Mary had not altered her feeding style, but she had been able to acknowledge her own rather desperate feelings. We can see how the transformation is related to the amelioration of internal factors for both infant and nanny. The fittingness between Mary and Kieran seems to be important here, since several points of contact or 'Grip Relations', to use Stephen Briggs' (2002) theoretical ideas and research, are evident. Eye, hand and body contact seem to shape how Kieran engages with the container function (see Diagram 2 where this is visualised). There was similar development in relation to the expansion of mental space, when the adhesive dyadic relationship gave way to triadic functioning in earlier observations (again this was linked to what was going on in the nanny's mind). Here, the three forms of grip

relations seem to anchor Kieran more firmly to the object and just as in triadic functioning, absence can be tolerated and perhaps thought about.

Diagram 1

Feeding relationship



The observation ended with Kieran alternating his attention between looking at Mary and then at the bottle. This would seem to imply that he was able to make a distinction between whole and part objects at this moment. Satisfied, he finished drinking every last drop. Mary sat him up to wind him and after a small burp he sneezed twice; with the second sneeze he appeared surprised. Looking up he caught my eye and smiled as though sharing how amusing it was that something so unexpected had occurred. This was such a different response to what might have been predicted in the early part of the observation.

Leaving the family home I record how moved I was by the massive fluctuations that had taken place in Kieran throughout the observation, as the turmoil associated with his mother's absence continued. It opened my thinking with regards to the container/contained experience and how the infant can significantly distort the container function. Re-examining the transcript I am now struck by the containing function provided by the regular observation and the presence of the observer.

Reflections on the observer role

My position as observer was challenged in many ways by the serious accident that had befallen the mother. Visiting Susan alone in hospital meant stepping outside of my role as observer of mother and baby, yet it felt important to do so alongside my continuing observation of the infant. Although I never felt the family or indeed the nanny compromised my position by drawing me into an active supportive or therapeutic role, I was however, keenly aware that I held detailed knowledge of Kieran and his preferences in my mind. This understanding could possibly have served as a bridge between the care provided by the nanny and that of the mother⁴⁵. Although I observed the very real struggle Kieran and Mary encountered in establishing their relationship, the difficulties they experienced were within ‘manageable bounds’. That is not to say that at times the situation was not one of overwhelming anxiety for both baby and carer.

As a consequence of being in the presence of such raw emotion I formed a close identification with the infant at times: I felt enraged when he did, and then pacified and relieved when his signals were understood. Yet, I rarely used this information to communicate to the nanny my understanding of the situation. Likewise, Mary never sought to ask about the routine that Kieran had been accustomed to. Although the nanny did not directly seek advice or help in understanding the nature of Kieran’s communications from the observer, the coding process revealed how much she used the observational hour as an opportunity to reflect upon the experiences she was encountering. Initially, this was to report how challenged she felt by Kieran before reflecting upon the experience as a communication of the infant’s sense of loss. Researching the observations over a period of time has revealed how this probably helped Mary to modify and perhaps consider afresh Kieran’s communications and her own responses in the light of the infant’s understood grief. This was made all the more complex when mother and nanny engaged in a shared care arrangement when Susan

⁴⁵ Contemporary thinking about the potentially therapeutic role of infant observation is pertinent here. Given the circumstances, a supervisor may now support adaptation of the observational technique into a more active role. Therapeutic observation initially emerged in France during the 1990s; more recently experienced observers in England have conducted carefully designed therapeutic observations, for example, Gretton, 2006, Rhode, 2007, 2012. Therapeutic application of the observational method has been discussed in some detail in Chapter 2.

returned home. The following section discusses these observations in some detail; drawing attention to the manner by which Kieran communicated his state of mind and how Mary sought to manage this in light of his mother's return.

Chapter 7 – Observational Narrative part three

Mother's Return: Observations 17 to 20

Introduction

This chapter details mother's homecoming and the establishment of a shared care arrangement with the nanny. Still having to face the after-shocks associated with their separation, it proved to be a very difficult time for mother and infant as they readjusted to their reunion. Kieran's defensive pre-occupation dominated his interactions and the core of a good enough relationship between the infant and his objects seemed to be questioned during this period. As the baby struggled to retain an internal picture of a mother who was mindful of him, it brought mourning the loss more forcefully to the foreground. Holding the position of observer became even more conflicted as I struggled to reconcile the distinction between clinical engagement and observation. I felt caught in an ethical dilemma in which my non-interventionist position was at the cost of offering some psychological understanding of the baby's experience. In truth though, I came to recognise that notions of intervention were based on the fantasy that mother and infant could easily return to their earlier attuned state and in so doing, deny the very real experience of relational trauma.

The previous chapter detailed the infant's struggle with an immature mental apparatus, one that was forced to manage the *real* rather than *phantasised* task of mourning. This next section deals with how inassimilable experiences are defended against by the infant when the mother returned in a significantly altered state, mentally and physically. Although mourning of the *lost relationship* between mother and infant continued as a theme throughout, there was now evidenced further utilisation of proto-defences, ones first noted in the earlier observations. These in turn develop into embedded on-going defences that take the mouth and nipple as the defensive prototype. Gaze avoidance on the infant's and later mother's part, suggests that, as yet, the baby could not apprehend a narrative of the experience in mother's mind.

Focused coding helped me to formulate how an unassimilated near-death experience permeated the mother/infant relationship. For example, the observational transcript described how quickly and easily the baby was overwhelmed by the presence of the object. Noticing how this related to a lack of integration was essential in understanding

how circulatory fragments of sensorial impression related to the unassimilated trauma came to surround the infant. In *Elements of Psycho-Analysis*, Bion described these as ‘... objects compounded of things-in-themselves, feelings of depression-persecution and guilt and therefore aspects of personality linked by a sense of catastrophe’ (1963, p. 40). The presence of these persecutory sense impressions may well be linked to how the infant evaded eye contact, with gaze avoidance governing his interactions. In the absence of mother’s face, as the ‘guiding light of his mind’ (Wright, 1991 p. 12), non-integrated elements appeared to dominate.

Prior to the accident, mother/infant relations had been characterised by a ‘potential space’⁴⁶ (Winnicott, 1971), one in which playful creativity flourishes and is characterised by the overlap of two play areas, one that the mother provides, the other the baby. In Winnicott’s formulation of the potential space there is no experienced space of separation, only a space filled with the infant’s subjective objects. However, with the object’s abrupt disappearance and equally sudden return, this ‘potential space’ became eclipsed by defensive pre-occupation. It was as if a void had opened between mother and infant and they were temporarily caught up in a ‘Beta-space’ (Bion, 1992), where ‘unthinkable thoughts’ dominated their exchanges.

In Observation 17 we see Kieran struggle with the confusing mixture of his mother’s presence and her continuing unavailability to care for him. His now developing defences once again dominate the observational detail, he presents as indifferent to his mother’s company and appears unconcerned about the maintenance of eye contact. Mother in turn seems low in mood and acknowledges that she is unable to care for her son. The earlier expansion of mental space afforded by the re-enforcement of ‘grip relations’ (Briggs, S. 2002) was now punctuated by a mental state that appeared flat, subdued, and could accurately be described as indifferent. Mother and son shared this

⁴⁶ In Winnicott’s theory of development ‘it is the potential space that allows the individual to communicate at once directly and indirectly, that is, to discover the self, including the innate potential and all the sense of “real” and to be in touch with what is “other-than-me”’ (Davis & Wallbridge 1983, p.129). Elsewhere the *potential space* is ‘achieved only through the absence of a space between [...]. Here, where there is trust and reliability is a potential space, one that can become an infinite area of separation, which the baby, child, adolescent, adult, may creatively fill with playing, which in time becomes the enjoyment of the cultural heritage’ (Winnicott, 1971, p.108).

affective state with only moments of invigorated exchanges. Mary in many ways fought to enliven Kieran against this pervasive dispiritedness.

Observation 18 details the first bottle-feed given by mother following her return. It conveyed a recovered intimacy, and given what follows perhaps overwhelmed the infant. The events that take place around this feed seem to set the scene for later and more prolonged difficulties in the feeding encounter. As leaking milk, oozing saliva and frequent episodes of regurgitation were both observed and reported, it would appear that something more entrenched develops from this point. It drew attention to the significant difficulty associated with a faulty fit between mouth and nipple corresponding to a container function that at times appeared leaky, ridged and prone to overflow. Following the infant's regurgitation of milk, Rosie, perhaps seeing something of her own upset in her younger sibling responds with empathic thoughtfulness. Mary used this opportunity to foster the development of a more intimate exchange between the siblings. It helped to restore a sense of vitality that went some way to ameliorate the after effects of a 'depressed object' experienced by the infant in the feeding encounter.

Observation 19 captured important changes in mother's state of mind as she described '*waking up to life*', giving recognition to how withdrawn she had been from family life and the care of Kieran. In response her infant is more animated, initiating a game of peek-a-boo and creating a triangular dimension as he references both his mother and observer in his proto-conversations. In Observation 20 we see a continuation of Kieran's more contented frame of mind. However, in a striking sequence we see how he rapidly adjusts his emotional state when sensing something more sombre, his livelier state being diminished and overshadowed by the object. We see how this sensitivity continues into the observation as he struggles to separate pleasure from pain when Mary engages him in a tickling game. He tries to match Mary's jubilation, yet something more painful emerges, and he is caught unable to differentiate himself from the two mixed states. This eventually leads into an expression of ambivalence directed towards the object.

Pleasure and Pain: Observation 17

On entering the playroom at the family home the following week I was surprised to see Susan reclining on the sofa with Kieran sitting beside her. The surprise changed to a

dawning sense of shock as I noticed how pale and ill Susan looked. The peppering of grey hair that I had first noticed during my hospital visit had now amassed around her face adding to the grey pallor of Susan's complexion. The reconstructive surgery to her hips and legs was clearly obvious as was how drawn her face now looked, having lost the familiar healthy glow. Dark circles surrounded her sunken brown eyes, suggestive of the heavy use of pain relief.

Kieran stared out into the room, somewhat slumped against his mother's body. It was a sorrowful sight. I greeted them both, Kieran smiled in response but it faded quickly before he intently looked into my eyes. He held a steady penetrating solemn gaze as his mother told me that she was having a '*difficult day*' and that she '*wasn't used to her mood being so low*'. As though trying to enliven the serious tone, Kieran smiled once again followed by an intense stare. His smile did little to punctuate Susan's reflection on her mental state. She described how she was normally '*emotionally even-keeled*' and that her '*mood naturally was quite a buoyant one*'. However, she now '*felt detached*' and '*turned away from Kieran... I just feel switched off*' she concluded. Susan's capacity to reflect on her own state of mind suggests that she recognised how the impact of trauma had altered her. She noted how her responses to Kieran were now incongruent to his communicated affect. Susan noticed too how aversive and reticent she was in responding to her baby's cries and how reliant she was upon others to care for her son. Although '*switched off*' in her mind to the immediacy of Kieran's cries, Susan never the less demonstrated significant insight into what was happening to her.

In the following extract, mother and son are physically close yet remained psychically estranged. Whilst Kieran was able to appreciate a spatial awareness beyond the organising principles associated with his mother's face, his positioning facing into the room and away from her was not accidental, for he was reluctant to engage in sustained eye contact with his mother. He viewed her fleetingly when his positioning allowed, at these times he appeared indifferent to her presence. At others, he gave a quick-to-fade smile, one that did not fully reach his eyes. At such times he seemed to recognise selected aspects of his mother; her eyes and mouth for example, were transitorily focused upon with intensity, as though he was caught up in the '*headlights*' of memory. However, placing what he did recognise together with her significantly altered appearance seemed to challenge his apprehension. His look was one of uncertainty and he quickly became unsettled in her company. Susan's state of mind and physical

appearance had radically altered and it was as if this transformed mummy was something of an enigma to him, for there seemed to be a significant difference for Kieran from the lost and newly re-instated object.

Susan turned her attention to Kieran who had started to grizzle and complain. She showed him the toys that she had on the seat beside her. Kieran in response stared at them intently. One squeaked and Susan danced the toy up and down in front of Kieran. However, Kieran began to slump forward and Susan gently coaxed him back up into a sitting position. It looked uncomfortable for the both of them to play since Kieran could not see her face.

Observation 17 Kieran four months one week

In this episode, Kieran's mood seemed to match that of his mother, even the squeaking dancing toy did little to enliven him. Visually, his slumped 'C' position seemed to capture an impression that an internal collapse was taking place. There appeared to be little in the way of a psycho-skeletal structure that would offer support and containment. Like the identification with his mother's state of mind, Kieran's physical collapse mirrors that of his mother: This negative attunement brought to mind how Susan was unable to hold, lift, nurse or cradle Kieran on her lap. She was not to bear his weight and his positioning next to her conveyed an image of surface or superficial contact.

It was noted how, when Kieran was not entirely reliant upon on a physical mode of containment, his mother's voice would arouse body rhythms and patterns associated with the time prior to the accident. However, in the observational extract detailed here, Susan is silent – an unusual stance for her, since her voice from the first observation had been a significant feature of many of the transitions I observed. In this instance, Kieran's slow slumping forward appeared to symbolically represent his mother's voiceless presence and her physical difficulty in caring for her son.

In the following extract a few minutes later, Kieran had once again been placed in a sitting position next to his mother. We see how he buries his head into a soft toy, in an action reminiscent of when he used to do this into the nape of his mother's neck.

Kieran appeared to like the lion enormously, his eyes flickered into life, his mouth opened into a smile and he leaned forward to bury his head into the lion's mane. As he did so, Susan squeezed the inside of the lion and it let out a low friendly growling noise. Kieran appeared to like the vibration of the sound and he kept his head close to that of the lion. Susan squeezed the lion rhythmically and the lion's growls were now accompanied by Kieran's 'ooh ooh oohs'. Kieran's tone soon changed to sharp 'ahs' and he started to become frustrated. Susan moved the lion away and reached for a small toy nearest to her and offered it to Kieran. The small figure had its head covered by a large hat. Kieran appeared to dislike this toy and began to complain with a repeated 'mm, mm, mm, mm'.

Observation 17 Kieran four months one week

Kieran's preference for the lion indicated by his open-mouthed smile and lively engaging eyes as he buried his head into the toy's mane evokes, in a symbolic manner, intimate closeness to the object. Kieran's pleasurable 'oohs' that accompany the lion's low-toned growl brings to mind previously regulated infant/object exchanges; for the resonating vibration and Kieran's vocalisation recall the tone and rhythm of their previous intimate exchanges. This soon changes though, as Kieran's enjoyable 'oohs' turn into frustrated sharp 'ahhs'. And in the sequence that follows, a rather brittle intimacy emerges as Susan's attempt at re-engagement is met by agitated physical activity in Kieran.

Kieran's ability to discriminate in favour of his own personal preference is illustrated by his rejection of the small play figure. The observation notes describe how Kieran appeared to dislike the toy but no description is given with regard to how this detail was observed. My own association is that the covered, hidden face was a symbolic reminder of the absence endured.

His mother's return in such an altered state, the depressed mother/son affect and the significant alteration in the mother/infant body aesthetic all appear to coalesce at this moment and as the observation progressed Kieran became increasingly distressed. Susan's ministrations were tender yet they appeared to overwhelm and enrage him as he tried desperately hard to get away from her. The calmer and more soothing mother's

voice became, the angrier Kieran got. It seemed as though her contained presence re-awakened a persecutory experience within her son. At this point in the observation the nanny takes Kieran and Susan described her as the *'mummy at present'*. It conveyed a sensitive containing capacity on the mother's behalf, one that gave generous acknowledgement to the need for a mother function, which at the present time she was unable to fulfil.

As Susan withdrew and distanced herself from her infant's distress, her son watched her slow painful departure from the room on walking sticks. Noticing this, Mary commented, *'Kieran is getting used to mummy having funny legs,'* giving an indication perhaps that the changed circumstances could be thought about. Following her departure, Kieran returned to crying loudly. The Nanny tried hard to gain his interest; objects rattled too close into his face and a familiar return to pacing the room with an exaggerated jig. Finally, Mary sat down in exhaustion to sing 'horsey, horsey' and 'twinkle, twinkle, little star'. The following extract captures a sense of precariousness and a sharp delineation between enjoyment and something more painful as Kieran is taken onto Mary's lap for the sing-song recital.

Mary moved Kieran to the edge of her knees, holding his hands firmly in hers. She started to jig him up and down to the tune of 'horsey, horsey don't you stop'. Kieran smiled as Mary directed their combined hand movements in the 'swish of the tail'. She then sang, 'twinkle, twinkle, little star', however, Kieran was becoming increasingly unsettled and in response a ring of panic and discomfort entered Mary's voice. She stood once again to jig him up and down. Kieran continued to cry, chuntering 'ooh, ooh', 'mm' and 'oh'. He looked in my direction numerous times and continued to cry and remained unsettled. Eventually, Kieran's eye caught sight of a mobile made by his older sister and momentarily he quietened and relaxed.

Observation 17 Kieran four months one week

The choice of nursery rhyme 'horsey, horsey' is quite remarkable, since a link is made to the nature of Susan's accident. This suggests perhaps that elements of the trauma had entered the care giving that Kieran was receiving. It was probably inevitable, given that Susan had returned in such an altered state. The unconsciously re-created trauma – the

unsteady positioning of Kieran on the edge of the ‘horsey’ nanny lap – governs the dyadic interaction and Kieran enters a state of painful pleasure. His physical instability appears to match an emotional one; a rapid fluctuation takes place from enjoyment to distress. The tone of Mary’s voice and that of Kieran’s a few seconds later captured the rising uncontained panic. The hanging mobile offered temporary respite and served as a welcome distraction for Kieran. It acted as an alternative to the faces of those individuals associated with the traumatic events. Like his murmurings of ‘ooh’ and ‘ahh’, he used it to self soothe and his focus on it served a second skin (Bick, 1968) function.

As the observation progressed, Kieran placed his fist into his mouth as though filling a gap. For a short while he quietens and Mary’s attention was drawn to events occurring outside. Kieran, sensitive to Mary’s wandering attention, momentarily looks in the direction of her gaze before returning once again to crying. In the following extract a few moments later, Mary tries to soothe Kieran by once again feeding him.

Mary went through the same routine of tipping Kieran backwards and inserting the bottle into his crying open mouth. Kieran sucked vigorously smacking his lips together on the teat until he began to gasp and tire. Mary removed the bottle unexpectedly, watching air bubbles surface before again inserting the teat back into Kieran’s mouth. This appeared to stimulate Kieran into sucking even more vigorously and Mary scolded him by saying ‘Kieran, you are going to give yourself hiccups again’. He stared out into the room. When the bottle was almost finished milk dribbled down his chin, seeping from the corners of his mouth.

Observation 17 Kieran four months one week

We see several aspects of Kieran’s defensive positioning in this extract; sucking vigorously as a way of regulating the intimacy and perhaps his aggression; staring out into the room as an alternative to the nanny’s face and finding organisation from a replacement source. Finally, in a somewhat indifferent manner, Kieran lets the milk dribble from his mouth, perhaps in response to the repeated unexpected withdrawal and loss of the nipple. As the observation progressed, a theme of leaking and overflow

gained momentum as saliva oozed from Kieran's mouth following a vigorous winding process. It drew attention to a faulty fit between mouth and nipple.

In the background to the observation, mother and nanny continued to negotiate their fittingness around the care of Kieran. Whilst Susan had relinquished her role and seemed unperturbed by Mary assuming the 'mummy position' in relation to her son, Mary's experience may have been more complicated. She appeared more anxious in trying to soothe the infant when distressed, as though deeply aware of the presence of Susan. The existence of a super-ego function was highlighted at this point as both Mary and Kieran struggled once again to find a position from which intimacy could be sought and tolerated. The following extract captures something of this struggle. Kieran was in the nanny's arms, held in an upright position his head placed looking over her shoulder.

Milky saliva continued to ooze from Kieran's mouth. Mary was unable now to see what was happening. I explained to Mary that Kieran was salivating. She placed a muslin cloth over her shoulder and Kieran held onto it tightly. The grasp reminded me of an earlier observation of how tightly Kieran grasped hold of his own sweatshirt top as he was fed by Mary. Kieran looked as though he was clinging on desperately for dear life. He would not settle and Mary decided to try him with the bottle again.

[...] Mary sat down abruptly and in a swift movement Kieran was once again horizontal. She tipped him backwards and lifting the bottle from the table she pushed the teat into his mouth. Kieran was reluctant to take it and with his tongue he pushed the teat out of his mouth with some of the milk. Mary mopped Kieran up, telling him 'you have had only had ten minutes sleep this morning and I think you are very tired'. Kieran began to cry once again. Mary stood and began to jig Kieran in her arms. He looked towards me and screwing up his eyes and mouth he started to really become upset, letting out small sharp bursts of what appeared to be a rather disheartened and moaning kind of cry. Mary looked determined, her features set and rigid as though she might be anxious.

[...] *Mary sat down suddenly and reinserted the teat into Kieran's protesting mouth, his body supplicate. Kieran looked at Mary and drank from the bottle. Although the eye contact was not sustained it appeared to settle him. His gaze then moved to the bottle and as he sucked he held Mary's finger. Mary held the bottle with just two fingers, seemingly giving the impression that he was holding the bottle himself. Kieran sucked less vigorously this time, although rhythmical and appearing to enjoy each mouthful.*

Observation 17 Kieran four months one week

The observational extract captured the sometimes subtle and at other times forceful failure in containment the infant suffered. The nanny being left to manage Kieran's distressed state alone would appear to compound the situation. She was aware that he was over-tired and that the infant was 'fighting off sleep'. Yet without the transformation of ambivalence into a thinkable form, it remained a raw element; one that found expression in Mary's determination that Kieran should drink from the bottle until settled into sleep. This would appear to be a restrictive form of containment designed to manage his tiredness. Kieran's grasp of the muslin cloth⁴⁷ – and later in the observation, Mary's finger – conveys a sense of precariousness, as though he was having to hold himself together in light of a container function that fluctuates in its ability to transform experience. This finds symbolic representation in the infant's relation to the feeding bottle, its contents characterised by overflow, leakiness and rigidity.

The nipple in this extract was experienced as an intense object; one that he protests against and tries hard to reject. It is easy to imagine that the nipple at this point perhaps signifies his mother's depressed and collapsed state, along with the intrusive persecutory return of his own projections. There appears to be a momentary regression back to their earlier struggles and ill fittingness as a nursing couple, as if mother's

⁴⁷ Line-by-line and later selective coding helped to highlight the often-repeated episodes of leaking milk and saliva together with the grasping hold of the muslin cloth. Compare for example with observation 16 where similar events surround the feeding process.

return in her fragile state had reawakened the earlier painful feelings Mary and Kieran suffered.

However, with Mary's final attempt to feed Kieran the remainder of the bottle we see an important transformation take place. This seems to occur when Kieran makes eye contact with Mary, albeit briefly, and it perhaps dispels the bad object and restores a good one. The holding of Mary's finger replaces the earlier desperate precarious clutching of the muslin cloth, and there is a reinstatement of dependence on the object. With this, there too comes a restoration of the infant's omnipotence as he held the bottle. From this position the feeding experience is felt anew to be a source of satisfaction and enjoyment.

As the observational hour drew to a close, Kieran took the full teat into his mouth – his lips creating a relaxed but secure seal so that no milk escaped. He looked towards Mary and intently at the bottle several times, as though orientating himself once more to the object. This appeared to help him regain a sense of emotional security and perhaps went some way to restoring a feeling of control and regulation as he sucked in a less hurried and more rhythmical manner from the teat. However, the complexities associated with the feeding relationship continued, gaining significance and becoming habituated.

Mother's first feed: Observation 18

Arriving at the family home the following week, I was initially greeted by a rabbit stretched full length across the doorstep. Presumably left there by the family cat, it looked perfect, but clearly dead. The appealing softness of the fur momentarily evoked a feeling of comfort, but the lifeless body conveyed the horror of an untimely sudden death. Mary remarked upon the presence of the rabbit as I stepped across the threshold. It had been there several hours. It summoned a deathly presence to my mind as though something of Susan's near death experience still lingered.

Indeed in the weeks that followed mother's return, Rosie collected '*dead things*' such as mice and voles (left by the cat). They were placed in a grass nest in the middle of the kitchen table and Rosie acknowledged they were no longer alive, but she desired to keep '*them warm*' tending to them with a quiet compassionate regard. These symbolic equations were slowly transformed into symbolic thought as their presence and Rosie's

preoccupation provoked much discussion about matters concerning life and death within the family.

Rosie, in contrast to the not-living theme, emerged from beneath the kitchen table in a lively manner. She announced ‘*here I am*’, conveying a barely concealed desire to be the observed child, to be claimed perhaps by the observer’s gaze. Mary had remained full-time, caring for Kieran whilst Susan recuperated. He had been given his routine inoculations the day before and Rosie was at home from school with a cold. Although Susan had initially hoped to resume breastfeeding once she returned the idea was soon abandoned due to the regular use of strong pain relief. Susan was unable to hold and nurse the children and she remained dependent upon daily visits from a personal carer to help her wash and dress. The relinquishment of breastfeeding had been followed by the removal of Kieran’s cot from the parental bedroom into a small room of his own.

The following observation took place late morning in the parental bedroom where Kieran lay close to his mother – all snuggled down in a reminiscent manner to the first observation when he was four-days old. As she fed Kieran, Susan told me how much ‘*he liked to hold the bottle*’, conveying the idea that together they were negotiating their relationship anew with the bottle rather than the breast. In the following extract we see how qualities associated with the earlier breastfeeding enter into the relationship with the bottle and teat.

Kieran lay close beside his mother; she held the bottle with her whole hand as he fed. Kieran placed his right hand underneath the bottle, which appeared to steady it, and with his outstretched fingers of his left hand he fingered and explored the top of the teat area as he sucked. Kieran’s eyes were open wide and he watched the bottle intently as he fed. Occasionally he turned to look at his mother and Susan held his steady gaze. He broke into a smile and stopped sucking laughing with a satisfied ‘mm mm’. Susan smiled back at him. The room was relaxed and comfortable. The cat was sleeping on the bottom of the bed and the family dog lay at my feet.

Observation 18 Kieran four months one week three days

As the observation progressed, Kieran began to ‘talk’ in rhythm to the swallowing of milk and his vocabulary extended from ‘mms’ to ‘ahhs’ and then eventually to chuckling. Kieran’s fingering of the teat together with his gentle caress of the bottle would appear to suggest a restored object/nipple mouth unity, which his vocalisations gave harmony to. This was the first observed account following the accident of mother and son holding sustained eye contact. It undoubtedly contributed to the unification of sensorial appreciation of eye, mouth and sound. However, in the following extract we see just how fragile the object/infant union actually was.

[...] Turning his attention back to the bottle, Kieran continued fingering and holding it with both hands. It was surprising to see how widely stretched his fingers were and how he used his thumb hooked underneath the bottle and around the teat area to explore, whilst his fingers rested on the top of the bottle. At one point, Susan moved her hand away and Kieran alone momentarily supported the bottle.

Milk started to dribble from the corners of Kieran’s mouth. Susan removed the bottle and reached for a cloth to wipe him. She held the bottle in front of Kieran and he watched it intently. He started to murmur and then to cry, his fists clenched as he looked at the bottle. Susan offered it to him again and Kieran began to suck. Susan smilingly called him ‘a little guzzler’.

Observation 18 Kieran four months, one week, three days

The inevitable break in intensity between mother and son caused by Susan momentarily removing her hand from the bottle was enough to break Kieran’s good relationship with it. This small barely discernible event was only realised by the close analysis of the observational data⁴⁸. It revealed how sensitively related current events were to the loss of the breast. Susan’s removal of her hand perhaps re-awakened the absence of the object, and as milk seeped from the infant’s mouth, it is feasible to consider how Kieran experienced it anew as a faulty fit between teat and mouth. The bottle so tenderly

⁴⁸ Although this small detail was brought to attention by the line-by-line coding it is important to consider whether I was ‘looking harder’ to discover the links between things- that is searching harder until you find what you may be (unconsciously) looking for.

explored earlier in the observation is now looked at as though something persecutory had taken its place. This would suggest that whilst an aesthetic quality is linked to the restoration of a good object, alone it lacks the robustness of depressive thought encountered in more integrated states.

A notion of greediness enters the mother's mind at this point. As she voices the idea that he is '*a little guzzler*', it might imply a comparison to a rather idealised feeding situation, against which everyday frustrations are critically compared. Like the infant, the researcher also draws attention to a 'faulty fit', as if the everyday vicissitudes of the feeding relationship are no longer conceived of as ordinary routine occurrences. There was perhaps an unconscious comparison to the aesthetics associated with the breast.

In the following extract, Kieran had returned once more to feeding on the bottle; the teat filling his mouth and securely held in place by his tighter lips. This comfortable alliance was to be short-lived.

Susan once again offered Kieran the bottle. He was immediately content as soon as the teat was in his mouth. However, Susan had left the muslin cloth underneath the bottle. She realised this immediately and said, 'I'm sorry Kieran, I know you like to hold the bottle'. Susan briefly removed the teat from Kieran's mouth and removed the cloth. Kieran watched the bottle intently and began to make mouthing movements as Susan once again placed the bottle into his mouth. Kieran resumed feeding, sucking quietly, his eyes fluttering shut into a milky sleep.

The dog jumped up and started to bark in a high pitched frenzied manner, making Susan and myself jump in fright. Kieran opened his eyes momentarily then closed them again and sucked unconcernedly on the teat. After a while he stopped sucking and Susan removed the bottle. There was a small amount of milk left in it and Susan placed it beside her on the bed. She moved tentatively to wipe some milk that had started to dribble from Kieran's mouth. He suddenly opened his mouth and a small amount of milk came back. Susan instinctively moved Kieran to a higher position when suddenly he opened his eyes

wide and was sick in a projectile manner. The whole contents of a full bottle of milk came pouring out of Kieran's mouth.

Observation 18 Kieran four months, one week, three days

The minor interruptions in the feeding relationship caused by the positioning of the muslin cloth and culminating in the dog's frenzied barking would seem at first sight to precipitate the baby's rejection of the milk. However, the intensity of the projectile vomiting would appear out of proportion to these relatively small intrusions. Although the pace of these occurrences seem to set in motion a catastrophic collapse in the infant's capacity to contain the milk, there are important details within the observation that suggest otherwise: the re-establishment of eye contact whilst feeding, the infant's relaxed state and the restoration of the feeding environment⁴⁹ would naturally act as a protective shield, preventing or minimising the penetration of external impingements. This can be seen in Kieran's lack of fright when the dog barks unexpectedly. His relaxed state would suggest that internally he is secure in the knowledge of the object's presence. What, then, triggers the projectile vomiting? It is not at all apparent at this stage that it is an emotionally driven response. We know that there is sickness in the house as Rosie is unwell with a cold and Kieran had the day before received his inoculations. Was the vomiting a symptom of an immune system under attack, indicating the start of a common cold, mirroring his sister's ill health?

In this observation, mother and son are once again enveloped in intimacy, one that is delicate and sensorial – for example, the way in which Kieran finger's the teat. Despite the changes associated with the bottle, and his positioning next to his mother rather than held on her lap, there is a return of sensorial integration; eye and touch. It is perhaps the very return of the integrating object that leaves Kieran vulnerable to 'aesthetic conflict' as first described by Donald Meltzer (1988). He relates how conflict within the infant arises when the truth of an experience is unbearably beautiful. In this instance, the return of the feeding nurturing mother, perhaps evokes conflict associated with the unknowable aspects of her near-death experience, or as Kieran felt it, the object's absence. Was this an aspect related to the violent expulsion of milk? That something

⁴⁹ By 'environment' I refer to both the physical and psychically created one.

within, despite the environmental security, was impacting on the container/contained (Bion, 1959) function⁵⁰.

After enduring such a traumatic separation, to encounter the vulnerability of the object seems to me to be a supremely conflicted experience for Kieran. For he was, once more, looking towards his mother, drinking her in, along with the milk. The resulting conflict is quite different to that experienced with the substitute object - nanny. For example, as the baby by sight and touch infuses the image of the bottle with meaning, it appears to set in motion a sequence of events that culminates in the expulsion of milk. There is both a re-enactment of the trauma associated with mother's accident – the forceful loss of the milk/breast – and a suggestive purging which conceivably may relate to the presence of something indigestible.

Susan's *'little guzzler'* comment may well be a reflective accurate account of the speed in which Kieran takes the bottle. It is perhaps less of a struggle for Kieran to latch on since there are no repeated interruptions to the feed, and he might well be greedily making up for lost time. His mother's partial re-instatement was not a straightforward one, as Mary remained as the main carer. Having adjusted to the many styles and patterns of care provided by father, grandmother and nanny, Kieran had to find his mother. Kieran's *'guzzling'* alongside his regurgitation may demonstrate an aggressive link to the object, for there appears to be a significant connection between the two, urgent taking in followed by forceful projection outwards. It was as if there was no digestive system that could contain both the aggressive content alongside the qualities of the object that have previously been referred to as aesthetic impressions.

After Kieran was sick, I quickly reached for a towel to soak up the vomit and called the nanny at Susan's request. By the time I returned back to the bedroom Kieran was screaming loudly and Susan looked vulnerable in her inability to pick him up and offer comfort. Mary scooped Kieran up and took him into his own bedroom where he was changed in a somewhat perfunctory manner. His crying only decreased when Mary held Kieran on her lap to soothe him, he looked towards the observer and *'smiled looking as though he was relieved'*. His persecutory state related to the feed seemed cut off and now distant. Mary continued to tend him in a functional manner, despite which,, Kieran

⁵⁰ The violent projection of milk I am equating with 'Attack on Linking'.

had the internal composure to turn towards her and contentedly engage. Sensitive now to Kieran's state of mind, Mary's ministrations softened and she spoke to him in soothing tones. It was clear that Kieran had developed the capacity to regulate the other. His calm state, fluent and organised body movements had a transformative effect upon the nanny; she slowed down, and her eagerness to change and bathe him was less hurried and anxious.

At this point, Rosie called perhaps by Kieran's cries and later vocalisations, entered Kieran's bedroom which had until quite recently been her own. She sat observing the pink walls, suggesting that the colour needed to be changed for her brother. It seemed like an act of relinquishment and generosity, and in a gesture to confirm her benevolence towards him *'she stood up and went over and patted Kieran on the head and said "there now Kieran"'*. He had been excited by Rosie's presence, watching her intently.

Prior to Observation 17, Rosie had related to Kieran in a somewhat distant watchful manner, negotiating the intensity of her feelings towards him in what became memorable gestures. Rosie was observed agitating the pram vigorously when her mother was out of the room, clearly struggling to contain her more ambivalent feelings that had perhaps been intensified by the presence of the observer. It was clear that he was both loved and resented by her. Their mother's accident had brought the two siblings closer in a manner not previously observed; their relationship became more apparent and animated. In the following extract we gain a sense of their 'togetherness', and on Rosie's part, a willingness to share experiences.

Rosie's eye was caught by something underneath the wardrobe in Kieran's room. She stepped over me to look underneath and into the space between wardrobe and floor. Rosie retrieved old birthday cards and started to look through them. Kieran watched intently and waving his arms went 'aah, aah'. Rosie commented, 'Kieran can say some words now, he can say aah and mmmn.' Rosie offered the cards to me and asked if I could read the verses. The nanny asked if Kieran 'could look at the cards too', she then took some to show Kieran. In response, Kieran became quite still and intently examined each of them in turn. Mary picked up a photograph of Susan on a horse and

showed it to Kieran. This appeared to really engage him, Kieran started to move his arms and legs accompanied by vocalisations of 'aah, mmn, aah mmn'. It was clearly evident that the picture excited him. I read several cards to Rosie before she disappeared out of the room with an old painting that she had done when younger.

[...] Mary, carrying Kieran, went across the landing into Rosie's newly decorated bedroom. Rosie welcomed him and showing us around her room, Kieran was captivated.

Observation18 Kieran four months, one week, three days

The whole scene captured a return to normality and contentment. Mary takes an active role in facilitating this, from encouraging Rosie to show the cards to Kieran, and then showing Kieran a photograph of his mother, she supports both children in enjoying this important moment of union. Finding the birthday cards and painting was a welcome discovery for Rosie, reassured perhaps that something of her younger self had not been eclipsed by Kieran's birth (moving into her old bedroom). From this privileged position of identifying her own development and growth, she was able to name her brother's competency in vocal learning, and was perhaps beginning to recognise that she had an important role to play in her brother's emotional development (Dunn, 2004). This was seen by the manner in which she tenderly pats her brother's head in acknowledgement of his earlier distressed state. The presence and thoughtfulness of Mary supports Rosie in welcoming Kieran into her newly decorated bedroom. It was suggestive of a tender and loving regard, whilst also securing the very foundations of her status as the older sister, since Rosie would be the one to regulate his presence in her space.

Kieran was clearly equipped for interchanges with Rosie. From the first weeks it was observed how his body communicated a different type of attention when hearing his sister's voice to those of his parents'. His attentiveness had a more lively animated tempo, clearly anticipating and evoking a more heightened state of arousal to that of his primary carers. Rosie at times responded to his animated gestures with reciprocal ones of her own, intensifying the emotional expressiveness – the two of them, when in synchrony, creating peaks of excitement and arousal far higher than that observed with others.

Mary once again evokes horses into the observation. Quite why she does this is interesting to consider. The photograph of Susan and the horse depicts much happier circumstances, one that perhaps Mary was wishing to preserve for the children. Kieran's response to the image was a lively one, as though he does indeed recognise his mother. The timing is remarkable given that Kieran had only just recovered from having regurgitated his feed. There is perhaps an unconscious process that draws awareness to the altered circumstances of the feeding relationship and in the visual appearance of the mother; something still remains un-metabolised. These complex interactions and associated subjective states continued as the observation hour neared its end. The following extract captures the final few minutes of the observation; the children, mother and nanny were now downstairs.

Once in the kitchen, Kieran began to make regular mouthing movements as though he were hungry or thirsty. Mary placed Kieran down in his pushchair but he was obviously discontented and began to cry. Mary reached for Kieran's toy worm and began to play with him. She laughed and smiled as he squealed with delight, but it soon became a squeal of anger. Mary looked towards me and commented with curiosity, 'Kieran is funny when he does that, sometimes you think he is going to cry but he doesn't, he bursts out into a squeal of laughter, and sometimes when you think he is going to laugh he starts to cry.' Meanwhile Kieran was enjoying the play with the worm, reaching for it and making mouthing movements. Mary continued to play a hide and seek game with the toy, which Kieran enjoyed immensely.

[...] when Mary left the room Kieran let out a little cry and once she was out of sight he began to make 'mmn, mmn' noises until she returned.

Observation 18 Kieran four months, one week, three days

Mary's observation captured the nature and complexity of her relationship to Kieran, and he to her. Whilst Mary remarked upon the confusing signals that Kieran presented her with – laughter that turns to squeals of anger, and expressions of anger that could quickly turn to joy – Kieran perhaps experienced a disjuncture in how his

communications were received. His mouthing and vocalisation were responded to by the presentation of the worm toy. It arouses him, and for a while his mouthing turns into peals of laughter. As the sequence progresses there is a mixture of manic gratification and anger in his response, which Mary is trying to process mentally. Although Kieran's vocalisations convey a mixture of pain and pleasure, it is the subject of the game that captivates his imagination: hide and seek. It is a symbolic evocation of the object lost and found, reminiscent no doubt of the main events in Kieran's everyday life, and rather poignantly suggestive of his recent separation and re-union with his mother. When Mary moves away, Kieran at first protests in a small way, followed by the ruminatory sound of 'mmn, mmm' when Mary is out of sight. It suggests to me that absence in this instance is experienced at an oral level, adding to the complex picture that is beginning to emerge, whereby both absence and presence appear to stimulate a myriad of oral responses, from an increase in communicative vocalisation to ruminatory mouthing.

Restoration of the object: Observation 19

Seven weeks after Susan's accident and three weeks into the shared care arrangement with the nanny, Susan began to reflect in my presence upon her mental state. She spoke of how she had 'woken up' and now felt 'switched on again' after several weeks of feeling 'switched off, lacking in energy or thought for anything'. As though to confirm her increasing restored mental availability, Susan in this observation began to read and voice her baby's cues, and as the observational hour progressed these observations were shared with the nanny, thereby creating a link comparable to that of a parental couple. In response, Kieran was more playful, which Susan noted as she commented upon her son's restored 'animation'.

On entering the home I found myself in the midst of a settled, domestic family scene: the maternal grandmother was preparing lunch, Mary was caring for Kieran and in a now familiar pattern, Susan was still in her nightclothes.

When I arrived, Kieran was situated in the middle of the kitchen, domestic activity taking place all around him. Susan's mother greeted me and carried on cooking. I stood observing Kieran in his pram, he caught sight of me and smiled, he began to laugh as I said 'hello'. I returned his smile and he responded with a 'coy look' during which he

pushed his head further back into the pram and closed his eyes, his mouth widening into a deep smile. On opening his eyes he reached forwards for a soft toy worm.

Observation 19 Kieran four months, two weeks, three days

Kieran's coy smile had an engaging, captivating appeal, and a newly learned skill. It seemed to draw me in, creating the idea in my mind of Kieran's self awareness in relation to another – as if at that moment he held the idea that he was indeed the focus of my attention. A few seconds later when he became aware that his mother, Mary and myself were now observing him together, his referencing took on a triangular dimension as he looked between us, before concluding with a beaming smile towards Mary. On Susan's instruction, Kieran in his pram was placed so that he could continue to see all three of us as we each moved to a different area of the kitchen. The following extract captures how from this position of a collective gaze, Kieran went on to explore the environment. This was particularly significant because following his mother's accident Kieran had found it difficult to withstand periods of aloneness, preferring instead entertainment by another.

Kieran appeared to get excited by the coffee cups, he made mouthing movements as he carefully observed them on the table. He turned his attention to his left hand and watched his hand for a moment as he lightly touched the pram cover, moving his hand closer to the toy worm. After a moment or two of considering the worm, he used his right hand to grasp it, pulling it forwards towards him and then pushing it away. At one point the worm tipped over and again he repeated pushing away and pulling forward the toy. One of his movements was vigorous and the worm fell to the floor. In response Kieran looked very serious, and he immediately took his right hand to his mouth chewing on his thumb and fist for the briefest of moments. He removed his thumb and continued with mouthing movements, his lips coming together in rhythm. Mary spotted that Kieran had dropped his worm and she picked it up, using it to play peek-a-boo, bopping Kieran on the head with a 'boo' after the worm had been out of sight.

Observation 19 Kieran four months two weeks, three days

Kieran's activity with the toy worm would seem to capture, in a symbolic manner, his preoccupation with the closeness of the object and then its distance – recreating perhaps the to-and-fro in the feeding relationship. This was suggested in the beginning and ending sequences by Kieran's mouthing; firstly in association to the coffee cups, and secondly, when the worm disappears from view. The associative mouthing that occurred at the start differed significantly to that of Kieran's state of mind displayed at the end. For then, Kieran's look conveyed anxiety when the worm dropped from view, indicating concern for the object. Kieran may well have experienced this *guilt* as something persecutory, signified by how his fist went into his mouth and he began to gnaw on his thumb and knuckles. However, something of a transformation follows when Kieran begins his rhythmical sucking. It might convey how the infant at this point had a more benign phantasy in his mind, conceivably of a good object. There was perhaps 'the desire to restore' (Klein, 1936 p. 294) a good object presence, especially after the aggressive pushing away that had caused the fall of the worm. Mary understood the nature of Kieran's play and she elaborates it into a full disappearance of the object. The worm's sudden return as a 'boo', once again captured the rather startling and sudden re-appearance of the object for Kieran. Reinforcing for the infant that the restoration of the object is dependent upon the management of his own ambivalence.

The opening sequence during which Kieran notices and observes his left hand in relation to the pram cover and later to that of signalling towards the worm would appear to indicate how he makes a mental connection with his hand. It is with his right hand however, that we see how this signal turns into a conscious action; one that successfully achieves his aim of securing the soft toy worm. It draws attention to how Kieran experienced how *his hands belong to him*.

After the peek-a-boo sequence was repeated several times, Kieran signalled his disinterest. He began to 'bang on the pram cover, turning his head from side-to-side, vocalising "mmn mnm". His forehead went into a frown and the corners of his mouth dropped as he let out a final cry' in a crescendo of discontent before Mary lifted him from the pram. Being in her arms with his back to her chest, he became enlivened by the colours of the tablecloth. Kieran began to bang the table vigorously with his right hand. Noticing this, Susan commented on how he had enjoyed the lid of the fudge box the night before. This was given to him by Mary and he played with it animatedly; twisting it around, passing it between his right and left hands and appearing to notice how each

bang of the lid against the table created a different sound. Mary extended his play by offering him the crunchy paper from inside the box. Kieran was clearly excited; he lifted it to his mouth, his face conveyed a feeling of disappointment though as he realised the sound that was so stimulating did not match his oral investigation. Kieran quickly became disgruntled, the mismatch perhaps awakening an oral dissatisfaction. His banging on the table, first with his hand and then with the box lid had a determined, potent quality, which his mother described as ‘*animation*’. The oral impact of the tissue paper seemed to dissolve this, as Kieran became increasingly unsettled.

Alongside these developmental opportunities, Kieran still struggled to remain in contact. He would demand once more to be held upright with some distance between his body and that of the other. Eye contact although present was not sustained, and commonly *whilst seated on the lap he turned away from the gaze of the carer*. Most frequently his distress was noted in the feeding relationship. This was evidenced in the following extract; noticing Kieran’s mouthing movements, Susan voiced how she thought Kieran needed a bottle. With some difficulty and supported by her crutches, she made her way around the kitchen to make and warm the milk. In the meantime, Mary had been playing with Kieran on her lap, trying to occupy him whilst his bottle cooled. He was entertained quite vigorously, being lifted high in the air and then lowered until his feet touched the floor.

Mary sat down on the chair and reached for the bottle. Kieran began to moan about stopping the game. His protest appeared to put Mary in somewhat of a panic, anxious to get the teat swiftly into Kieran’s mouth. Mary looked uncomfortable on the kitchen chair and Kieran did not appear to be relaxed in her arms. Mary persisted in pushing the teat into Kieran’s mouth and he immediately began to suck; Mary manoeuvred herself in the chair to make herself comfortable. Dragging a chair with her free foot across the floor, she hooked her feet onto the supporting spindle. It all looked rather awkward and ungainly. Kieran was leaning away from Mary’s body, his head held slightly in the crook of her left lower arm. Mary held the bottle in her right hand, having to wrap her arm around his strained body. Kieran gazed out into the room, occasionally looking in his mummy’s direction. However, for most of the feed he gazed quite intently at a

handful of daffodils and primroses that Rosie had picked. Mary stared out silently into the room.

Observation 19 Kieran four months, two weeks, three days

Despite the more settled family atmosphere, Kieran's agitation once more pervades the feeding encounter. It would appear to penetrate Mary's state of mind as she responds to the infant's frustration with increased anxiety and panic. This finds expression in how the bottle is offered, and the urgency that accompanies the inserting of the teat into Kieran's mouth. The whole feed is taken in an uncomfortable manner and Kieran searches the environment for a vibrancy that is perhaps different to that of the face – for the look in his mother's direction is not sustained and on this occasion his eyes seem to focus on the intense colour of the flowers. At other times, Kieran's expression was glazed as he stared out into the middle distance appearing not to focus on anything in particular.

Eventually Kieran settled into a feeding rhythm, although the now familiar pattern of Mary removing the teat from the infant's mouth to allow air bubbles to reach the surface of the milk frequently interrupted it. In the following extract Kieran is relaxed on Mary's lap, the bottle almost finished.

Kieran very gently stroked the finger of Mary as she held onto the bottle. His right hand remained relaxed to his side. His eyes continued to hold a steady gaze on the yellow daffodils and slowly he began to close his eyes. The light from the window reflected on his skin, creating a warm luminosity. Mary once again removed the bottle from Kieran's mouth; this stimulated him into sucking a little harder as the teat was once again inserted between his parted lips. Kieran quickly fell into a deep sleep and Mary removed the bottle.

Wiping his nose with a tissue roused Kieran from his slumber, and in response Mary offered him the bottle once again.

Kieran began to suck, his mouth savouring the teat. Slowly his eyes closed as his finger of his left hand stroked that of Mary's.

Observation 19 Kieran four months, two weeks, three days

An important sensorial connection is made when Kieran strokes the finger of Mary's hand. His light touch and repetitive action suggests how it possibly held significance for him, evoking perhaps skin-to-skin contact with a perceived good object. In addition the finger also provided firmness and structure. These two factors would appear to ease him into a deep relaxed sleep.

For the short time left of the observation Kieran remained in a still sleep – bustling activity continued to take place seemingly un-noticed by him. Susan requested that Mary re-arrange the children's small downstairs room, Rosie's infant toys were removed and replaced with Kieran's. As Mary worked, Susan reported how Kieran occasionally regurgitated his feed; not knowing what the trigger was, she believed it to be somewhat idiosyncratic. By way of explanation, the family and nanny continued to refer to him '*as a little guzzler*'. It implied greediness and perhaps an urgency to be fed.

The term may well capture a particular internal significance for Kieran; the regurgitation that reportedly followed his 'guzzling' being somewhat perplexing in this context. For it implies a rapid and urgent expulsion of something intolerable, a suggestion perhaps that the defensive aspects associated with 'guzzling' whilst satisfying the immediate need for 'good' sustenance, fails to '*paralyse the action of the bad objects and substances inside the body*' (Klein, 1931 p. 247).

In this particular feeding episode we see how Kieran had savoured the teat and the milk provided. His focus on the flowers indicated something of an aesthetic quality; like the earlier visual connection to his mother, it seemed to frame his attention. Together with the stroking of the finger it brought to mind the infant's feeding experience, one that in this observation consisted of a secure fit between mouth and teat for there is no leaking of milk.

As I left the family home at the end of the observational hour, Kieran stared vacantly at me. There was no acknowledgement, as though he was in a state of sleepy abandonment. The following week saw Kieran once again greeting me in recognition and Mary reporting on his 'happier state'.

The role of ambivalence: Observation 20

As I entered the family home, Susan greeted me as usual in her nightgown. Kieran *'caught my eye and smiled and cooed at me. He pushed his head further back into the buggy and moved his head from side to side, closing his eyes in delight. Leg kicking accompanied his "lars" and "coos."* Mary testified to Kieran's more contented frame of mind stating that he had *'hardly cried the day before'*. In contrast, Susan reported that her husband had sustained a serious blow to the head. There had been some concern about his eyesight when he temporarily lost vision in his left eye after a cricket ball hit him at speed full in the face. He had needed medical attention and was now at home recuperating. A depressive silence pervaded the kitchen at this point and Kieran in response became still, intently watching the facial expressions of his mother and Mary. Only when Susan left to dress did Kieran resume his more animated gestures.

In the following extract taken from the observation notes just a few minutes after mother had departed, we see Kieran sucking and chewing vigorously on a small soft toy.

Mary was sitting behind the pushchair and Kieran was able to put his head back and lift his eyes to look at Mary behind him as she waved a crinkly toy in front of him. He grabbed at it with both hands; crinkling the toy he became animated and excited by the sound. He laughed and cooed and he managed to put the corner of the rabbit's ear into his mouth. His chewing resembled a cross between sucking on the bottle and chewing vigorously with his gums. He screwed his eyes and now began to chew in a frantic manner. Kieran kicked his legs in excitement and used his hands to continue to make the crinkly sound. His whole body was consumed with activity; both hands were constantly squeezing the toy, his mouth was chewing, his legs were kicking and his hands and arms were moving the rabbit vigorously. The animation was captivating and I discovered how engaged I was in the activity when Kieran responded by smiling at me with an 'mm mm'. He returned to chewing on the rabbit with vigour and apparent satisfaction. Mary explained that Kieran had made the rabbit sodden the day before, concluding it was his 'favourite toy at present'.

Kieran became progressively more excited. Chewing on the toy rabbit, his eyes and face screwed and contorted in expressions of delight and now almost anguish at the satisfaction that it gave him. It looked extremely sensual and the arousal in Kieran appeared to rise and wane with ever increasing frequency. At this point Kieran let out a sharp cry and Mary responded by saying 'what then Kieran'. She pushed the buggy forwards and backwards and Kieran resumed his chewing on the rabbit and occasionally his fist. Once again he let out a dissatisfied and disgruntled cry.

Mary collected a dummy from the steriliser and offered it to Kieran. He attempted to chew on the teat but it fell from his mouth. Cleverly he turned the dummy around and started to chew on the hard plastic ring instead. This hard surface appeared to give him satisfaction and once again he looked over towards me and began to vocalise 'mm, mm' and to 'coo'. Mary laughed and told him 'it was very clever of him'.

Kieran continued to now gnaw on the ring; occasionally he managed to manipulate it between his hands in order that he could reach a more angular part of it, allowing him to hold it in place and chew vigorously. At one point he held the dummy ring with his left hand and with his right he started to play with the crinkly rabbit. Mary noticed this and commented 'it is the best of both worlds for you Kieran, you have something to chew on and you have the nice crinkly noise of the rabbit.'

Kieran watched as Mary began to drink, simultaneously, his own mouth movements simulating sucking intensified. He started to grizzle and the dummy that he had been pushing away and pulling towards him fell to the floor. Kieran began to chew on his rabbit in a rather aggressive and determined manner, screwing up his eyes and face as he did so. Kieran chewed vigorously with his gums, letting out a long 'aah' sound. He kicked his legs and let out several cross and

determined cries in a rising crescendo. Observation 20 Kieran four months, three weeks, three days

The opening sequence is characterised by Mary's thoughtful reflection on Kieran's altered frame of mind; he is seen as happier and livelier, and notes her own observation that Kieran had gone a whole day with very little crying. In contrast, Susan draws attention to her husband's accident and we see just how sensitive Kieran is to the changed emotional atmosphere. In response Kieran adjusts his own state of mind, attuning himself to the more sombre atmosphere. The hushed tone in the family kitchen drew vivid attention to the precariousness of the parental couple; Kieran looks from his mother to Mary as though looking for an object to make sense of the serious-minded discussion. Mark's accident coming so soon after Susan's appeared to reignite anxiety associated with the survival of the object.

After his mother leaves the room, Kieran works hard at making contact, stretching backwards to seek Mary visually. The crinkly rabbit enlivens him and it is used both as a stimulating, almost masturbatory object as well as a replacement for the breast. His sucking and chewing conveys something of a sense of ambivalence as he generates passionate feelings within himself of both love and perhaps hate. This is expressed in his loving 'coos' and 'aahs' and finally in his frustrated and determined chewing. The use of both hands – his right giving pleasure as he manipulated the rabbit and the other, a type of frustrated pain as he held and chewed on the handle of the dummy – may well represent emotional confusion or contrasting emotional states. This is a different interpretation to that of Mary who refers to the activity as the '*best of both worlds*' indicating a more integrated sensorial state of touch, sound and oral investigation.

Kieran's almost simultaneous sucking and chewing on the rabbit's ear would appear to capture both a passion for the breast as well as a desire to perhaps consume it with chewing determination. The softness of the rabbit did not gratify this strength of feeling and it is with the hard edge of the dummy ring that we witness his more satisfied response. It points to an oral discernment that places emphasis upon matching the inner state of the baby to that of finding its representation. The hard surface, and especially the angular edge of the plastic ring would appear to facilitate a fuller expression of the infant's oral exploration linked to something strong and resilient.

At two noticeable junctures the infant references the observer; both correspond to when the height of oral investigation and expression is reached, and occurs just before the threshold of enjoyment is breached by frustration. A savoured vocalisation of ‘*mmn, mmn*’ accompanied this visual contact, as if demonstrating his proud ownership of an object that is initially gratifying. It is important to consider what is actually happening when the infant makes use of the observer at these points. For alongside Kieran’s demonstration of what he felt to be in possession of, the observer’s attention may well have been sought to visually frame the experience for the infant. It was all the more noticeable and noteworthy because the visual referencing towards the observer later in the observation was only fleeting and did not have the same communicative intention.

The combined experience of pain and pleasure suggests an emotional confusion for Kieran; one that leads to frustrated sharp cries in protest. There is a realisation perhaps that the rabbit and later the dummy are poor substitutes for the bottle and breast. Eventually, Kieran discards the toy rabbit and cries out for Mary to collect him. He verbalises ‘*mmn, mmn*’ on her approach and stretches his arms towards her with a clear request that he is to be picked up. Once cradled, he sucks and slobbers on Mary’s arm until she distracts him by tapping on the table. Immediately, Kieran returned the drumming dialogue by vigorously banging on the table with his own hand.

A few minutes later Mary laid Kieran on the floor and began a tickling game, beginning with his feet and moving her fingers slowly up his body. For a short while there were animated exchanges between them before;

Kieran let out a long loud chuckle that was on the verge of a distressed cry. Mary commented that it was a ‘funny laugh’ and continued to tickle him, her face in close proximity to his. Kieran appeared to become quite rigid and I wondered silently if he was frightened. His combined laugh and high-pitched sharp cry continued as Mary repeated the game four or so more times. In between each episode, Kieran turned his head away from Mary. In response, Mary either picked up his legs or his hands as she moved up his body until he once again made eye contact with her.

Observation 20 Kieran four months, three weeks, three days

The emotional confusion between pleasure and pain for Kieran seemed to be associated with a struggle to self-regulate body affect, leading to an experience of over stimulation and confusion about which feeling to express. It was reminiscent of the earlier observed exchanges between Kieran and the nanny immediately following mother's accident. The event seemed to capture once again the significant differences in aesthetic appreciation the mother and nanny held for the infant. This was in part expressed by the nanny's interest in physical development. For example, following the tickling game, Mary placed Kieran on his stomach and held her hand against his feet. As he lay like a beached whale unable to support his body weight Mary noted the strength and pressure Kieran exerted and commented '*he is very strong, his legs are very strong, I think he will be a good crawler*'. In contrast, Susan's handling and mentalisation of Kieran's growth appeared to be concerned with his developing maturity and how he related to the world around him. Some of the emotional confusion or inability to separate contrasting emotional states may well have been associated with the different aesthetic modes he was accustoming himself to.

As the observation neared its weekly conclusion, Mary once again offered Kieran the opportunity to play. This began whilst he lay on his stomach unable as yet to reach the toys that Mary positioned tantalisingly close by, once again there was emphasis placed upon developing his body strength. Kieran complained at his position and the demands placed upon him, Mary responded to his protest by sitting him between her legs on the floor. He began to slump forward and cried out in frustration at not being able to right himself. At this point his mother returned from dressing and greeted him with a smile: '*Kieran did not alter his facial expression and instead stared at his mummy in the doorway.*' Mary explained that Kieran had become tired of sitting in the pushchair and she had collected him to play. Susan was surprised that Kieran was still lively, suggesting that he must be tired since he had been awake from early that morning: '*Kieran did indeed look weary and as his mum spoke of tiredness Kieran let out a yawn*'.

On leaving, the observer noted how Kieran gave a beaming smile towards his mother – one that went un-noticed. When Susan later turned towards her son smilingly, Kieran's return gaze was unresponsive. It captured a very real expression of ambivalence towards the object and was perhaps Kieran's way of regaining some control over his engagement with his mother. These particular aspects are explored in more detail in

chapter 8. They have been specifically selected to illustrate and deepen the understanding of themes already identified.

At this stage in the data analysis, codes began to coalesce and cluster into emerging categorisation. The next stage in the narrative analysis was therefore to select individual observations that explored these themes and emerging categories in greater depth. Before returning to the observational narrative however, I pause in order to explore the findings from the first three parts of the observational narrative.

Chapter 8 – Findings from the Observational Narrative parts one to three

Before selecting observations that detail and explore how the infant continued to develop post shared care, I pause now to consider the findings from the first three stages of the observational narrative. Emerging themes from these three sections determined which single observations were chosen in the final section.

The first month

Analysis of the observations covering the first month of the infant's life revealed a previously unknown array of emotional factors, ones that had been initially overlooked during discussion within the original seminar group. The infant's sensitivities and preferred sensibility were noted at the time yet it is with the close attention to the observational reports that a more detailed analysis became possible, revealing how for this infant, there was an observable process of 'coming into being', establishing the importance of a relationship to be born into. This psychic-birth was uniquely related to both the developing relationship with the carer as well as how the infant related to his own mind. At this stage in the baby's development these processes were governed by the close careful attention the infant received, suggesting that he came to know something of his own mind by first having a dependable mind on which to rely.

Observations 1 to 4 in summary;

- From observation 1 we learn of the infant's awareness of the 'other', whether this is in the form of the nipple or the presence of the observer.
- The infant relies upon the organising principle of mother's mind and body. This had an aesthetic quality to it, as the infant perceives the mother through all his senses.
- The emergence of proto defences is evident from observation 2.
- The presence of the blockading fist was related to a shared ambivalence for the breast.
- Observation 3 illustrates how the infant has a fine aesthetic attunement with the object, displayed in synchronous patterns.
- Vertical positioning was possibly related to the promotion of triadic thinking.

The legacy of mother's accident

The observations in this section record the care the infant received from the nanny during mother's absence. They capture the baby's adjustment to his changed circumstances and record defensive preoccupations, which characterise so many of his interactions with the mother substitute.

It would appear that the trauma associated with mother's accident had coalesced with an already existing developmental task associated with weaning from the breast. Managing these first separations was a delicate and necessary undertaking for both mother and baby. Mother's abrupt hospitalisation occurred at an important point for the infant, since he had begun an evening bottle just one week prior to the accident.

Throughout observations 14 to 16 there is a continual movement between ambivalence and a more depressive position. Linked to this oscillation we see fluctuations between un-integrated and integrated states. In the former, we see how the baby struggles to maintain a co-ordinated body rhythm as he writhes and flails in the nanny's arms. His un-integration is also noted in his visual part object fixation.

Observations 14 to 16 in summary;

- A process of forced entry enters the feeding relationship. Control and authority were asserted as a way of managing the baby's conflicted state.
- Early proto-defensive strategies first noted in observations 1 to 4 become habituated as protective measures.
- The baby becomes the recipient of the nanny's anxious projections.
- By Observation 16, Kieran was at times resistant to the soothing approaches of the nanny – a further blockade – and his prolonged grievance delayed amelioration of his distress.
- In observation 17, a mixture of ambivalence and blocked access manifests itself as indifference when his mother returns home from hospital. This continues for some time, and although first noted in Observation 14 the infant's turning away from the carer persists into Observation 20.
- Passive leaking of milk was related to a faulty fit in the container/contained relationship.

- There is a surge in vocal development possibly related to the toleration of frustration and developing communicative repertoire.

Mother's return

The observations prior to the accident detailed many examples of how capable mother was at assessing her baby's state of mind, and likewise how capable the infant was in evaluating the mother's⁵¹. This facilitated joyous reciprocal exchanges at times, and in a rarefied manner was evident when mother and son presented a unified depressed state when mother returned in her altered state. Regurgitation began at this point and coincided with mother's mental unavailability, indicating perhaps the indigestible nature of the infant's psychic pain.

Analysis of the observational reports revealed how the siblings were drawn to each other during the period of mother's ill health. Rosie became more sensitive to Kieran's cries and it was frequently observed how he sought visual contact with her. Sibling resonance of this sort would indicate what Meins et al. (2003) have called mind-mindedness, in this instance not only that of the parents recognition of the child's mental state, but also that of siblings in relation to one another. The sibling relationship, as the research work of Judy Dunn (2004) indicates, has an important role in emotional development.

When the infant does allow himself to be 'gathered together' into reciprocal exchanges, his body movements return once again to a more discernable rhythm and he enters a more integrated state. There is a return to coherent synchronised emotional patterns and these have some bearing on how a process of mentalisation becomes established following mother's accident.

Observations 17 to 20 in summary;

- Analysis of later observations detailed how important synchronised emotional patterns were to both the establishment of a contingent adaptation as seen in

⁵¹ Emde, (1988a, 1988b) describes how mother and baby perceive each other's emotional state and describes this as 'affective attunement'.

Observations 15, 18, 19, 20, as well as to the later recovery of mother/infant attunement.

- The infant attunes himself to mother's state of mind.
- Rumination was defined by the urgent taking in of milk followed by forceful projection outwards.
- Painful pleasure characterised playful interactions.
- Aesthetic conflict was activated by mother's return in her altered state.
- There was a continuation in defensive preoccupation characterised by gaze avoidance, blockading and second skin adaptation.
- There is evidence of near-death mentalization.
- The infant uses triangular referencing as a way of bringing nanny, mother and observer together.

Summary

Synchronised patterning between mother and infant helped to establish attuned aesthetic engagement. Early proto-defences became entrenched defensive preoccupations when the infant experienced the temporary loss of the object. When mother returned in her altered state the infant adapts and attunes to the low mood. The feeding relationship becomes a scene of conflict and ambivalence. Rumination follows as an expression of the infant's urgent hungry need, rapidly followed by expulsion. The expression of painful pleasure as a link to the object and the feeding relationship finds symbolic representation in the infants play.

Chapter 9 – Observational Narrative part four

Selected Themes: Observations 21, 22, 30, 38, and 46.

Introduction

Whereas earlier chapters were organised around factors related to developments within the mother/infant relationship and its subsequent interruption, here I turn to selecting individual observations that relate to the identified themes of - *synchronous patterns, defensive strategies, aesthetic conflict, the progress of rumination as a defensive strategy, indifference to mother's presence and the demonstration of painful pleasure*. In addition, I also wanted to explore how mother and infant recovered from the traumatic events.

Observations were selected from when the infant was four months three weeks old (observation 20) to just past his first birthday. It was hoped that this selective process would help to check, qualify and elaborate on the already identified themes. Observation 22 was the first to be selected and analysed in detail for these qualities. It was chosen because it contained a detailed account of how the infant provoked a choking response when encountering his mother's temporary absence. To set the scene developmentally I will first briefly describe Observation 21.

Restored Intimacy together with gaze aversion: Observation 21

Observation 21 was somewhat unusual because father was present; he was still at home on sick leave. It coincided with the nanny being on holiday and Kieran attending a nursery in her absence, as mother was still recuperating from her injuries. The baby on this occasion looked bewildered, he was positioned in a feeding chair in which he pressed his body hard against the frame as though feeling and searching for its supportive containment. Looking at his parents who were in close proximity to each other, he began a rhythm of vocalisation, which completely transformed his presentation. He became animated which drew on his parents' joint attention. Mother responded in a singsong manner and began to offer him solid food from a spoon; this was accompanied with a vocalised 'mmn, mmn' to capture his interest. Although he sucked the refined puree from the spoon Kieran kept his eyes averted. Noticing this, father spoke of how, '*Kieran appears to look away these days when giving him a bottle or food*'. Mark then settled to reading that day's feedback from nursery, aloud he

commented on how Kieran had refused his milk throughout the day. It would appear that Kieran's contingent engagement with the bottle had continued, and a defensive structure entered the nursery environment.

It was clear that once again Kieran was struggling with the adjustments that had been made in his routine of care. However, when he was later offered the bottle in his mother's arms⁵², he appeared to enjoy it immensely. There was a secure fit between lips and teat as he fed. In accompaniment to the regularity of swallowing, Kieran with his head slightly tilted towards his mother, repeatedly pointed to the bottle, as though drawing attention to the experience. The proto-declarative pointing⁵³ appeared to amplify the experience, as if this was the bottle that he had been waiting so long for. This was further evidenced by his loud vigorous complaint as the bottle was removed to wind him. When he re-took the teat he drank with a regulated rhythm of four or five mouthfuls followed by a slight pause. He stared intently at the tablecloth as he did so, and his mother commented on the intensity of his listening and visual skills. The observation notes captured his parents' joint care and sensitivity in thinking about the world from their baby's perspective. As though to reinforce this point, mother began to sing to him and there followed a period of attuned engagement (synchronous emotional patterns). The sequence culminated in Kieran leaning into his mother and filling his nappy, accompanied by a satisfied grunting noise. Mother congratulated him and thanked him for the gift.

I have reported this observation in detail because it captured a return to predominantly developmental factors. Yet there are fluctuations in the infant's response to the feeding experience: from attuned pleasurable encounters to gaze avoidance and refusal. Father's accident, the nanny's absence and the experience of nursery may well have contributed

⁵² This was not without difficulty as mother was still in pain and discomfort from her injuries, finding a comfortable position in which to nurse the infant took several adjustments.

⁵³ Proto-declarative pointing refers to the infant's capacity to point to an item with the internal knowledge that what he/she is pointing at will be of interest to the other. This is a more sophisticated than proto-imperative pointing, used when the infant draws attention to a third object, without appreciation of the other's mind in sharing the same interest.

to this mixed presentation. It is these factors associated with feeding and oral preoccupation that are examined in detail later in this chapter.

Indigestible elements, choking and its vicissitudes: Observation 22

We see further amplification of the infant's oral preoccupations in Observation 22. A choking mechanism is noted, and reference made by mother to the regurgitation of milk when the infant is left alone. The observation had followed a short observational break over the Easter week. As usual the observer was greeted warmly and made welcome on her return, the door ajar in expectation of the visit. Father had resumed working and Rosie was playing at a friend's house. Mother still used walking aides and continued with regular pain relief.

Kieran greeted the observer with a smile followed by a studious thoughtful look as though placing me in context and memory. There were smiling exchanges with his mother accompanied by squeals of laughter and excited leg cycling as they played together. He used his feet as a second pair of hands, beautifully co-ordinated to propel toys into his grasp. In the following sequence taken from the observation notes shortly after my arrival, Kieran and his mother are on the floor playing.

Kieran observed his mother as she struggled to get up from the floor. He immediately let out a small moan like 'ahh, mmmn mmmn' with a disgruntled look chasing away the earlier smiles. Susan noticing this explained to him that she was 'only sitting down' and Kieran resumed playing with his toy.

After observing Kieran herself for several minutes, intermittently talking to him, Susan turned her attention towards me. She explained that Kieran was now back in her care most the time and she was hoping to re-establish a routine that would help him to settle. He struggled at night and would only allow himself to fall asleep by being rocked in either Mark's arms or her own. As she spoke, Kieran was helped to sit up with support and together they played with a toy that had a teething ring attached. Kieran used the opportunity to push hard with his feet and he moved backwards. His spine was flexed and

he appeared strong in this position. In a determined manner he lifted the teething ring to his mouth and began to chew. Soon though, he began with hiccups, with surprise he looked towards his mother as though for explanation. Susan spoke to him saying that she thought that he might like to lie as she slowly eased him down onto his mat. Kieran kicked his legs vigorously in anticipation of his toy, which Susan returned to him in his new position.

After a minute or so of kicking his legs and gurgling in response to his mother's comments, Kieran turned his attention between hiccups to chew on his teething ring. He used his gums to fiercely bite, it became increasingly vigorous, and at times the teething ring was pushed so far back into his mouth he began to choke. At one point he did it to such an extent that both Susan and myself simultaneously and instinctively moved forward to take the teething ring from his mouth. Susan spoke to Kieran saying 'don't put the ring so far back into your mouth Kieran, you are going to make yourself very sick'. Kieran continued to chew forcefully on the teething ring. Susan lifted him from the play mat and as she did so Kieran regurgitated a little milk, he immediately relaxed and smiled.

Observation 22 Kieran five months, two weeks

The observational sequence opened with Kieran's expectation that the object was moving away from him. The strength of his protestation would seem to suggest that a phantasy of being left alone with something unmanageable dominated his experience. This was recognised and understood by his mother and reassurance offered. However, it seemed to awaken in mother's mind an association to her infant's difficulties at night. There was perhaps a link forming in her mind between her infant's experiences of separation, to that of falling asleep, when there is a requirement for minds to separate. Mother seemed to be using the presence of the observer as a reflective resource at this point, giving recognition to the baby's changing states of mind. As these mental links began to unfold, we see how the infant correspondingly starts to use his whole body strength to push against the floor, achieving a more upright position of strength.

It is with the chewing, biting and the deep insertion into the mouth of the teething ring that we see an indication of processes that are internally driven. The hiccups seem to be the start of this frantic process. To begin with, Kieran looks towards his mother as though the hiccups are in some way associated with her; the referencing perhaps indicates a search for a transformation of the experience. When this does not occur quickly enough, the teething ring seems to take on a particular significance – it is chewed on with a determined aggressive force.

The repeated insertion deep into his mouth of the teething ring, causing a choking response, would appear to indicate how Kieran was perhaps using it to purge himself of the persecutory experience – the hiccups. It was only when his mother lifted him to her lap and he regurgitates a little milk does he recover, as though along with the milk, the bad experience was expelled. Immediately following this, and of importance to this study, was how quickly Kieran recovered a happy relaxed equilibrium.

As the observation proceeded, Kieran and his mother share several intimate and joyous exchanges before she spoke to him about leaving him for a minute or so. He watched intently as his mother struggled to leave the room. From the doorway she turned and commented that Kieran *'would probably cry, he doesn't like me out of his sight'*, as Susan moved further away she added, *'I think that's understandable.'* On cue, Kieran cried loudly as he saw his mother disappear. Following the briefest of glances in the direction of the observer Kieran quickly quietened, in the minute or two that his mother was absent Kieran lay silently motionless, alert, every one of his senses activated in a fine attunement. Susan quickly returned and greeted him with a *'that didn't take a moment then did it Kieran.'* There were reunited exchanges before Susan lifted her son into a doughnut shaped play ring, one that supported his back and from which hung a variety of play materials. Kieran began to explore the objects and noticed a small mirror suspended above his head. *'He looked into this studiously for quite some time, looked away and then back again.'* After several minutes of interactive play, Mother once again left the room.

Kieran watched as his mother slowly stood up and made her way to the door. He then turned to glance up at himself in the mirror, turned away and glanced towards the doorway where his mother now was. Kieran then turned to look in the mirror and caught sight of himself

again. A serious expression passed across his face, his eyes intently focused in an inwardly thoughtful manner. Kieran returned to playing with the toys and let out well formed 'mmn, mmn' and 'ahh ahh' sounds. He found the teething ring and started to chew on it vigorously. Once again he pushed it so far back into his mouth that he started to choke. He removed it as I moved forwards to check on his safety. Kieran slumped forwards and using the firmness of the play frame he pushed the ring further back into his mouth. He started to choke and gag, Kieran collapsed further against the ring, the teething ring firmly lodged into his mouth. He was choking excessively now; I quickly looked towards the door for the arrival of mother. Seeing that she was not there and thinking about the time involved in collecting her (especially because of her slow movement on crutches), I moved forwards to lift Kieran into an upright position. There was an urgency I felt to take action, as if his choking was a fight for survival. I adjusted Kieran to an upright position telling him as I did so that I was sitting him up so that the teething ring could be removed from his mouth. I felt inwardly shocked by Kieran's persistent choking and at my own direct involvement. Just as I moved Kieran, mother appeared in the doorway, I hastily explained what had happened. This was the first time I had touched the infant from the time when mother had placed him in my arms at four days old.

Observation 22 Kieran five months, two weeks

The sequence begins with Kieran's anticipation of his mother's imminent departure. The play ring and especially the mirror are taken as a substitute object in mother's absence. Looking towards his departing mother and then turning back to the mirror would seem to suggest that his reflection⁵⁴ was invested with mental processes

⁵⁴ In the laboratory setting it has been found that Infants begin to recognise their own reflection in a mirror from approximately 16-months to 18-months old. However, in the home this has been observed from 3 to 4 months of age. Its use here would suggest that the infant was transposing onto the mirror a representation of mother's return, perhaps a form of transitional phenomenon. Freud (1920) describes 'baby gone' when a child crouches down so that his own reflection in the mirror is no longer visible.

associated with managing his mother's absence⁵⁵. He seems to give vocalisation to these ideas, but something more orally urgent takes precedence. We might imagine how at this point his mother's absence is felt on an oral level, the teething ring consequently is inserted forcefully and choking begins, as if there is a bad, bitten 'breast' present. At this point the teething ring appears to take on sadomasochistic qualities, for it is inserted so far into the mouth as to cause considerable distress. From initially alleviating symptoms associated with separation it turns into an implement to inflict a choking perhaps even regurgitation response. The earlier satisfying feed with his mother is replaced by something more painful in her absence.

The observer's intervention highlights the ethical challenges sometimes encountered in the observational setting. Direct involvement with the infant would only take place in circumstances such as these, for stepping out of role was necessary to establish the safety of the infant. Yet this was not without its complications, the altered position and the change of boundary immediately opened up possibilities in the observer's mind of imagined further intimate contact with the baby. For example, in the observational notes the observer writes of how '*Kieran felt robust and warm and as I moved to sit back on the sofa I thought about the desire that I had to play with this captivating little boy*'. This 'Observation Generated Response' sensitised the researcher to consider the implications for mother and infant of the observer's temporarily altered role. If for example, such phantasies entered the observer's mind following this moment of intimate contact, there was also a possibility that associated phantasy may well have been activated in the minds of mother and infant. Of course keeping to the boundary of one's role does not imply a restriction of phantasy. Direct involvement on this occasion, seemed to make the thought of increased contact with the infant more of a possibility.

It was noticeable how Kieran had moved from the 'passive' expression of bringing up milk into the mouth with Mary, into a more 'active' one now that mother was back caring for him. Following my explanation to mother of what had happened during her absence, she took her place beside Kieran and spoke to him gently about making himself sick. Kieran's response was one of serious focused play with the teething ring.

⁵⁵ Freud (1920) described the 'fort' (gone) 'da' (there) game played by his eighteen-month old grandchild, as it staged the disappearance and reappearance of objects out of reach. The game symbolized the child's achievement in allowing mother to go away without protesting.

Susan taking his lead joined him, presenting more toys for him to play with. Having selected which toy he wished to play with, Susan spoke of how '*Kieran had always made his feelings, likes and dislikes well known.*' She added that he was '*very black and white*' suggesting that her son's internal experience was clearly delineated; it was felt to be either 'good' or 'bad'. Although not directly relating this observation to his oft-repeated choking and vomiting, it was meant to convey her understanding of his distinctive experience of splitting.

As the observation drew to a close and I announced my imminent departure, Kieran yawned, his mother commented on how tired he was following the disturbed sleep pattern they'd all had the night before. There was some recognition given to the struggle Kieran had in separating from his parents and how the absence of the nanny was impacting on the routine. However, mother also thought that this was an opportunity to re-establish close contact with her infant. This was not without difficulty; I noticed the struggle with which Susan moved her infant from the floor to place him in the pushchair. Her movements were angular and jerky; '*again I was reminded of how different this was from the Susan of old before the accident, when she had such grace in her movements.*'

Mother spoke again of Kieran's continued regurgitation of milk, especially at night. Although there was parental recognition this was perhaps related to separation, there was also a growing realisation in mother's mind that the infant was still feeling the impact of her accident. There was no expectation placed on the observer to speak of her observations or thoughts on this matter, rather there was an implied acknowledgement that the observer could perhaps hold and contain these ideas for the mother.

All aspects of the mother/infant relationship had felt the reverberations of the accident, with the most prominent representation for the infant remaining at an oral level. Although finding a necessary outlet, one that captured the imagination and thoughtfulness of his parents it seemed that the infant's trauma was to remain un-metabolised mentally by the infant for some time. This was evidenced in the following observations.

Intervening Observations

Reminiscent of the earlier observations, Kieran lay sleeping at the beginning of Observation 23, (aged, 24 weeks 3 days); the signature placing of hands accompanied his still slumber. He lay with his left hand relaxed by his side, whilst his right hand was held in a stiffer pointing poise. On waking there were animated reciprocal exchanges with his mother as she spoke about the process of sleep and waking. It appeared that Susan was placing greater emphasis on mentalising (Fonagy, 2002) the experience for her infant, especially before, during, and after, transitional periods. These continuities in the mother/infant relationship were accompanied by development in his physical action, of twisting, pulling and turning his body in an attempt to sit up unaided.

However, Kieran had continued to chew furiously on the rattle until he began to choke. On each occasion it was inserted too far back into his mouth. The activity would seem to be a very apt representation of being intruded upon by an attacked object. Repeating the experience over again was an important element in overcoming or mastering the experience, one the infant had previously suffered passively. He may also have experienced his mother's absence and later return in a damaged state as though he had contributed to it. This is a different explanation of regurgitation and choking to that made by Gaddini and Gaddini (1959), who understood the process as a denial of dependence and, as they called it, 'the first perversion'.

Alongside this anti-developmental pull there were also factors associated with mental development. For example, Mother commented on her son '*thinking*' as he studied the swaying trees through the window. In acknowledgement of their increased gaze exchanges, Susan also noted, '*Kieran your smile is so engaging it is all of you*'. The statement captured an increase in mother/infant vitality, yet this was tempered with a preoccupation on mother's part with her imminent return to work.

By Observation 24, Kieran was rolling from his back onto his stomach and then back again. Alongside his physical development there were two noteworthy events that demonstrated significant psychological development. These centred on the infant's self-awareness, with the first taking place whilst he was held securely now in his mother's arms; noticing the observer's gaze he smiled coyly. Kieran's smile seemed to communicate how he had once again found his rightful place, with her gaze and hold having been restored. The second event also involved a coy smile, this time as he

looked up into the mirror suspended above him. I believe it demonstrated self-recognition in relation to another. Yet against this background of development, Kieran continued to use objects to choke on and regurgitation of milk continued. This response seemed to be triggered by the infant's internal experience of the object moving away from him.

By the following week, Kieran was once again in the care of the nanny, in preparation now for mother's return to work. There were fleeting looks and a smile towards her, however, as the teat of the bottle was inserted into the infant's mouth there was a return of a tearful protest – of the sort that had been so characteristic of the observations following mother's accident. The observation had begun with Rosie attempting to obscure the observer's line of vision. Later she drew a picture of Kieran '*all on his own in a boat*'. The drawing depicted a little vessel in a big tempestuous sea, the intensity of her feelings towards him clearly expressed. However, Rosie's hostility was also tempered with an acknowledgement that Kieran was able to '*think*' and that she thought '*he [is] thinking about wanting to be a little girl*'. The emphasis Rosie placed upon their gender difference served to highlight her preoccupation with dissimilarity; girl or boy, little or big, who was the child held in the observer's gaze and who was not. There seemed to be some idea in her mind that if he turned into a little girl the intensity of her feelings towards him might be mitigated. There was a projection of her desire to have a sibling who would be like herself, as if this would solve the problem of her brother having a penis and male identity or even there being an observer present.

With mother's pending absence looming as she prepared to return to work, the siblings seemed to gravitate once again towards each other, and reminiscent of his mother's absence triggering a choking response, Kieran wedged a building block into his mouth as Rosie left the room. The action seemed to capture the edge between a type of object that fills the gap (a gobstopper) related to separation, and that of a 'bad object present'. Once again a constricted choking reaction was induced, leading the nanny to intervene. In a noteworthy sequence of events, Kieran turned once more to the mirror, staring at his reflection holding a steady serious gaze. A reminder perhaps that he continues to exist even when mother/Rosie or nanny are absent.

Observation 26 took place in the early evening; the new time for the observational visit as mother had returned to work and Kieran was in a nursery. Mother continued to need

the assistance of a walking stick and it was the beginning of a period of time that saw her exhausted. Kieran learned to say ‘*dada*’ and he began to explore the inside of his stacking beakers with his hands passing the toy from left to right. His physical exertions continued with rolling, stretching, turning and sitting. When mother went to attend to the older child, Kieran responded by placing a teething object into his mouth and choking. He did this several times, pushing it to the back of his mouth in a forceful determined manner. The strength he was using threw him off balance and he fell backwards. Once again, I needed to step out of role, I spoke to him and said that mummy was on her way – she had in fact told him that she was leaving the room and would be back in a minute or so. When mother returned with the older sibling, Kieran began to complain. It seemed as though he was telling his mother the story of her absence.

The bottle feed that followed was close and intimate, with Kieran caressing his mother’s jumper close to her breast. However, his attention moved from mother towards his sibling. Although there were enjoyable smiling exchanges between them, the fit between teat and mouth altered and milk started to leak from the corners of the infant’s mouth. In this instance of triangularity there is interference with the fit/contact with the bottle (object) leading to leaking milk. This is different to the type of triangularity previously described where mental space opens into skills associated with joint attention. On winding, Kieran started to regurgitate small amounts of the feed, seemingly unperturbed, but not perversely ecstatic (unlike the infants’ in the Gaddini and Gaddini study) as the milk re-entered his mouth.

The next week saw Kieran in an animated lively state; he constantly tracked his mother’s movements with physical and verbal gestures of his own as she moved around the kitchen. Rosie ‘entertained him’ much to his delight and excitement. There were tender moments and after finishing his bottle he fell into a deep sleep. Despite the lively creative activity of the children, mother complained of tiredness as she tried to adjust to a work schedule and the demands of family life.

Observation 28 (seven months and two weeks) started in the bathroom. Kieran was in an undressed standing position and appeared to be ‘proud’ of his achievement. Picking up a ball with both hands co-ordinated, Kieran first took it towards his mouth and then placed it against his genitals (a place where linking can happen). It seemed to indicate

an awareness of sensorial association, the roundness of the ball perhaps symbolic of the object. As though to confirm the connection, Kieran began to say ‘*mum, mum, mum*’. Later in the observation, Kieran was on all fours, flexing his back and bunny hopping in an attempt to crawl. It was the beginning of a greater sense of physical independence.

By Observation 29, Kieran made a distinctive ‘O’ shape with his mouth as he anticipated the arrival of the bottle. Air patting by the infant matched the rhythmic swallowing of milk, as if he was orchestrating the feeding bottle. Yet, against this background of a resumed fit between mouth and teat, together with a lessening in the choking response, mother reported that during the night entire bottles of milk were still being regurgitated. She thought that this was related to the change of routine with her return to work.

The infant during this observation was physically determined, attempting once again to crawl. When he fell forward and bumped his head after a particularly vigorous endeavour he immediately looked towards his mother and appeared to attribute the accident to her. This fits with the idea that the object that caused him to stumble is the same as the one who chokes him. Mother’s understanding of the regurgitated feed held a similar understanding, as though she projectively identified herself with the indigestible elements associated with her resumption of life away from the infant. The return of undigested milk portrays an image of how uncontained the infant may well have felt at night. I explore these ideas in greater detail in Observation 30 and consider how cutting of the first tooth for the infant appeared to give him a sense of authority and control, as if it helped to inculcate a belief and mental image that the breast/bottle could be held onto in its absence. The breaking through tooth may in this instance represent a potent part of his mouth, one, which is no longer, experienced as damaged or bad when the object is absent.

The first tooth and the end of vomiting: Observation 30

Rosie greeted me as I made my way to the door. She had been sent to ‘look out for me’ as her mother bathed Kieran. I was invited to join them in the bathroom; on entering, Susan immediately informed me that she and her husband had decided that if they could not find the ‘right’ replacement for Mary, she would return to looking after the children full time. Mary was no longer able to care for Kieran on a regular basis and had left to

join a family some distance away. Noticing her infant's look in the observer's direction, 'Susan paused, Kieran – remembering who I was – broke into a smile, which opened wider in anticipation. Susan asked "who is this then Kieran, is it Wendy?"' There seemed to be an implicit direction given to both children that I was accepted into the fabric of their lives and that my observational participation was welcomed. This seemed to be borne out by the excitement of Kieran having cut his first tooth.

Susan spoke to Kieran telling him that she was going to get him out of the bath quite soon. As she placed her small finger into his mouth Susan wondered aloud to him whether he 'had got his first tooth yet'. Kieran immediately started to chew on it as though in pleasure. Susan commented 'oh yes Kieran, you have got a really sharp little tooth there'. She told him 'you are a clever boy' and they both exchanged smiles and cooed to each other – Susan by making her familiar 'ss, ss' noise and Kieran responding with a gurgle. Steadying Kieran's back, Susan leaned over and reached for the bath towel and began to lift Kieran from the bath. She eased herself up onto the bathroom chair and manoeuvred Kieran onto her lap and wrapped him into the towel. With his back to his mother's abdomen, Kieran stayed relaxed like this smiling and looking extremely pleased with himself. Susan started to dry him and as she stroked his abdomen with the towel he started to chuckle from deep within. Susan responded by tickling him more around his abdomen and Kieran chuckled and laughed really loudly until his entire body shook in pleasure. Susan smiled at Kieran and after three or four further quieter tickles she turned him around to face her. They both looked into each other's eyes, Kieran smiling and laughing and reaching out to hold his mother's arms as she held him. The laughter was infectious and I found myself smiling in response. With one hand supporting his back, Susan said 'I would like to have a look at this little tooth Kieran' and she carefully manoeuvred his tongue and lips with her little finger to glance at the tooth. Susan was very excited and told Kieran that she would tell Daddy as soon as he arrived home. Kieran started to say 'dada, dada, dada'.

Observation 30 Kieran Seven months and two weeks

The sequence opens with Susan's familiar manner of speaking to the infant about the transition from bath to lap that is about to take place. Verbalising the event prepares the infant and makes explicit the action that is about to take place. Mother's voice offers continuity of experience and gives meaning to the occasion for the infant. It is in the excitement related to the cutting of the first tooth that we see so much joy and mutual good humour, this spills over into the tickling game one that is carefully regulated by mother. She seems to know exactly how much laughter and tickles her infant can take before she decelerates into smaller tickling sequences. The new tooth is seen as a significant and important event: an acknowledgment perhaps of the move away from the bottle/breast towards greater independence. Immediately we learn of Susan's intention to tell daddy, his interest assured in mother's mind. The purpose it seemed, was to envelope the infant in parental interest; one that could name, notice and celebrate developmental achievement. Mother's joy and pride in her son's first tooth was powerfully conveyed by the way in which she invited Rosie and myself to witness this phenomenon later in the observation.

The little glint of shiny tooth emerging from the infant's gums seemed to represent in symbolic form the recovery of growth, change and development. It appeared to be a powerful antidote to the depressive thought that surrounded the on-going difficulties associated with the children's care and whether mother could manage her career and young family.

Managing two children at the end of the day proved to be a difficult task for mother alone. All members of the family were often tired and father did not arrive home until 7pm, just as I was leaving. This left Susan to provide the children with supper and prepare them for bed. Kieran and Rosie often complemented each other in their requests for mother's attention. For example, just as the needs of one child had been met, the other would then make a request. In the following extract Susan had just finished preparing Kieran for bed. He had squirmed and protested whilst being changed, having learned to twist his back and raise his buttocks he was able to resume a crawling position whilst his nappy was being secured. Just as the last of the poppers on Kieran's babygro were fastened, mother's attention was caught by the noisy splashes coming from the bathroom where Rosie was purportedly washing her hands.

Picking up Kieran, Susan explained to him that she was 'putting him into his cot whilst she went to see what was happening with Rosie'. She turned to me and said that he 'would probably cry and scream, he did not like being placed in his cot'. Susan spoke in a calm and firm tone to Kieran that she 'would not be long'. With this she left the room, making sure that the door was left ajar. Kieran looked at me momentarily and then watched as his mother departed the room. He let out a short sharp cry in protest as his mother disappeared from view. Noticing that I was still present he began to laugh at me for a moment or so. I found myself smiling back, hoping that it might help to keep him calm. Kieran studied me for a moment or so, almost as if he was thinking about the situation. His damp hair from bathing, pale coloured bed wear and his newly washed face gave the impression of a younger baby. However, his bright blue intense eyes and his physical determination to place himself in a crawling position presented an impression of a much older more independent child.

My presence in the room seemed to offer him a focus for a minute or so before he began to complain. His moaning grizzle was punctuated with a bodily resolve to place himself in a crawling position. This was hard to achieve because of the softness of the mattress. His lips tightened in determination as he now resolved to sit upright. Kieran was unsuccessful and fell forward onto his cheek. The exertions had made his cheeks flush pink – his complaints increased, but he did not give up. Kieran tried a further five or six times to right himself to a sitting position. Each time he was unsuccessful. His cries of protest sounded increasingly despairing now, his tone long and baleful. Just when it started to feel intolerable remaining in the observer position Susan returned. As she entered she spoke soothingly, 'here I am Kieran, I think you want your bottle don't you, I think you are hungry for milk, you just like your milk'. Kieran smiled as Susan lifted him from the cot. His complaints ceased as we made our way down the stairs to the kitchen.

Susan continued to carry Kieran around the kitchen as she prepared the bottle. This was the first time I had seen Susan carrying Kieran around since the accident. Usually, Kieran is placed down whilst food and milk is prepared. I wondered silently whether she did not want to upset Kieran further. He remained silent and motionless as though glued to his mother's hip.

[...] Sitting down at the kitchen table with Kieran cradled in her arms, Susan offered the bottle. Kieran let out a cry and moved his head quickly towards it, opening his mouth wide in a big 'O' as he did so. Susan lifted and placed the teat of the bottle into his mouth and Kieran sucked the bottle with noisy delight, his eyes becoming increasingly glazed as he stared off into the distance.

Observation 30 Kieran seven months and two weeks

We see how able Susan is at predicting Kieran's emotional response; by speaking to the observer she prepares her infant for her imminent departure. Her view, that distress can be managed is strongly communicated. Susan's firmness of voice conveys an impression that she will not be dissuaded from her intention to leave the room, and that she will be back despite what he might feel. However, for Kieran, his mother's departure activates the predicted distressed response. Kieran tries hard at finding ways to manage his upset. He does this first by looking towards the observer perhaps in an attempt to hold-himself together. Later he uses his physical strength to overcome the helplessness that he feels.

The force of Kieran's projections are felt concretely, for there is a desire in the observer's returning smile to humour him, perhaps trying to preserve the object from the anticipated mounting distress. At this point there is a simultaneous view activated in the mind of the observer of both a young infant and that of an older child. This would appear to correspond with a loosely conceptualised view of vulnerability relating to a much younger baby, with the infant's determined continual physical movement being associated with an older more independent child. We might think of these defensive structures serving the development of resilience.

Usually 'second skin' (Bick, 1968) constructions are thought to be responsible in helping babies to cope, rather than promoting resilience (as an indication of genuine psychological strength). Structures which were formerly anti-developmental but necessary to survival, are now being used somewhat differently, especially now that mother is back. The infant's determination to 'right himself' is so different to the despairing rigidity encountered when mother was hospitalised. He now has his mother's firmness on which to base his response. This provides a strong foundation for identification with a firm other, as a way of coping with the absent object, Susan's tone of voice and movement away from her infant acts to reinforce the view that her absence can be managed. Interestingly, Susan recognises immediately when her son has expended his resources and she returns to him at the optimum moment. She also knew that Kieran would become distressed if placed away from her so soon after their reunion and decides to keep him close by her as she makes the feed. Kieran moulds himself to his mother's body limpet-like as she carries him around, the second skin defensive structure again active.

Familiarising myself once again with the data, I was struck by a possible association between the infant cutting his first tooth, the determined exertions associated with crawling and his greater tolerance for frustration. As this more secure subject/object configuration developed, I considered whether these factors were related to the cessation of regurgitation.

Intervening Observations

By the following week (Observation 31 seven months and three weeks), Kieran was on all fours attempting to crawl. Rosie was demonstrating what he needed to do, and in response Kieran squealed with delight. However, the atmosphere became noticeably depressed as Susan spoke of how tired she felt, Kieran was not sleeping well and she had concerns about the length of time Kieran was placed in the nursery. The early evening feed saw Kieran grabbing at the bottle and sucking furiously, as though the depleted environmental resources were once again felt orally.

Following a thirteen-day break due to the family taking a holiday, I returned to find Kieran enjoying solid food (Observation 32 eight months and six days). He sang and babbled as he ate and once again Rosie, much to the delight of Kieran, mimicked this

developmental achievement. Kieran accompanied the passing of food between his left and right hands with reference to his mother and father, '*ah mmna, ah mmna and dada dada*'. Between mouthfuls, Kieran threw his head backwards, smiling as he did so. This particular activity developed into a choking response as the observations progressed.

Kieran now wanted his sibling's toys and actively sought them out. His protestations saw him arching his back, twisting and turning. He was determined in his actions and his approach towards others was direct and insistent.

Observation 33, (eight months, two weeks and two days) opened to the sound of Kieran saying '*mum, mum, mum*' over and over again as he enjoyed eating a banana. The expression appeared to be interchangeable between calling food '*mum, mum*' as well as calling his mother to him. Having explored the inside of a bowl with a wooden spoon as he ate, Kieran then began a dropping game. He babbled to the spoon each time it landed on the floor. Drawn into the game, I found myself returning it to him on one occasion. Kieran was surprised, he promptly dropped the spoon again and turning towards me he looked to gauge my reaction. At eight-months old, Kieran was able to read my emotional engagement in the activity and I believe infer my next action – whether I would pick up the spoon or not. This is not usually seen in infants until one-year old (Phillips, Wellman, & Spelke, 2002). Gaining my attention with a third object clearly demonstrated his active curiosity in others' minds, and it was clear that Kieran had a keen interest in joint attention, that is, a shared interest in the same object at the same time.

Despite these developments in Kieran's capacity to theorise the intentions of others, a week later he began what was to become a familiar action over time. He accompanied eating and drinking with the vocalisation of '*mum, mum, mum*' and as long as his mother was visually accessible he continued to eat or drink. However, as soon as she moved away Kieran began to complain, throwing his head back until he started to choke on the food that he had in his mouth, as though it had turned bad as soon as mother was no longer available. Ruminatory mouthing movements followed, the choking response becoming more forceful. This marked the beginning of a further cascade of defensive structure, moving from regurgitation to choking and finally ruminatory activity.

Observation 35 (nine months and five days) marked an important development in Kieran's capacity for theory of mind, for it saw him engage in active teasing of the sort that demonstrated how he could predict the response of another and mess about with it. Reddy (1991) describes how teasing and mucking about in the first year confirms the infant's capacity to theorise the mind of another, predict others intentions, and offer an opportunity for the infant to play with the invoked expectations. In a teasing manner, Kieran was offering his mother an item and then withdrawing it as she showed an inclination to take it. Kieran found the game uproariously funny. We might think the achievement as related to Kieran's capacity to project the experience of being tantalised- an indication perhaps of his attempts to master the earlier experiences related to the feeding encounter with the nanny.

By the following observation (36, Kieran nine months and two weeks), family life seemed more settled again; Mary the nanny had returned to work for the family part-time and Kieran had been removed from spending long hours in the nursery setting. Kieran was now pulling himself up into a sturdy standing position. He was able to keep his balance with just the support of one hand to steady him. He was proficient at crawling, even with objects in both hands. The skill with which he manipulated small items was remarkable, as were his powers of observation.

It was with a game that he engaged in with his mother, though, that we once again see remnants of the trauma they had both endured.

Kieran was in a happy, babbling, relaxed state when together with his mother he spotted a medium-sized smooth plastic ball hidden behind some toys. He immediately became excited as his mother bounced the ball, it immediately drew him to her and they began to play. Kieran lowered himself from a standing position and crawled to where his mother had the ball. She rolled it towards him and he used both hands to try and grasp it. His mouth astonishingly turned into a perfectly formed 'O' shape and he started to murmur 'oh, oh, oh'. He managed to pick up the ball, not without some difficulty and threw it with an accompanied 'eeh, eeh' and a noticeable sounding 'look'. Susan reached for the ball and rolled it gently towards him. This time, however, it escaped Kieran's grasp and it rolled away. Kieran chased

after it and having caught up with it he attempted to throw it again. He became increasingly frustrated by the ball as the smoothness made it so difficult for him to grasp hold of. Eventually grasping the ball before him, Kieran opened his mouth wide to chew on it. His expression was a mixture of what looked like a desire to attack and eat the ball together with a look of achievement as though he was thinking 'look what I have got'. His fingers tightened around the ball and he attempted to mouth it. Unable to grip it with the force that he had intended, Kieran then tried to grasp the ball in his mouth. He eventually lifted the ball above his head and with an expressive 'eeh, ehh' he threw it towards his mother. Susan gleefully repeated the sounds and picked up the ball, mirroring some of Kieran's facial expressions of glee and satisfaction. Susan rolled the ball back to Kieran; he in turn began to mouth and bite at the ball. He became increasingly excited and this was reflected in the vocalisations he was making. Catching sight of me he moved closer and threw the ball in my direction. I returned it to him rolling it along the ground. Susan requested that he throw the ball towards her. Kieran hearing his mother's voice once again became very excited and threw the ball. It came in my direction more by mistake than design. His mother reached for it and excitedly showed it to Kieran. He crawled to her and threw himself into her lap. Susan enveloped him in her arms and began to tickle him; they chuckled together in an infectious manner.

After a short while Kieran turned his attention back to the ball, his mouth once again in a concentrated perfectly formed 'O' shape. He went chasing after the ball, this time his arms could not keep up with how fast his knees were moving and he fell forwards on his forehead. He went with a real bump. His mother immediately scooped him up and tried to comfort him on her shoulder. She rocked him as she knelt on the floor and at one point stood up with him. Despite crying as though in real pain Kieran resisted his mother's attempt to pacify him. He dug his knees into her and pummelled his mother's stomach with his feet whilst trying to wriggle away as though resisting comfort. However, eventually soothed from the immediacy of the event, Kieran

crawled off and then began to cry alone on the carpet. Susan spoke to him soothingly and Kieran turned away from her and scanned the room. Catching sight of the ball he cried as though in real disquiet and painful hurt. All of this seemed directed towards the ball. It seemed as though he was trying to grasp how something that had given him pleasure could also cause him so much pain. He crawled back towards the ball again and with his mouth open wide he tried to grasp hold of the ball and pull it towards him. His eyes and face were screwed up in determination as he brought the ball to his mouth. There was a mixture of resolve and anguish associated with his mouthing. Eventually the ball was lifted above his head and thrown across the room in a flourish.

Observation 36 Kieran nine months and two weeks

The ball in this extract would appear to represent both the loving and frustrating object. The manner in which it is approached; with a wide open ‘O’-shaped mouth was reminiscent of Kieran’s relationship to the substitute breast. This was first noted when Mary, the nanny, inserted the bottle into Kieran’s screaming mouth in the first observed feed after mother’s accident. Here, we see how the game begins with such intimate promise. The toing and froing of the ball between mother and baby had a regulated rhythm, capturing in a symbolic manner parent/infant attunement and synchronicity. Soon though, something more frustrating enters into the play, as Kieran is confronted with the experience of not being able to fully grasp and control the ball. Its smoothness both evokes the breast and frustrates, for there is no nipple on which to latch. It seems to evoke the trauma of losing the breast just at the point when a relationship had been built with it and probably experienced as securely his own. Susan tried hard to transform the frustration, perhaps without fully recognising the full implication of how upsetting and disturbing the experience was for Kieran, for again he is confronted with loss of mastery and authority.

The inclusion of the observer into the play with the ball would seem to suggest that there was a desire to modify the intensity of the dyadic relationship. Mother – perhaps aware of the observer role – calls Kieran back to her and it culminates in Kieran burying his head in her lap and the beginning of tickling. However, this same lap is felt to be an altogether different place following Kieran’s fall. His lack of co-ordination so soon after

the joyous embrace in his mother's arms once again drew attention to the sudden and abrupt manner in which a painful separation ensued following the accident. As though to emphasise this further, we see how difficult Kieran finds it to be comforted. He rejects his mother's ministrations as though she was the source of his painful injury. There was a necessary and evident split between the good and bad object (Klein, 1946) in Kieran's mind. The ministration and containment offered by his mother is rejected and we see a further development from that of splitting, to observing an attack on the linking of thoughts, first described by Wilfred Bion, (1959).

When at last Kieran does hear and make a link to Susan's soothing voice, his anger and frustration is re-directed towards the ball. He approaches it with determination, and a desire to perhaps attack the ball orally. In a flourish it is discarded as though Kieran was ridding himself of the object that had caused him so much pain and discomfort.

Observation 37 (Kieran nine months, three weeks and two days) saw both children engage in infectious laughter as they prompted each other into raucous exchanges. Rosie was trying to teach Kieran the names for people and things. Kieran had learned to point and associate what he was indicating with a sound. He could clearly say 'light' and his name for Rosie was 'ee, ee'. In marked contrast to the children's humorous exchanges, Kieran screamed and wailed at being changed. This had become a feature of the observations from the time Susan had returned to work. Susan in response spoke firmly to Kieran saying that his protestations were not going to dissuade her from changing him. In this observation, Kieran invented a game of chasing a small ball around the floor with a wooden spoon. He mastered the game beautifully, measuring his nudges with the ball so that his strokes were delicate, well timed and aimed. His attention to detail was also evident in this observation as he noticed and watched how a small leaf flickered in the night-light as it hung, caught on a spider's web.

Russian dolls, how things fit together: Observation 38

By 10 months and one week, Kieran was able to stand confidently. He reached determinedly towards objects to aid him, including the legs of those standing close by. For example, on my arrival at the family home for Observation 38 and in response to his sister dropping her towel as she emerged from the bathroom to reveal her naked state, Kieran pulled himself up on my dress and began to talk to me with repetitive 'eeh' and

'aaah' sounds. It was clear to me that he was claiming me as his own, sensitive perhaps to his sister's desire to engage my observational eye away from him. I responded by showing interest and saying hello to both children. Once he knew he had my attention, he swivelled unsteadily using my dress as a support. Checking that I was following his gaze, he pointed to the night-light that was plugged into the landing socket. He spoke about it animatedly before his mother scooped him up to finish dressing him for bed.

The pointing was significant developmentally since it conveyed communicative intention; the signified object representative of Kieran's interest in all things that 'fitted together', including securing joint attention. This extended to the insides of toys and objects, which was noted in Observation 30. Here, he engages with confidence with the added exploration of the fittingness between objects. It followed on developmentally from Kieran's game of peek-a-boo, which he had become proficient at in the weeks following his mother's accident. As the hiding and revealing game represented a developing psychological mastery over absence and presence, the exploration of the 'insides' of objects seemed to build on this skill and went some way in establishing the three dimensional aspect associated with the joining and exploring of minds.

Kieran's observation of the insertion of an object into a space that corresponded to its shape and structure (plug into socket); together with his skill in promoting joint attention, seemed to illustrate his creative desire to invent and share symbolic meaning. This was evident in the following extract taken from the observation notes.

Kieran crawled over to the mirror that fronted the wardrobe. He smiled at himself, moving his head from side to side, and then back again, his image in the mirror disappearing and reappearing before him. Kieran thought it was funny and serious at the same time [...]

Moving over to a set of drawers Kieran discovered that he could open them. He momentarily looked at what was inside but made no attempt to reach for the items. Instead, he seemed content to simply open and close the drawers. With closer observation I noticed how he took the time now to glance inside before shutting the drawer, as though checking to see that the contents remained in place. The physical effort for Kieran to remain standing whilst using his hands was

enormous; his clawing toes just helped him to keep his balance. It appeared that he enjoyed this swaying movement as he held onto the knobs of the drawers, his body motion propelling him forwards and backwards as the drawers opened and closed. He took to choosing a different drawer, repeating the same opening and closing motion, checking to see if there was any change. His mother watched for a while, then moved closer and said that she was afraid that he might trap his fingers. Susan explained that Kieran 'likes pipes, electrics, the Hoover and drawers that open and shut'. She concluded by saying 'it is as if he wants to know how everything works'. I found myself inwardly agreeing as I studied his curiosity. In a more serious tone she added that Kieran had shut himself into a room, shutting her out in the process. He had remained behind the closed door and she had been unable to get in because she feared catching his fingers or toes under the door. Kieran had become very distressed; Susan described how she kept talking to him until he moved away from the door and she could get into him. It had taken some time. I found myself transported vividly to the scene and I wondered if it had triggered a traumatic response in Kieran, reawakening their sudden separation at three months.

Observation 38 Kieran ten months, one week and two days

The opening sequence records how Kieran once again returns to the mirror as though he has an innate sense that the information captured there is both illuminating and potentially thought provoking. He does so with an increased sense of playful curiosity and we see how it is both enchantingly funny and serious at the same time. The theme of appearance and disappearance continues in Kieran's observation of the drawer's contents as he opens and closes them. It mimics his head moving from side to side as he stood before the mirror, as though he is working out whether something remains in its place even when it cannot be seen. This exploration has a poignant resonance as mother describes her infant's distress when he was trapped behind the door unable to see each other. Undoubtedly, Kieran's actions with the drawers reminded Susan of this closed-door event. Yet her timing and that of Kieran's would seem to suggest that there is something of an internal pressure or unconscious motivation to symbolically represent and attempt to gain mastery over the trauma of their earlier separation, as it is replayed

once again in the shut door scenario. The concern and worry Susan communicated in relation to these events was very evident, as though she was mindful of the psychological impact on her infant. At the time, I noted a tone of concern associated with imagined harm, as though her infant had once again been exposed to something that he did not have the resources or the maturity to manage.

Symbolic resonance appeared to penetrate many aspects of their relationship and I began to wonder whether there was an internal need for the infant to continually find ways in which loss was recreated; whether this was by the regurgitation of milk and the choking response to draw attention to the oral catastrophe, or in the creation of a barrier, one that served to keep the object at a distance. Playing games associated with absence and presence, appearance and disappearance is not unusual in early infancy; it is rather the intensity and passion, which gave these events such particular meaning. In the following extract, Kieran is now downstairs having been changed in readiness for bedtime. Increasingly, it was to become a fractious time as both Kieran and his sister were tired, their mother having only been home from work for an hour or so. Passion and demand reached heightened levels in the children, and as the observer, I frequently felt that mum needed extra support at this time. The absence of father was clearly evident.

Susan attempted once again to place Kieran in his table seat in order that she could move around the kitchen to make his bottle and prepare warm milk for Rosie. Kieran complained as his mother manoeuvred his legs into the seat. Once strapped in securely, Susan offered Kieran a baking tin full of items, including Duplo, a small rolling pin and a wooden spoon. Kieran, with serious intent, took each of the items from the bowl and dropped them immediately onto the floor, looking over the edge of his seat as they fell. Momentarily he waved a wooden spoon above his head, the accompanied vocalisation had a scolding tone, and the spoon too was dropped to the floor. Picking up the now empty metal tin he gazed at the light reflections captured on its surface from around the kitchen. Kieran pushed his head into it, feeling its smooth ridged interior. This too was then thrown to the floor. It made a tremendous clattering noise as it spun on the stone floor startling Kieran. As though checking to see what had occurred

he leant over the side of his chair and began to grizzle. It felt as though he was telling them – the discarded items – off. His eyes swept across the kitchen to where his mother was measuring his milk and he now included her into his complaint. At one point he reached for a small book and said ‘Rosie’. This did little to dissuade him from his vociferous grievance, which now became heightened in tone and frequency [...] At times, he had quite florid tempers as he jumped his bottom up and down in his seat and started to slap the table.

Observation 38 Kieran ten months, one week and two days

The angry complaint from Kieran had a clear intention: to communicate his dissatisfaction and growing anger at waiting for his longed for milk. The discarding of various items was purposeful; for he seemed to gain gratification from looking over the edge of his seat and seeing the items discarded on the floor below. It seemed to demonstrate how Kieran was able to face his negative feelings without being overwhelmed. The act appeared to capture a sense of potency, as though Kieran could remain positive about negative feelings towards the object. This capacity to manage mixed ambivalent feelings and to find temporary respite from the distress of having to manage the wait by discarding the items provided by his mother, offered him a source of distraction. However, once the novelty of the clattering tin on the hard floor had worn off, Kieran’s distress returned.

Meanwhile, Susan was feeling the pressure of two children who simultaneously wanted her attention. In an uncharacteristic manner, she requested Rosie to ‘entertain’ Kieran whilst she finished warming their respective milk. Rosie moved away, not complying with her mother’s request. Somewhat exasperated and with the noise of both children’s complaints escalating in tone and pitch, Susan glanced in the direction of the observer looking for help and support. It was clear to me that a parental couple was required to manage the children at the end of a long day. I felt a sense of torn loyalties between managing the observer role and helping to distract Kieran from his protestations.

Following the waited-for feed, Kieran gained a ‘second wind’. His good humour restored, he crawled in ever-increasing circles around the playroom. He was tremendously excited as he felt the structure of the fabric mat beneath his hands. It seemed to stimulate him into further explorations of physical and mental activity. He

attempted to climb for the first time by raising himself to his feet and using his bent knee as a lever to elevate himself precariously onto a small chair. His mother distracted him from this activity with a set of Russian dolls. They were to feature in many subsequent observations as Kieran, clearly inspired, lowered himself to study them carefully.

Kieran played with the set of dolls for quite some time. He became increasingly excited as he placed the dolls inside each other. He appeared to experiment with size to see which would fit. The smallest of the dolls held particular interest for him as he placed it in turn into each of the bottom half of the dolls. Susan sat on the floor beside him and showed him how they all fitted together. Carefully and with studious intent, Kieran examined each piece and tried to put them together. He passed them from hand to hand and seemed to take a particular interest in how the smallest of the dolls could be concealed and hidden by the larger one.

Observation 38 Kieran ten months, one week and two days

Kieran's play with the Russian dolls had a serious quality; he was calm and focused as he scrutinised each piece. This was in marked contrast to the somewhat manic quality associated with his crawling around the room in ever-widening circles. As a playful activity, it captured Kieran's interest in how objects relate to one another and importantly served to illustrate his growing experimentation with objects placed inside one another. Aspects of his play were imitative, yet Kieran's interest in the smallest of the dolls suggests that the activity also held symbolic meaning. Creating, looking for or finding a container for the infantile aspects of oneself is perhaps imperative in the development of play. However, it is only possible to play when there are internal resources on which to draw and it is safe enough to do so. Here, we see how Kieran in the presence of his mother creates, experiments and explores smallness in relation to largeness and the various gradients in between.

Following his play with the Russian dolls, Kieran turned his attention to a funnel, which acted as a posting receptacle. Items were deposited inside and they fell through into a base where small doors enabled access to the items accumulated. Kieran approached this activity with serious intent, he was totally enthralled by the disappearance and

reappearance of the items. He replayed the game several times careful to observe whether the item had landed in the retrieval area. As with the opening and shutting of the drawers the intention seemed to be one of predicting the outcome, perhaps as a way of mastering uncertainty. In the weeks that followed, this game was often repeated, always with the same serious intent.

Kissing, reparation and a loss realised: Observation 46

As Kieran passed his first birthday, his development continued apace. His blond white curls had been cut, his hair styled unmistakably into that of a boy. His sharp blue eyes were penetrating and observant. Kieran continued to take a keen interest in the detail of things around him. He would often stop an activity to study the intricacies of how something was constructed or worked. He gained an intense interest in linking, for example how one thing was connected to another. This may well be understood as his way of coming to terms with the trauma. On the other hand, it may have been related to his natural temperament – of his boyish nature coming to the fore. It demonstrated how difficult it was to separate out what was a manifestation of Kieran's disposition to what may have entered the picture as a result of the sudden loss of his mother during her hospital stay. There were however, aspects of his presentation that were more securely connected to the temporary loss he endured. This included his repeated emphasis on the retrieval of objects and his fragility regarding continuity; not sleeping, his intense distress and protest at being changed and his upset at the slightest disruption to the usual order of things.

In the following observation, Kieran was lively and engaging. He had securely mastered the word 'look' and was keen to point. He used proto-declarative pointing – with the aim of drawing someone's attention to an object to share the same interest in it – in an appealing manner, often to humorous effect. His mother reciprocated by naming objects to which he pointed, encouraging Kieran to explore and investigate the items under scrutiny. Kieran frequently sought joint attention of this sort and it seemed to invest their relationship with a renewed liveliness. Meanwhile, Kieran carefully monitored close physical proximity; he now preferred to hold the bottle himself and although he began the feed on his mother's lap, he soon twisted and squirmed until he was on the floor wandering around. As Susan stated, '*Kieran makes it very clear what he wants and what he doesn't*'. For example, I learned that Kieran still struggled at night when

placed in his cot to sleep. He had ceased being sick in the manner previously observed but now continued using the choking response to draw the object close by. Susan had concluded that Kieran's choking in this manner was in some way related to her: *'it is something to do with me I think'*.

In the following extract, Kieran was on the floor with his bottle. Earlier, he had angrily protested at being changed into his nightclothes. His complaint continued as he refused to drink his milk whilst on his mother's lap. Placing Kieran down, he promptly discarded the bottle and began to play with the bottle's covering.

Kieran held the lid from his feeding bottle firmly between his lips. The size of it obscured his face and he looked like he had a yellow button for a nose. It looked very funny as he crawled along. Kieran snorted with laughter, as though enjoying the joke himself. He then began a game whereby he threw the lid of the bottle and then set about retrieving it. He did this all around the kitchen and dining area. At one point, Susan asked Kieran if she could join his game. Kieran offered her the yellow lid and then withdrew it whilst smiling at her. She returned his smile and asked again, this time he offered her the lid and she threw it. It skimmed the kitchen and dining room floor and flew out of sight into the hall way. Susan explained to Kieran that she had not meant to throw it so far from him. Kieran looked up at his mother and she encouraged him to look for it. In a determined manner he made his way across the kitchen and dining room floors and I was able to observe how he smiled when he spotted it in the hall way. Susan watched him regain the lid and commented on 'how clever he was' and clapped. Kieran, with a beaming smile, resumed his game.

Observation 46 Kieran one year and two weeks

Kieran's playful inventiveness with the lid of the bottle captured his on-going preoccupation with loss and the retrieval of objects. His curiosity facilitates him finding different modes of expression for restitution. Humour, whether that of self-awareness or in the act of teasing, seemed to be an important component of his play, perhaps enabling him to face his fear of loss and disappearance. Humour has been shown to *'neutralise anxiety-provoking situations by somehow reappraising and looking at them from*

another perspective, and of course humour is very much a social, interpersonal act (Music, 2011, p. 217-218). The sequence begins with Kieran's awareness of the funny nature of the yellow disc held between his lips. He may not have been conscious of it acting as an amusing replacement to his nose, but he certainly communicated how, even to him, the activity was unusually funny. The cognizance of self is thought to develop in infants' minds from around two years of age; the early self-awareness demonstrated by Kieran would suggest that for some infants this might occur at an earlier time. There were frequent examples of how he held in mind how others perceived his actions.

Although initially cautious to retrieve the out of sight disk, Kieran looked to his mother to contain his anxiety, she inspired him with confidence that it could be found and Kieran goes off in search of something temporarily lost from view. The fact that Susan wished to share in this game was particularly important and demonstrated how for the good object to be recovered internally, both mother and son were required to once again engage in meaningful and symbolic activity, with recognition given to the loss that had been suffered and endured. This playful activity builds on the game with the ball recorded in Observation 30, yet here, Kieran gains mental strength in the recovery of the object. His experience of something lost to view, the anxiety this provoked and its subsequent containment, provided a reparative opportunity for mother and son.

Kieran resumed the game of throwing the top and then collecting it. He sat down assertively between each throw contemplating where to fling it next. He gave every impression that this was an important activity, one that he was fully engaged in. Once Kieran neared the step between the dining room and the kitchen area, he sat down whilst balancing one foot up on the step. Kieran began to clap in excitement. He then threw the top, collected it, sat down and clapped again.

Observation 46 Kieran one year and two weeks

The manner in which Kieran sat on the step, one leg poised, gave every indication of purposeful endeavour. Kieran appears to celebrate the recovery of the object, secure in the knowledge that the item was masterfully within his possession. He had embraced and internalised his mother's confident earlier assertion that the disc was retrievable, as was their intimate relationship. However, there remained a fragility associated with their

connection as the following extract illustrates. It is taken from the observation notes just a few minutes after those recorded above.

Susan said to Kieran that it was time for his milk; she picked him up and held him close to her as she manoeuvred around the kitchen to make it. He looked tired and relaxed in her arms, his eyes more subdued, the earlier liveliness quietened by the ministrations of his mother. Susan commented that he was tired; in response Kieran began to rub his eyes. Susan sat down with him on her lap and Kieran drank rhythmically and noisily for a few minutes. There was an uneasy tension and it was not long before Kieran was twisting and squirming to get down. Susan looked at me and said that 'Kieran likes to wander around these days with his bottle drinking, I don't particularly like it, but he just can't appear to relax in my arms anymore.' Susan studied Kieran as he manoeuvred his way around the chairs of the kitchen table. She looked thoughtful as Kieran made his way to the step between the kitchen and dining area to sit perched, just balanced, on the edge drinking his milk.

Susan's silent thoughts were interrupted by the telephone. It sounded like father, Kieran watched his mummy whilst she spoke; he joined in the humour and laughed when she did. The tone of the telephone call changed and mother's voice became quieter and more intimate. After a short while Kieran began a sideways shuffle towards where I was sitting. He pulled himself up against the chair using my dress as an aide. He stretched his arms out clearly wanting me to pick him up and cradle him on my lap. I crouched down towards him hoping that this would act as a compromise. Kieran leaned into my body and continued to drink his milk. I felt uncomfortable and straightened my back. Once again, Kieran renewed his request to sit on my lap. He pulled himself up and shuffled himself into position. I turned towards Susan and said that 'Kieran wanted to sit on my lap', hoping that she would end her call and pick him up. She responded by saying that I 'could pick him up if I wished'. I crouched down again and used my

arm to steady Kieran; he sank into my frame and sucked slowly on the bottle. After a minute or two he was off once again...

Having discarded the bottle Kieran became intensely interested in the fastener on his mother's workbag. He studied it carefully trying to place the catch into its corresponding socket. Regaining the bottle he looked towards his mother and through the teat muttered 'look'. Susan replied and said that it was all right for him to play with it. He crawled back towards his mother and dropped the bottle. She picked it up and said that [he] 'didn't want any more at this moment, do you Kieran' with a rising pitch as her sentence ended. Kieran watched intently as Susan placed the bottle on the table. He seemed to picture its position carefully, particularly in relation to his mother. Noticing his lingering intense look Susan offered him the bottle again. Kieran shook his head and said 'naa'.

[...] Susan spoke to Kieran about his 'little chair'. Following her interest, Kieran made his way into the hallway. He was distracted momentarily by other objects, which he touched lightly before he turned with renewed vigour to the object of interest. He clambered up, swivelling himself confidently into the seat of the small chair. He sat with hands holding the wooden arms, looking confidently upon his mother and myself as spectators to this masterful feat. With a sense of occasion his mother smilingly clapped her approval. Kieran responded by clapping his hands accompanied by squeals of laughter. As he sat enthroned, Susan spoke about Kieran's development, how she noticed his interest in the 'insides of things, and how objects worked'. She thought that she had perhaps taken more interest in Kieran's development than she had Rosie's.

Kieran left his chair and crawled over to where Susan was positioned crouched on the floor. He carefully sat between her legs and looked deeply into her eyes, his were lively and engaging. Kieran snuggled in closer and began a kissing game in which he leaned forwards to kiss his mother passionately and then pulled back slightly to re-establish

eye contact before once again leaning in and meeting his mothers expectant lips. The cycle was repeated over and over, the kiss firm and loving. Susan eventually spoke to him saying, 'I know you really love me Kieran and I really love you.'

It was time for me to leave and I got up to say goodbye. Susan turned to Kieran and said that it was 'bedtime and that he was very tired', she wondered aloud if he would 'go down tonight without becoming tremendously upset as he had done the night previously.' As I put on my coat I said that I hoped it would be a better night for them all. Susan wondered aloud whether Kieran's distress was 'somehow associated with the accident', it was a rhetorical question, as she continued, 'after all, it must have been a tremendous trauma for him to go straight to a bottle'. She paused waiting for a reply; I held her steady gaze and said that it had 'been a very difficult and troubled time for them both.' I said a goodnight to Kieran who was now cradled in Susan's arms with his head nestled into the nape of his mother's neck. He smiled a goodbye and they both lingered to watch as I walked out into the night air.

Observation 46 Kieran one year and two weeks

Here, we see how Susan is attuned to Kieran's state of mind; she recognised his tiredness and he in turn responds to her observation by yawning in response. Although he seemed content to be transported around the kitchen, as soon as Susan sat down to nurse him with the bottle, the previously relaxed/tired atmosphere immediately becomes tense. It is not long afterwards that we see Kieran crawling around the floor with the bottle dangling from his lips as though taking full possession of the feeding encounter. Through a process of projective identification Susan is now the one left with the musings of loss and abandonment. We also see the significance of the observation for Susan, as she is able to think aloud about the possible impact of earlier trauma.

Perched on the stone step running the width of the kitchen, we see Kieran in the repose of a much older child. His balance on the small step seemed to be meaningful; capturing a notion that something inwardly was perhaps on a threshold, for it seemed to capture the *edge* that existed for him between infancy and early toddlerhood. No longer tolerant

of his mother's arms from which to explore and examine the world and not yet confident to fully embrace independence – as demonstrated by the encouragement that was required for Kieran to collect the cap to the bottle – Kieran is poised between the two states. It was reminiscent of the compromise he reached with the nanny over the feeding encounter, in which we saw him holding onto the bottle whilst turning away from the nanny's eyes. We might think of it as an aspect of resilience, a capacity for *negative capability*⁵⁶ (Keats, 1958), indicating how Kieran was able to tolerate the uncertainties associated with his mother's temporary absence. Briefly he is able to enjoy the nurturing lap before seemingly inward processes determine his desire to leave his mother and find an alternative place to be.

There is an interesting interruption in mother's musings when her husband rings. This was not unusual, for he often telephoned whilst I was present. Kieran, not to be left out of his parents' communication, joins in at the points of heightened expression. It gives the illusion that he too was part of their on-going discourse. It demonstrated how social he was and how much he felt a part of his parents' lives. The father's telephone call was less of an interruption that helped to break the symbiotic mother-infant bond and had more of a role in facilitating triadic interaction – internally, in the account recorded here. However, as the telephone call continued and became more intimate, it would appear that Kieran was looking for a pairing of his own; he makes his way almost surreptitiously towards the observer looking to be held. From initially inserting himself into his parent's communication he now searches for a coupling and any notion of being 'left out' appears to be shunned. The observer, not wishing to reject the advances of the infant, searches for a compromise. It is found with the half-sitting, half-kneeling availability that she presents to the infant.

The boundaries with regard to the observer role were well established and respected. It was therefore surprising that mother communicated how the observer was free to respond to the infant's request. There was perhaps 'oedipal' resentment of the infant who threatened to spoil her coupling. The episode established the primacy of the

⁵⁶ The concept of 'negative capability' is based on the expression made by John Keats when writing to his brother describing the tolerance of 'uncertainties, mysteries, doubts, without any irritable reaching after fact and reason' (1970, p. 125). Wilfred Bion (1992) later developed the concept, particularly in relation to 'unconscious-negative capability' (p. 304).

parental couple, whilst also drawing attention to unconscious processes inherent in the observer role. The recording of the word 'intimate' in the observation notes would suggest that there is an unconscious Oedipal component for the observer to also contend with.

The structure provided by the observer's body appeared to act as a temporary container and it was not long before the infant was once again mobile. However, the milk bottle was soon discarded and Kieran's interest turned towards the fastening on his mother's bag. At this stage in his development, Kieran was deeply interested in how objects came together, particularly with regard to how components related to one another. His interest in the clasp and fastening coming so soon after the parents' telephone call, together with the altered position of the observer, would suggest that his activity held symbolic meaning. Whilst related to an innate idea of a 'coupling', the intensity of his interest also makes reference to a mindful coming together.

Kieran's careful observation of where the bottle was placed in relation to the object would seem to suggest that following the telephone interlude he was preoccupied with closeness and distance; watchful perhaps of how available and accessible the breast/bottle object was. Noticing her son's close attention to the bottle, his mother asks if he would like it back. 'Naa' is the response, implying a dismissive tone as though it was no longer required, the beginning perhaps of the infant's self-weaning.

The sequence with the little chair was captivating to observe. Sitting statesman-like, Kieran had the full attention of his mother and observer. It created a euphoric atmosphere as he established himself as 'His Majesty the Baby' (Freud), banishing all thought of the earlier prominence of the couple. Kieran's initiation of the later reciprocal kissing game conveys a sense of loving regard – the cancellation 'of all ill deeds'. Yet it is to these possible ill deeds that his mother refers when she considers the consequences of her accident at the end of the observation. A depressive thoughtfulness enters mother's mind as she questions the possible link to the problems encountered with Kieran sleeping at night.

Findings

The observations in section 4 were chosen to explore and deepen the categories that had emerged during the earlier data analysis. Of these categories, coherent synchronised emotional patterns offered the greater sense of continuity. Serving as a backdrop to the mother/infant relationship, especially after mother had recovered from the emotional and psychological trauma associated with her accident, this patterning served to reinstate emotional vitality and reciprocal interaction. It could be speculated that this restored aspect of the mother/infant relationship helped to promote the infant's use of symbolisation. This was evidenced in Kieran's play with the ball and the bottle top, both of which involved mother as a play partner - who at times helped to co-construct the activity. Object seeking is an important aspect of relationship building and is dependent upon the infant's desire to pursue close intimate engagement. This is just as vital as the sensitive timely availability of the object. These themes were repeatedly represented in Kieran's play, in the activities of lost and found, losing and seeking. Re-establishing reciprocal engagement was however not without its difficulties, as evidenced by how the infant struggled to allow himself to be soothed when hurt, or relax into mother's arms when feeding. Whilst continuities in some domains were re-activated, in others the legacy of mother's accident still persisted.

Mother had first reported the frequent regurgitation of milk when the infant was four months two weeks old (ob19), and then again during observation 22 and again in observation 29. The first observed episode of regurgitation had occurred in observation 18, a week earlier than that reported by mother. Regurgitation persisted until observation 30 when the infant was seven months two weeks. Overlapping the frequent regurgitation of milk a choking response was also noted. This was first observed in observation 22 (5 months, 1 week) when the infant inserted objects so far back into his mouth that he began to seriously choke. This continued to be observed into observations, 23, 25, and 26, it was noted how this choking response was activated in the temporary absence of the object and persisted beyond weaning.

When solid food was introduced it was observed how the infant developed a further elaboration to choking. He did this by throwing his head back until the food in his mouth caused him to gag and choke (ob.32. 8 months, 6 days: ob.34. 8 months, 3

weeks, 5 days). This developed further, when the infant, inserting his fingers or feeding spoon to the palate of his mouth, with head flung back, was able to elicit the same response. These defensive pre-occupations gave certainty to the category of Processes That Interfere with Satisfaction at the breast⁵⁷.

However, we also see significant developmental progress captured by the observational material. From observation 22 Kieran was seen to search for a transformation of the bad experience, although there is a return of purging, by observation 30 we see something more determined in the infant with regard to managing absence. Although highly sensitive to fluctuations in the environmental resource available, by observation 33 the infant takes an active curiosity in others minds. Yet alongside these developments, ruminatory behaviour still persists. This teaches us something about the nuances associated with infant development and the importance of context. Although we see a cascade of defensive structure from one developmental phase to another, there are subtleties and exceptions.

By observation 38 when the infant is 10 months, 1 week and two days old, some 7 months after his mother's accident, we witness the infant's creative desire to invent and share symbolic meaning. In his playful curiosity he is working out whether something remains in its place even when it cannot be seen. There is an awakened, perhaps unconscious desire to symbolically represent the separation and loss endured, and to consider the continuities.

Theoretically it might be considered how the coming together in phantasy of 'good' and 'bad' figures reformulates the infant's experience, marking the development of the depressive position as envisioned by Melanie Klein (1952) (evidenced in observation 46). At this stage the infant is able to withstand temporary loss, having constructed an internal representation on which to rely. Britton (1989) makes an explicit connection between the Oedipus complex and the development of the depressive position. Managing a triangular configuration involves the infant *realising* that he is not in fact in full possession of his good object, both internal and external and that he is the *observer*

⁵⁷ Although originating from the time of breast-feeding, the category 'Processes that interfere with satisfaction at the breast' (as discussed in chapter 10) is referred to here more broadly, that is, to encompass the feeding relationship and processes that serve to interfere with this.

to two objects in possession of each other. Britton writes of how working through of the depressive position implies a working through of the Oedipus complex and vice versa.

The infant's ability to be apart from the object and to withstand feeling left out is at the heart of classical Oedipal pain. Hinshelwood writes, '*It is this moment, in which the capacity for love and hate is joined by the capacity to observe and know, which is one of the great characteristics of the depressive position. Thus the depressive position is more than the attaining of the Oedipus complex. It involves the capacity to begin a better knowledge of the internal and external worlds: The stronger and more coherent ego . . . again and again brings together and synthesizes the split-off aspects of the object and of the self . . . All these developments lead to a growing adaptation to external and internal reality*'. (Klein, 1952, p. 75. Quoted in Hinshelwood, 1989, p. 64). Kieran's revision of the object relationship (elements of love and hate operating at the same time, rather than split off from each other), together with the relinquishment of his reproachful manner, restores a good object relationship. All ill deeds are not necessarily cancelled, but a realistic appreciation of the object leads to a recovered optimism and the expression of shared symbolic meaning.

Chapter 10: Methods of Data Analysis

There has been a dual focus throughout the research process; this might be termed theoretical and methodological. The first concerns the substantive development of Kieran, and what has been learned from it, including the questions this raises for some aspects of existing theory/theories of infant development. The second concerns the methodology of data analysis, using the adaptation of Grounded Theory Methods. I record here the stepped stages the data analysis went through in order to achieve a ‘grounding’ in theoretical understanding. This was not always a straightforward task and naturally involved a movement backwards and forwards through the observational data as well as sideways into concurrent narrative analysis.

Orientation and familiarisation with the data

Familiarising myself once more with the observational data after such a long period of time was an intense and at times deeply moving experience. There were moments when the material was so detailed and evocative that I was able to recall impressions and visual reminders that had not been recorded in written form at the time. This visually descriptive memory I was aware could be open to distortion after so many years, yet these impressions were so congruent with the data that I took the opportunity to think about how they might influence the coding process. It also led to questions about the research reliability of the original documentation.

These uncertainties mirrored the original observational process, and were brought vividly to mind when I researched the mother’s sensitive and careful handling of the baby. I recalled how these details had been hard to capture in written form, being reliant upon discussion within the seminar group to find a form of words that captured the significance. On one occasion for example, I described in detail the mother’s careful ministrations in laying the baby down (Mother’s hand would slide smoothly from under the baby’s body until finally resting in the pram, this was done with finger tip sensitivity and precision). The mother’s gracefulness could be described as aiding the infant’s transition from one state to the next, or one activity to the next.

The seminar tutor spoke of the ‘seamlessness’ of this action for the baby. Immediately it condensed the meaning of how mother, in those early days, was sensitive to potential overwhelming interruptions in experience for her infant. It went deeper too, in developing an understanding of the mother’s kinaesthetic attitude towards her infant and the relationship to intra-psychic processes. Mother’s mind and that of her body movement make a point of contact or joining, affording the infant continuity in experience, one that has an aesthetic impact⁵⁸. This illustrates how returning and familiarising myself with the data as a researcher involved re-thinking the experience from within an evidence-based framework. This involved checking data against data and considering afresh the initial seminar experience and its relevance to the development of a theoretical understanding.

Grounded theory Coding

In grounded theory practice, coding is seen as the fundamental link between analysis of the data and the development of emergent theoretical explanation. Coding was therefore used to build, shape and develop an analytic framework from which a theoretical discursive analysis could develop. Usually this early analysis directs further data gathering, however in this research study the data analysis did not determine specific lines of observational enquiry. The risk of course was that the openness of the research endeavour would identify too many coded themes and in so doing threaten the integrity of developing theoretical statements. Therefore, in order to construct a framework that would manage the two years of weekly data⁵⁹, the observations were approached in a systematic way following the emergent narrative of the observational process. This was achieved by firstly reading through all of the observational transcripts. The impressions gained from this exercise were recorded in note form, they in turn began to direct where in- depth line-by-line coding should be focused.

⁵⁸ Research revealed how this was a characteristic feature of the early months of the observation and lasted up until the mother’s accident. *Seamlessness* came to be viewed as a sub-category of *cogitation*.

⁵⁹ Although two years of detailed infant observations reports were researched, for the purposes of this thesis the author has concentrated on the first year.

It seemed imperative to set a coding benchmark before immersion in the observational data. In keeping with the aim of this study, namely to see what could be learned from a single case of psychoanalytic infant observation it seemed sensible to begin with the first observation when the baby was four days old. Coding the weekly observations covering the next twelve months of the baby's life followed this. It was clear that analytic coding could expose significant areas of study. Keeping this within the bounds of an already eventful context meant selecting the observations that developed in depth theoretical lines of enquiry, ones that began to cluster and form statements about the baby's experience of love, loss and recovery.

The coding process gave definition to what was happening for the infant and in so doing facilitated a search for meaning and interpretation, this procedure went through several phases:

- 1) Familiarisation with the data, this involved a preliminary reading through of all the observational material, making notes of specific events and constructing a developing narrative in the mind of the researcher.
- 2) Focused initial coding; which involved researching the data line-by-line (the infant's first month post-natally and beyond).
- 3) A selective phase; in which attention was placed upon the observational record of events that took place in the young infant's life, (four observations prior to the mother's departure were looked at in detail, as were the three observations that took place whilst the mother was absent, and four consecutive observations that charted her return).
- 4) Selective sampling: this involved researching the observations for pertinent data that developed and refined already identified categories. Four observations were looked at in detail. They spanned the period from mother's return to the family setting to just beyond the infant's first birthday. These observations were specifically chosen to consider the infant's recovery from trauma.

Line-by-Line Coding

Discussion of the observational material within the infant observation seminar was the first stage in sensitising the observer to the manifest⁶⁰ content of the observational material. The latent content⁶¹ ‘*which only analysis uncovers*’ (Freud, 1900, reprinted Penguin, 1976, p. 279) emerged as the observational narrative moved from a descriptive account to one in which interpretation gradually uncovered unconscious meaning. This methodological approach is not however without its critics (Green, 2000: Groarke, 2008), who question whether Infant Observation is a suitable medium for psychoanalytic enquiry and interpretation. Furthermore, questions have also been raised as to whether analytic interpretation can transfer from the observation setting into a more generalised account. For the purposes of this chapter I have concentrated on data analysis as an objective task, leaving a critical review of the methodology until the data analysis was completed.

Qualitative coding was the next systematic analytic phase in defining elements within the infant observation data. It marked the beginning of moving beyond the observational transcript to that of analytic interpretation in a structured form. This was achieved by the application of line-by-line coding. These codes were used to separate, identify and name aspects in concise terms, and in so doing enable the researcher to manage large amounts of observational data. The purpose was to take segments of the data apart and think about their constituent components, thereby developing abstract ideas for later consideration.

⁶⁰ Manifest Content was introduced by Freud in *The Interpretation of Dreams* (1900), being viewed by him as the descriptive narrative of the dream.

⁶¹ Latent Content was seen as the correlate to the Manifest Content and referred to as ‘latent dream-thoughts’, which are revealed by analysis. The two ‘are presented to us like two versions of the same subject-matter in two different languages, or more properly, the dream-content seems like a transcript of the dream-thoughts into another mode of expression, whose characters and syntactic laws it is our business to discover by comparing the original and the translation’ (Freud quoted by J. Laplanche and J. -B. Pontalis 1973. P.235-36) *The Language of Psychoanalysis*). The term is now understood in a broad sense.

The coding process forces the researcher to think about theoretical influences and possible unconscious factors. Codes stick closely to the data and provide an explanatory and exploratory function. They also imply the relationship between subject and object, defining the baby's experience from that of the mother/other, frequently capturing action. Grounded theory coding, I was to discover, often concentrates on spoken meaning, interpreting and analysing data rich in verbal accounts. However, infant observation transcripts particularly in the early stages contain detailed descriptive accounts of the baby's and the carer's interactions, ones that are not always verbalised. For example, reverie is frequently captured in the observational detail by an evocative account of how the mother tends the baby, the sensitivity of her gesture, responsiveness to facial expression and the subtle nuances associated with timely engagement. Capturing the specifics of second-by-second, minute-by-minute fluctuations in mother/infant attunement with a coding process was a delicate and demanding task.

The following example illustrates how the descriptive detail of the observation required a coding sequence that had a refined analytical focus; otherwise the coding was in danger of repeating an already existing descriptive account. It was also important not to extend towards a theoretical focus at this stage otherwise the observational material was in danger of becoming overshadowed by a presumptive academic bias.

I have chosen extracts that cover the same observational period as that indicated by the narrative analysis. However, the excerpts presented in this chapter largely differ from the previously discussed observational material. This was to avoid duplication and to give the reader more of an opportunity to encounter the observational complexity. The narrative coding and later categorisation gave substantive support to the findings discussed here.

Observation	Line-by-line coding
<p><i>Susan looked up and making eye contact offered Kieran towards me to hold. I asked Susan if she wanted me to hold him. Assertively she said she did. Susan placed Kieran in my arms, suggesting that I could put him onto my shoulder, "he'd be more comfortable there". I thanked Susan and gazed down at Kieran. His closed eyes twitched in recognition of his altered position, his body began to tighten a clenched fist flew out. Kieran's arms and legs moved in agitation, his face beginning to redden. Although Kieran had only been on my lap for a minute or so, I carefully handed him to Susan and said, "I think Kieran knows who his mummy is". Laying him down on the bed in front of her, she rubbed his hands and traced the outline of his body with her eyes. Susan exclaimed how "red he had gone" as a series of twitching movements passed through Kieran's facial features, his gaze never wavering from his mother's face.</i></p>	<p>Mother's Generosity, the baby as a gift. Position of the observer reversed.</p> <p>Assertive, stating the authority of the mother's role.</p> <p>Knowledge of her infant's preferences. Illusion of a 'seamless' experience.</p> <p>Recognition of difference, not his mother.</p> <p>Experience expelled and demonstrated through the body.</p> <p>Facial expression a source of communication.</p> <p>Observer re-stating the boundaries of the observation. Recognition given to the unique role of the mother.</p> <p>Immediate skin-to-skin contact with the baby; orientating the baby back to herself.</p> <p>Visual tracing as an organising, gathering baby together principle.</p> <p>Interruption in going-on-being, affect expelled.</p>
<p><i>Susan picked Kieran up laying his body along her right arm and thigh, her hand cupping his head. She sat and gazed into his eyes for a long period of time. At one point Kieran moved his eyes away before returning again to his mother's face. After a while Susan took off her gold chain wondering if Kieran was interested in it. She held it for him to see, Kieran turned his head away. Susan let go of the</i></p>	<p>Physical holding following mental containment. Head seen as the location of communicated distress.</p> <p>Reverie, gaze mentally drawing the infant close to the mother.</p> <p>Infant responsive, regulating visual gazing.</p> <p>Mother displacing baby's intensity away from</p>

<p><i>necklace and Kieran moved back to gazing at his mother, for a long time Susan gazed into the eyes of Kieran. This continued for almost ten minutes I thought. It was time for me to leave but I decided to wait until the contact between them both came to a natural end.</i></p> <p>Observation 1 Kieran 4 days old</p>	<p>herself.</p> <p>Baby demonstrating his preference for the face as a source of captivating interest.</p> <p>Mother lost in an extended period of engagement and reverie. The demands of the outside world forgotten. Total immersion- lost in the experience.</p> <p>The silent mother/infant attention creating an atmosphere that extended beyond the nursing dyad.</p>
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The coding process here identifies the important beginning in the establishment of the observational role. The mother's request for the observer to hold and perhaps welcome the baby into the world is not an unusual one at the start of a weekly observation, especially when the observation period is a prolonged one. Analysis and coding revealed the delicacy of how relationships and roles were to be established. Here we see how the mother gained the experience of seeing her baby in the observer's arms, perhaps wanting to embrace this alternative perspective. These early interactions were defining moments in the establishment of the observer position and institution of boundaries befitting the role.

A further striking aspect revealed by line-by-line scrutiny, was the intensity of the relationship between mother and infant. The prolonged period of gaze and how 'lost in the experience' they both were indicated a highly alert sensitive state. Identification with the baby's experience (after how he had been held by the 'unknown' observer) saw mother swiftly gathering the infant to her. The coding both selected and amplified these small yet significant exchanges. The value of line-by-line scrutiny is heightened by the fact that the observation took place so long ago. It brought me back into contact with the intensity of the experience. This type of re-working is perhaps, in the meaning it discloses, closer in detail to weekly clinical supervision rather than the twice-termly presentations usually made in the infant observation seminar group.

During the initial coding process it was important to remain open to as many different theoretical explanations as possible. For example, this was particularly important when considering the infant's experience whilst in the care of the nanny. It was a difficult and stressful time for the infant and his protestations initially were vociferous. The strength of his projected communication found residency in the researcher's mind until line-by-line analysis revealed additional aspects of the baby's experience - this challenged initial assumptions⁶².

Line-by-line coding helped to establish how there was a process of adaptation, that it was painful at times for the infant, but there were nevertheless qualities associated with mutual enjoyment and engagement. The process identified how a prevailing assumption can be hugely influential in determining how data is approached and initially examined. Knowing the 'blind spots' can help to minimise and reduce the frequency with which these assumptions override the evidence. The analysis of course is dependent upon the quality and accuracy of the original transcript. As yet there is little research evidence of the literal accuracy of observations, although in the televised 'Listening Cure' series, the observer's report did approximate what was filmed.

As familiarisation with the data helped to orientate the researcher to potential research questions, the process of line-by-line coding acted as an early corrective to presumptive data analysis. This helped to prevent the projection of unconscious fears and motives into the collected data by the researcher.

The coding method drew attention to discrepancies that existed between the data and that of the seminar group's pre-occupations. For example, there were references made in the seminar about the mother adopting a parenting style that was driven and directed by her opposition to aspects of generational paternal parenting, with aspects of self-idealisation. The coding procedure redressed this balance and revealed a mother who, in the first observation was largely absorbed by her infant rather than as a mother pre-occupied with the presence of her mother-in-law.

⁶² The earlier assumption made by the observer, was that in mother's absence, the infant largely experienced the care provided by the nanny as persecutory. Line-by-line analysis challenged this view and documentary evidence provided an alternative account.

The participants too at times voiced their own understanding of the events befalling the family (these are explored by the use of *in vivo* coding later in this chapter). At times the coding offered a somewhat different interpretation to these proceedings, suggesting that my disciplinary background and developing knowledge of psychoanalysis led me to think about the statements they made and the action they took in ways that might not have occurred to them. These challenges forced ethical considerations to the foreground especially at the time, and immediately following the mother's accident.

Holding and maintaining the observer position whilst a young nanny struggled to establish a feeding relationship with a significantly distressed infant was considerably uncomfortable. This was especially so because the observer had some knowledge of the baby's likes and dislikes, including how he preferred to be held and nursed, fed and played with. Managing the family's distress, including the infant's sensitivity and defensive protections was a challenging and at times overwhelming task for the nanny in her role as substitute mother. The observer position during this time felt like a privileged perspective. In this regard the line-by-line coding helped the researcher to see something that had felt familiar in a new light.

In the following two examples the observation as usual takes place in the family home. As a result of the mother's hospitalisation the baby was placed in the care of a day nanny, Mary.

Example 1

Observation	Coding
<p><i>Kieran moved his fist to his mouth and started to chew on it. Mary noticing this said 'oh, you want your juice again then Kieran'. She turned Kieran on her lap and rested his head backwards and tried to put the teat of the bottle into his mouth. Kieran complained and moved his head from side</i></p>	<p>Taking self (hand and fist) as object (breast). Misinterpretation of thirst. Baby held in an unfamiliar position for feeding, lack of fittingness. Observer aware of Infant's preference for holding position. Bottle as</p>

<p><i>to side, using his hand to push the bottle away. I had never seen him do this before. Kieran continued in his efforts to refuse the bottle and for a moment or two Mary tried to insist that he have his bottle of juice.</i></p> <p>Observation 14, Kieran 3mths 1wk 2days</p>	<p>intrusive object. Baby communicating anger at the presence of something other than the breast.</p> <p>Vociferous refusal of the bottle- it was not the object the baby was searching for.</p> <p>Mismatch between baby and nanny.</p>
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Example 2

Observation	Coding
<p><i>'Mother left the room. Mary was sitting behind the pushchair and Kieran was able to put his head back and lift his eyes to look at Mary behind him as she waved a crinkly toy. He grabbed at it with both hands; crinkling the toy he became animated and excited by the sound. He laughed and cooed and he managed to put the corner of the rabbit's ear into his mouth. His chewing resembled a cross between sucking on the bottle and chewing vigorously with his gums. He screwed his eyes and now began to chew in a frantic manner. Kieran kicked his legs in excitement and used his hands to continue to make the crinkly sound. His whole body was consumed with activity; both hands were constantly squeezing the toy, his mouth was chewing, his legs were kicking and his hands and arms were moving the rabbit vigorously.</i></p> <p><i>Kieran became progressively more excited chewing on the toy rabbit, his eyes and face screwed and contorted in expressions of delight and now almost anguish at the satisfaction that it gave him. It looked</i></p>	<p>Signalling the mother's departure, filling the gap of mother's absence.</p> <p>Infant looking for visual contact/holding. Toy filling the gap/absence of the mother and visual absence of the nanny. Embracing grabbing at the opportunity.</p> <p>Stimulation, arousal of senses. Creating the object of satisfaction in Phantasy.</p> <p>Internally preoccupied, oral aggressive possessiveness.</p> <p>Concentrated effort, focused intention.</p> <p>A desire activated in a desperate search for oral satisfaction.</p> <p>Oral pleasure/sensuality mixed with</p>

<p><i>extremely sensual and the arousal in Kieran appeared to rise and wane with ever increasing frequency. At this point Kieran let out a sharp cry and Mary responded by saying “what then Kieran”. She pushed the buggy forwards and backwards and Kieran resumed his chewing on the rabbit and occasionally his fist. Once again he let out a dissatisfied and disgruntled cry.</i></p> <p>Observation 20, Kieran 4 months, 3weeks, 3 days</p>	<p>pain/anguish.</p> <p>Climactic intensity, ruminatory chewing</p> <p>Interpreted as a soothing need, anticipation that the infant can manage the experience.</p> <p>Substitute object no longer providing satisfaction.</p>
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From the close analysis of the data it became clear just how both the nanny and the infant were struggling to establish a reciprocal and timely interaction. The infant in both of these extracts was taking aspects of self, or self-creation as the object of satisfaction. Prior to this close analysis, the observer had held the view that the frustrating object was the nanny herself, rather than the self-creation of the infant. Close attention to the detail, achieved by using line-by-line coding helped to redress this, and in so doing revealed how infant/nanny mis-attunement was co-created and influenced by the mourning process in the infant.

As the line-by-line coding process developed, significant differences between narrative impressions and coded processes began to emerge. For example, in the early

observations the baby's involuntary movements, lack of co-ordination and emotional regulation whilst away from the mother's immediate care seemed to give the impression of a baby who was totally dependent on the structuring mind of another, whereas the line-by-line coded analysis revealed an infant who was more integrated than first thought. We see a baby who is attuned to his environment and has resources to meet the outside world. Although Glaser (1967) advised against taking apart a single incident, line-by-line coding nevertheless helped to separate the data into distinct processes that freed the researcher from narrative immersion. In addition, it helped to challenge some of the earlier preconceptions and offer an alternative perspective to that provided by familiarity with the narrative.

Managing Preconceptions

In reviewing and examining the Focused Coding in each of the sections, it was revealing to note how in observations 1 to 4 the account was one of predominantly healthy developmental processes, whereas in later sections this was balanced with a more detailed look at defensive structures. In this regard there were two possibilities worthy of consideration; the first was related to whether there was an idealisation on the part of the observer/researcher towards the mother/infant dyad and secondly, if there was a pre-occupation with the infant/nanny relationship as the identified source of defensive and anti-developmental influences. Every researcher/observer holds preconceptions that influence, but do not necessarily determine what is attended to and made sense of. Holding the view that preconceptions can direct, influence and determine data collection and analysis in itself can sensitise the observer/researcher to such a possibility and therefore act as a primary safeguard.

Charmaz (2006) discusses several strategies that she believes help to reveal such preconceptions. She writes: '*achieving intimate familiarity with the [studied phenomenon] is a prerequisite. Such familiarity not only includes an in-depth knowledge of people who contend with the phenomenon, but also a level of understanding that pierces their experience*' (p. 68). As the researcher contends with the participant's own frame of reference, one that may, or may not, be the same as one's own, preconceived ideas come to the fore. Having a reflexive stance also invokes a questioning of one's own values, personal perspective and observation/research

practice. From a Grounded Theory perspective, Glaser (1978) suggests that preconceived notions and even those ideas that arise from previous study should find their way into the research analysis. Charmaz (2006) argues that preconceived theoretical concepts may also provide a starting point for looking at the data '*but they do not offer automatic codes for analysing these data*' (p. 68).

An important part of the process of identifying and managing preconceptions involves the going and coming review of the analysed data. This helps to identify gaps in understanding (this is not to imply that findings should be linear) and importantly recognises fluctuations. Variations of this sort became recognisable when comparing categories arising from the narrative analysis and those codes that went through a refined clustering process. The evolution of analytic statements if constantly reviewed against the observational material, can provide a corrective to unconscious factors that may influence the development of focused coding and categorisation.

There is tremendous complexity surrounding the management of preconceptions in grounded theory. For example, Dey (2007) suggests that we tend to seek out evidence that confirms rather than refutes our expectations, '*even where we have no particular interest in the results*' (p. 175). Drawing on the work of Gilovich, (1993: 77 - 82) he goes on to say: '*If we are interested in the results, our own preferences are liable to influence both the amount and the kind of information we examine*' (p. 175). Even when countervailing evidence is sought he suggests that the '*inclination is to explain it away rather than revise our assumptions*' (p. 175). It is also suggested that a bias exists when the researcher is confronted by inconsistent information, which Dey believes is subjected to more critical scrutiny than that of consistent information.

Building in safeguards in which positive as well as negative factors are considered helps to protect against a self serving bias. As a way of managing such preconceptions Glaser and Strauss advocated the 'constant comparative' method. They also believed that preconceptions could be limited by not engaging in advance with existing literature in the field. They were no doubt concerned that the researcher might pursue a particular line of enquiry thereby disregarding the richness of the data if they did so. In this

research project a literature review was conducted after the data analysis, yet it is clear from the narrative account that the coding process was invested with underlying theoretical meaning. Therefore, pre-existing theoretical understanding undoubtedly influenced the emergence of categories. The point Dey makes is '*not to avoid preconceptions, but to ensure that they are well-grounded in arguments and evidence, and always subject to further investigation, revision, and refutation*' (p. 176).

Managing and identifying preconceptions (as much as the unconscious would allow) was in part achieved by examining the emerging findings in several distinct ways. The first was in relation to my own personal analysis, which began during the two-year period of infant observation and continued for much of the later data analysis. It proved invaluable in appreciating and becoming cognizant of my own infantile self, and especially when the observational material drew me into close identification with the infant's experience. It undoubtedly provided the conditions in which a reflexive research approach could flourish. Personal analysis is probably unusual for researchers generally, but is commonplace for observers who go on to do a psychoanalytic clinical training.

The questioning minds of others, most notably the original observation seminar members and my later doctoral supervisors, have also acted as a corrective to pre-conceived theoretical bias, and compelled me to re-examine the observational data to support the conclusions I was reaching. A further counteractive to the researcher's own preconceptions entering the data analysis concerned the participant's own explanations for her subjective experience. Grounded theorists code these subjective personal accounts as part of the data analysis; this type of coding is referred to as *In Vivo* coding, to which I now turn.

In Vivo coding

In Vivo codes '*serve as symbolic markers*' to participants' speech, and the meaning they give to experience (Charmaz, 2006, p. 55). They were examined alongside other developing codes and given the same analytic attention. In this sense they did not stand alone, and significantly, value was placed upon participants' own theoretical

explanation and understanding of experience. The benefits of including *in vivo* coding into this research endeavour could be seen as crossing several domains; that of coding reflexivity, challenging theoretical preconceptions, and importantly, acting as a redress to the balance of power in regard to participants' own understanding. Charmaz also draws attention to how '*In-vivo codes can provide a crucial check on whether you have grasped what is significant*' (p. 57).

Kathy Charmaz identifies three types of *in vivo* coding. These she lists as –

- Those general terms everyone 'knows' that flag condensed but significant meanings
- A participant's innovative term that captures meanings or experience
- Insider shorthand terms - specific to a particular group that reflect their perspective (2006: 55).

In vivo codes identified in this study relate to both general and innovative terms. The following examples record the symbolic verbal account given to the infant's experience by mother and later by the nanny. The examples are taken from the fourth observation when the baby, Kieran, was aged 24 days and the second following the mother's accident at aged 4 months. Both ascribe to the infant a sense of interiority and infer that the baby's mind as having its own distinct preoccupations. I have also included here the line-by-line coding that sat alongside *in vivo* coding in order that comparison or similarity in interpretation is made explicit.

Example 1

Observation	Line-by-line coding	In Vivo coding
<p><i>Susan spoke to Kieran and said “are you looking at the photograph of mummy and daddy Kieran?” Kieran looked intently at the photograph.</i></p> <p>Observation 4 Kieran 24 days.</p>	<p>Sensitivity in recognising the baby’s shifting interest.</p> <p>Intention, focus and deliberation in the infant.</p>	<p>Attributing a mind to the infant, one that is curious about the world around him. Naming mummy and daddy as the source of interest, triangularity. Reference to the family, forging links.</p>

Example 2

Observation	Line-by-line coding	In Vivo codes
<p><i>Mary reached for Kieran’s toy worm and began to play with him. She laughed and smiled at him as he squealed with delight, but it soon became a squeal of anger. Mary looked towards me and commented with curiosity, “Kieran is funny when he does that, sometimes you think he is going to cry and he doesn’t, he bursts out into a squeal of laughter, and sometimes when you think he is going to laugh he starts to cry”.</i></p> <p>Observation 18 Kieran 4months, 1week, 3days.</p>	<p>Responsive engagement.</p> <p>Reciprocal interaction between infant and nanny.</p> <p>Rapidly changing states in the infant.</p> <p>Nanny noticing the infant’s fluctuating states that she finds difficult to read.</p> <p>Reversal of affect.</p>	<p>Nanny reflecting on own observations.</p> <p>Recognition given to the infant’s confusion between pleasure and pain.</p> <p>Observational curiosity in the nanny.</p>

In the first example the use of *in vivo* coding helped to identify how the mother from this early beginning often presented a notion of family to the infant in the form of reference to *mummy and daddy* and in time *sister*. I have named this as ‘forging family links’, in an attempt to describe the act of imbuing the environment with *familiar* association. Attention is also drawn to triangularity, in which the infant is invited ‘*to look*,’ as a participant. In fact, as the observations progressed, the mother when conversing with the children often evoked the father.

In the second example, we see the nanny trying to understand the baby’s struggle to separate pleasure from pain, or alternatively, manage the rapid and sudden reversal of affect. In so doing she noted how difficult it was to accurately interpret the infant’s signals, reporting the confusion she felt about the baby’s honest communication. It is suggestive of an ambivalent state in the infant; one that the nanny is not overwhelmed by, and is instead, met by a thinking capacity⁶³. The verbal comments in this example capture the beginning of a process related to mentalisation, in which the nanny’s own musings and reflections help her to consider the infant’s own internal state. The reflective observational curiosity identified here I have categorised as participant realisation.

In vivo coding helped to reveal the important theoretical finding of how mother (and later the nanny) attributed meaning to the situation, shaping the perceptual and emotional world of the baby. This is a significant methodological extension of the idea of *in vivo* coding - from taking account of the different perspectives of adult participants to considering the dynamic relationships between mothers and infants.

In the following extract I focus upon the mother’s term *guzzler*, which was used to refer to the infant’s greed in taking the bottle. The expression was later taken up by the nanny to account for rapid swallowing and later regurgitation of milk. The initial line-by-line coding did not take account of this special term and it was not until I applied *in vivo*

⁶³ This is in sharp contrast to observation 14, (chapter 6) where the account records the nanny feeling overwhelmed by the baby’s hostility and ambivalence.

coding to look specifically at the views held by the carers that the full significance came to light.

Example 3

Observation	Line-by-line coding	In vivo codes
<p><i>Milk started to dribble from the corners of Kieran's mouth. Susan removed the bottle and reached for a cloth to wipe him. She held the bottle in front of Kieran and he watched it intently. He started to murmur and then to cry, his fists clenched as he looked at the bottle. Susan offered it to him again and Kieran began to suck. Susan smilingly called him "a little guzzler"</i>. Observation 18 Kieran 4 months, 1 week, 3 days.</p>	<p>Leakiness, faulty fit between lips and teat.</p> <p>Attentive to the leaking milk.</p> <p>Observing the infant to gauge his reaction. Allowing the infant to make a decision with regard to whether he wished to continue.</p> <p>Frustration at having to wait.</p> <p>Attentive to his desires.</p> <p>Trying to make sense of a faulty fit and the demand more.</p>	<p>The infant with a mind of his own.</p> <p>"Little guzzler" a reference to the infant's difficulty in regulating the flow and quantity of milk consumed.</p>

As the first two examples of *in vivo* coding focused on how participants gave meaning to experience, here we see the traditional use of the coding method, one that captured the mother's and nanny's special terminology for the infant's relationship to the bottle. I viewed how the term 'little guzzler' held a collective shared meaning, since it was a term also used by the nanny and other family members in relation to Kieran's feeding pattern. Coming so soon after the mother's absence it appeared as if the experience of loss had unleashed an insatiable appetite. I considered how the attribution of 'guzzler' towards the infant seemed to also imply how the longed for breast was seen as a mentally greedy demand.

Methodologically the term ‘little guzzler’ drew attention to how personal statements especially interpretative ones, helped to ground the research coding into the experience of participants. Identifying how the nanny and mother saw the infant’s guzzling as an important feature in the onset of regurgitation was a significant coding discovery. Theoretically, I considered how the term bridged the categories concerning the infant’s defensive preoccupation to that of regurgitation and rumination. It highlighted how the infant’s state of mind was influential, perhaps even essential in determining whether the feed was digested or not. However, overly relying on *in vivo* coding, I was to discover, risked an elaboration of observational description, rather than the development of grounded theory⁶⁴.

Focused selective coding

Focused coding was the second major stage in the coding process. By definition these codes are more selective, conceptual and analytical than line-by-line coding alone (Glaser, 1978). By comparing data to data and identifying the most significant and frequently occurring codes, focused coding emerges. This required decisions about which of the initial codes made the most analytic sense of the data. It was a stimulating process, which gained refinement throughout the writing up of this thesis.

The force of developmental processes encountered in infancy meant that initial coding increased in volume; focused coding helped to manage this. A focused code for one incident or statement for example, might illuminate another (Charmaz, 2006). This progression was not however, always straightforward or indeed linear. It was helpful to view it as an emergent process during which unexpected ideas might arise. A more refined phase developed when data was then compared to these codes. This method helped to sharpen the focused coding and in so doing began to synthesise the observational account. The following offers an illustrative example of this; the two extracts are taken from when the infant was 1 month old, and 1 month 3 weeks respectively.

⁶⁴ In the appendix there are further examples of *In Vivo* coding taken from three distinct periods in time, the first month, the period during mother’s hospitalisation and finally following her return home.

Comparative observations and the development of selected codes

Example 1

Observation	Codes	Selected Codes
<p><i>Whilst sleeping Kieran appeared to become quite tense, he let out a short sharp but quiet cry. His body jerked into movement as though he was startled, his eyelids began to flicker. Kieran moved his legs beneath the covers. Rosie his older sister continued reading aloud from her book in the background; this appeared to quieten Kieran in some way. His head moved to the centre of the carrycot and his facial features appeared to relax.</i></p> <p><i>Observation 5 Kieran 1 month</i></p>	<p>Body expelling unwanted affect.</p> <p>Unconscious processes, dreaming?</p> <p>Break through affect disturbing sleep.</p> <p>Whole body response to internal forces.</p> <p>Asleep, but seemingly alert to sound⁶⁵.</p> <p>Body quietened and relaxed at the sound of a familiar and rhythmic voice.</p>	<p>Expulsion</p> <p>Internal life</p> <p>Family</p> <p>Orientation</p> <p>Borderline between unconscious and conscious factors.</p> <p>Familiar/Family sound as soothing object</p>

Example 2

Observation	Codes	Selected Codes
<p><i>Whilst sleeping Kieran stretched his fingers and his legs moved beneath the</i></p>	<p>Exploring the available space.</p>	<p>Expansion and flexibility</p>

⁶⁵ A team of scientists at King's College London scanned the brains of 3 to 7- month old babies as they slept. The experiment concluded that sleeping babies are processing sounds (the author was unaware of this research until after the data analysis was completed).

New Scientist 9th July 2011.

<p><i>covers. He opened his eyes wide and moved his head from side to side. He appeared to hear his mother's voice and closed his eyes again. Kieran moved his arms back down to his side, his right hand holding onto the satin label of the blanket, his facial features relaxed.</i></p> <p><i>Kieran lifted his arms behind his head and stretched, accompanied by a 'mm mm' sound. His arms and hands returned to the side of his body and his right hand stroked down the edge of the blanket before he finally rested both hands in a coil around the blanket...</i></p> <p><i>Kieran began to stir in the pram pulling his arms behind his head and throwing his head around. His face became quite red and a frown travelled across his forehead. Kieran's lips puckered and went into a grimace. He let out a cry that steadily got louder; he became redder and redder in the face.</i></p> <p><i>Observation 8 Kieran 7weeks 3 days</i></p>	<p>Waking from sleep in a sudden and agitated way.</p> <p>Voice as organising principle.</p> <p>Infant self-holding, label symbolic of skin function.</p> <p>Relaxing into the experience.</p> <p>Expanding and stretching, using own resources.</p> <p>Self-soothing preserving sleep.</p> <p>As he wakes the previous self-organisation seems to disintegrate.</p> <p>Discharge and expulsion of unwanted affect.</p> <p>Projecting the experience forcefully.</p>	<p>Agitation and expulsion</p> <p>Transformation/familiar sound as re-organising principle.</p> <p>Symbolic equivalent.</p> <p>Expansive/self resourcefulness</p> <p>Protective functions</p> <p>Loss of integration</p> <p>Expulsion</p> <p>Projecting – looking for a container function</p>
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Charmaz (2006) discusses the value of focused coding as a means of checking preconceptions, she suggests that these codes act as an important corrective to over rated ideas and prevent a flight away from close attention to observational detail. As more detailed and complex codes emerged from the period of mother's absence (and continuing on her return), focused coding corroborated the decisions that had been made regarding the selection process. Earlier assumptions⁶⁶ were challenged and the focused coding condensed the data and provided the structural means by which psychoanalytic investigation could follow. This was approached intuitively and imaginatively, with careful thought being given to possible influences in decision-making. This level of personal scrutiny in grounded theory research is referred to as 'reflexivity'⁶⁷. It is not a methodological strategy, but involves a level of consciousness, which when engaged with promotes the emergence of unconscious processes.

Clustering Around Themes: Third Stage Analysis

Observations 1 to 4

Clustering of particular themes was the third stage in the analysis of the data; these themes arose from the initial line-by-line coding and concentrated on the re-occurrence of focused selected codes. Broadly, this method involved grouping single codes into clusters that at this stage were quite open and descriptive. Although this progression appeared innate to the research process it generated some thought as to how these clusters would evolve into a more specific theoretical classification and later categorisation. As the line-by-line coding brought a sense of fragmentation to the data, focused selective coding and clustering began a process of re-integration in a different and somewhat distinct form.

As part of this process early classification emerged. I have named these clusters as-

⁶⁶ Early assumptions concerned the nature of the infant's distress and the onset of defensive structures. Initial coding drew attention to the timing and onset of oral disturbance, with proto-defenses 'discovered' in the first four weeks. This was much earlier than originally conceptualized by the observer. Focused coding drew attention to how defensive preoccupation in the infant found elaboration during mother's absence and his later readjustment on her return.

⁶⁷ Brown, (2006) has discussed how 'thinking of a reflexive kind is provoked in psychoanalytic observational methods' (p. 193).

- **Immersion – absorbed by the experience:** This describes mutual mother and baby immersion into each other. Even though mother and infant appeared to be in a withdrawn pre-occupied state, coding identified how active these processes were. Theoretical aspects of this classification include Primary Maternal Preoccupation⁶⁸ (Winnicott, 1956), and Reverie⁶⁹ (Bion, 1967). However, It might be that this *Immersed state* is a phase prior to that of reverie, and in particular refers to the development of a psychological receptor organ the functioning of which Bion envisaged (*‘The mother’s capacity for reverie is the receptor organ for the infant’s harvest of self-sensation gained by its conscious’*. Bion, 1967: p116).
- **Orientation:** The coding associated with *orientation* captured the determination or consciousness with which infant and mother were orientated towards each other, this involved gaze and close proximity together with mentalisation. Giovanna Di Ceglie (2013) views orientation as an important dimension in containment for the development of thinking. Orientation refers to particular positioning in space and time.
- **Expulsion:** From the beginning, it was observed how the infant expelled unwanted affect through his body. Clustering revealed how this seemed to be related to the infant’s frequent and natural exposure to absence (e.g. the loss of the nipple between feeds, the mother’s embrace when laid to rest etc.). Sometimes this expulsion was directly discharged into the mother’s body, for example by how the infant determinedly pushed his feet, torso and hands into her. In a somewhat different form, expulsion was seen in the infant’s later regurgitation of milk. Theoretically, *expulsion* was considered by Klein (1930) to be the infant’s first mode of defence.

⁶⁸ Primary maternal preoccupation was the name given by Winnicott to describe the heightened sensitivity the mother has towards her baby before and after the birth. He suggests that it lasts a few weeks after the birth of the child and is not easily remembered by mothers once they have recovered from it.

⁶⁹ Bion mentioned maternal reverie in his paper ‘Theory of Thinking’ (1967, p.116). It refers to the mother’s psychological capacity to metabolize the baby’s conscious and often sensuous communication and transform it into a-elements, which are in turn fundamental to the development of a-function and the formation of a thinking apparatus.

- **Expansive and flexibility:** This classification denotes the infant's exploration of the world around him. This may refer to the baby stretching physically and mentally into the available space, sometimes also accompanied by an exploration of touch and taste. More significantly *expansive* may signify observed mental processes ones that are symbolised through action and later play.
- **Forging family links:** This cluster refers to codes with a family reference. The line-by-line coding revealed the frequency by which the mother evoked her husband, older child and generational information whilst nursing the baby. In depth exposure to the data also sensitised the researcher to a view that this category also contained within it details of the infants identity development. The evocation of mummy, daddy and sister (other) was a significant factor in the establishment of triangularity.
- **Transformation - re-organisation:** These codes relate to the mother's capacity to transform the baby's experience into a thinkable form. The codes recorded here also refer to the infant's own developing capacities related to the *transformation* of affect.

The charts that follow illustrate the clustering process; they were identified from the line-by-line coding of the first four weeks of observational data and relate to the infant between 4 days to 24 days old. Naturally there were some codes that overlapped into two or more clusters, these I have highlighted in italic. I have included here the clustered codes for *Immersion* and *Orientation* only. *Expulsion*, *Expansive*, *Family* and *Transformation* can be found in the appendix.

Immersion- absorbed by the experience

Visual tracing as an organising principle, gathering baby together *Mutual gazing*

Mother lost in extended period of engagement and reverie, the demands of the outside world forgotten Fully engaged with the baby Bodily touching

Gaze/facial mirroring

Lost in baby's eyes (mother)

Reverie, gaze mentally drawing infant closer to mother *Knowledge of infant's preferences*

Immediate skin to skin contact with the baby, orientating baby back to herself

Illusion of seamless experience Captivating eyes

Hand holding/body stroking by mother- bridging the baby's experience

Mouth/nipple – infant's body quiet Eye to eye contact- mother and baby lost in each other

Moulding into each other Quietness until baby is in a deep sleep

Breathing changed to a deeper more regular rhythm with mother's presence

The silent mother/infant attention creating an atmosphere that extended beyond the nursing days.

Orientation

Recognition of difference, not his mother *Facial expression as a source of communication*

Physical holding following mental containment Asleep but seemingly alert to sound

Waking up into the relationship Mother looking for baby's cues *Mutual gazing*

Birth preparation Mother orientating the baby towards her *Assertive, stating the authority of the mother's role* *Breathing changed to a deeper more regular rhythm with mother's presence*

Baby having to fit into the family's routine *Reverie, gaze mentally drawing the infant close to the mother* *Visual tracing as an organising, gathering baby together principle*

Baby following mother's movements and tone of voice in the rhythm of leg kicking
Maternal warmth

Movement in the baby's body related to sound Bedside light offering organisation

Infant using mouth to suck - in anticipation of the breast Facial expressiveness

Mother lost in extended period of engagement and reverie, the demands of the outside world forgotten *Gaze/facial mirroring* *Immediate skin to skin contact with the baby, orientating baby back to herself*

Infant responsive regulating visual gazing Elicits expressiveness *Knowledge of infant's preferences* Baby demonstrating preference for the face as a source of captivating interest

Body quietened and relaxed at the sound of a familiar and rhythmic voice Bodily touching

'Latched on' – relief in the baby Face to face non-nutritive contact

Whole body relaxing when mother present (whilst infant slept) no longer holding thumb

Mother using gentle touch and hand stroking while her infant feeds- speaks to him in low tones

Baby making needs and experiences known to his mother Recognition of name

Baby re-orientating back to mother- exerting a choice Mother anticipates cry and soothes

Whole body activity/anticipation of the breast *Awareness of his mother greeted with a vocalisation*

With the exception of *immersion* the clusters seemed to expand rapidly as I worked through each observation. The mother/infant immersed – *lost in the experience* state although observable at times in all four of the observations did not generate coding that expanded the cluster significantly. It was revealed to be a much tighter and specific group of codes and related to an exact period in time beyond which no new coding emerged. In contrast to this, it was noted how the greater volume of codes clustered around predominantly developmental processes. This was not surprising given an observational setting where there were optimum creative influences to support the infant's development.

It was also noted how mother/infant *orientation* became saturated with codes over a relatively short period of time, suggesting that not unlike *immersion* it seemed to represent a fundamental foundation of such significance that all development was dependant upon it⁷⁰. It was not surprising therefore that both *immersion* and *orientation* emerged from the data analysis almost simultaneously.

Whereas *immersion* and *orientation* were to a large part associated with the facilitating environment, the identification of *expulsion* and *expansive* brought attention back to the internal world of the infant. Expulsive acts on the behalf of the infant took many forms; there were episodes of fierce crying of a quality that reached beyond that of a straightforward communication and gestures associated with a getting rid of something. This included the pummelling of arms, knees and feet into the mother at times of frustrated distress, and a more rigid posturing when encountering circumstances with which the infant was uncertain. Body movement that was strenuous and at times uncompromising in its determination often accompanied the projection of sound in an expulsive manner. More subtle forms of expulsion were noted when considering how the infant avoided eye contact, especially when having to wait for his mother's availability. There were also moments when the infant fixed his eyes on something in

⁷⁰ Reflecting on the process, coding saturation seemed to introduce a notion of hierarchy at this point as if the research method too became invested in a developmental progression, one that was dependent on the foundation of grounded orientation and immersion in the data before any new analysis could be developed.

particular, so that, if this was accompanied by grimacing or body gestures, I came to note it as an act of focused expulsion.

It was interesting to note in the early observations the pre-disposing factors associated with the later onset of rumination. For example, the baby's positioning of the thumb/fist, making it hard for the infant to reach and latch onto the nipple is particularly noteworthy, especially as it prevented immediate access to the breast. It seemed to act in a manner that discharged the frustration actively into mother's mind; in turn she noted how breastfeeding was not enjoyable for her. Prior to the line-by-line coding, ruminatory activity, it was thought, was related almost entirely to the mother's accident, absence and later return in a much-altered state. Instead, close analysis revealed that a complex relationship to the breast existed for the infant from the beginning. The presence of the infant's fist/thumb blockading easy access to the nipple and the regurgitation of milk when the bottle was first introduced recorded in observation 9 point to a compound of factors rather than single events.

When considering the relationship between codes and this early form of clustering categorisation it was noted how 24 of these codes occurred in two or three of the clusters (see charts 1 to 8 in the appendix). This served to highlight the interdependency between clustering categories, suggestive perhaps of the need for closer attention and refinement. Of the identified codes in the first observation that fell into three or more of the clustered categories, three of them included *immersion*, *orientation* and *transformation*. Essentially this entailed mother and baby engaged with each other for extended periods, usually including body contact and attention to the infant's state of mind.

In examining the frequency with which codes entered two or more clustered categories, I was also drawn to noting the incidence of category re-formation. In the following example, informed by the line-by-line coding, Immersion, Orientation and Transformation combine to form the category of 'Aesthetic Transformation'.

Codes	Categories
<i>Immediate skin to skin contact with the baby, orientating the baby back to herself</i>	Immersion
	+
<i>Breathing of the baby changed to a deeper more regular rhythm with mother's presence</i>	Orientation
	+
<i>Mother lost in extended period of engagement and reverie, the demands of the outside world forgotten</i>	Transformation
	Aesthetic transformation

Aesthetic receptivity was related to mother/ infant sensitivity and sensibility. The combination of fine tuned orientation, the shared immersion in affect and how entering this state had a transformational impact, led to the more refined categorisation of 'aesthetic transformation'. Refinement of the category also arose from re-examining the earlier observational material in light of later data analysis, particularly in regard to the aesthetic impact in the change of carer. 'Synchronous patterns' also emerged from revisiting the earlier line-by-line coding and considering the clustering related to 'immersion', 'orientation' and 'expansive'.

Observations 14 to 16

The observations that fall into this section are related entirely to the sudden and abrupt absence of the mother. As such, the coding data detailed here concerns the infant's care by a nanny. Initially the codes were considered within the existing categorisations of '*Aesthetic transformation*' (*orientation, transformation, immersion*) '*Synchronous patterns*' (*immersion, orientation, expansive*), '*Expulsion*', and '*Family*'.

As I struggled to conceptualise the myriad of potential categories related to anti-developmental forces recorded in the observational material it became apparent that these were best described as the negative (-) of the already existing categories. There was however one exception; *Expulsion* no longer captured the full range of defences

displayed by the infant. There was evidence from observation 14 onwards that the infant was turning towards ruminatory behaviours. Positive developmental forces, whose orientation could be described as cogitation within the infant, in part paralleled these actions. The examples below detail how factors related to the infant's on-going maturity continued to flourish alongside the development of a significant defensive organisation.

Rather than focusing on individual categories and consistent with the previous section I have included here the codes that fall into two or more categories. The codes are gathered from all three observations (14, 15, 16) and I have also included the two further categories identified from the data, those being *Rumination* and *Cogitation*. The first example captures the codes related to the traumatic impact on the feeding relationship brought about by the sudden loss of mother. The coding captures the necessary but painful adjustments the infant needed to make in order to establish a feeding relationship with an unfamiliar person in unusual circumstances. This appeared to activate defensive protestations in the infant and we notice the complexity of mental processes associated with a setback in developmental progression.

Example 1

Codes	Categories
<i>Absence of a regulatory capacity</i>	- Orientation
<i>Highly controlled timing and positioning of the infant</i>	+
<i>Resistance to soothing approaches by the nanny</i>	+
<i>Grievance one that delays amelioration of distress</i>	-Transformation
<i>Failure in containment</i>	+
<i>Milk seeping from closed lips</i>	
<i>Milk begins to appear in the mouth</i>	- Expansive
<i>Milk and saliva dribble down the infants chin</i>	+

<i>Infant orientated – turns away screams as teat placed in o shaped mouth</i> <i>Toys offered too close, infant unable to focus</i> <i>Newly acquired dummy spat out</i>	Rumination Aesthetic conflict
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In example 1, we see how the reversal (-) of enabling factors (associated with developmental opportunity) joins with the category of rumination. This would suggest that defensive strategies and factors related to emotional growth have linked together. I refer to this as ‘aesthetic conflict’ (an idea originally derived from the work of Donald Meltzer (1988) and discussed in the theoretical overview).

Example 2

The codes in example 2 relate to the infant’s readjustment and orientation to the nanny.

Codes	Categories
<i>Reciprocal smiling exchanges initiated by the infant</i>	Orientation
<i>Recovered mind/body equilibrium</i>	+
<i>Coherent synchronised emotional patterns</i>	
<i>Triangularity</i>	Transformation
<i>Surge in vocal development</i>	
<i>In an upright position infant makes eye contact and laughs</i>	+
<i>Infant holds intense eye contact – clearly thinking</i>	Expansive
<i>Nanny voices infant’s loss</i>	+
<i>Infant studying doorway where nanny had departed looks towards the observer</i>	

<p><i>Infant sucks on an imaginary nipple</i></p> <p><i>Infant references nanny and observer</i></p>	<p>Cogitation (Transformation and Expansive)</p>
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Whilst observation 14 was mainly characterised by defensive strategies broadly related to *-Transformation* and *-Orientation*, which I have categorised as ‘*aesthetic conflict*’, by observation 15 there was once again the ebb and flow of influences related to on-going infant maturation. *Orientation*, *Transformation* and *Expansive* (Aesthetic Transformation) were joined by *Cogitation (transformation and expansive)* in the infant. Although the privations associated with the mother’s absence continued to exert an influence over the infant there were never-the-less discrete episodes of significant development. These were related to the infant orientating and engaging with the nanny. It might be considered how the trauma had both hardened and contributed to the development of existing defensive strategies, as well as having ‘pushed’ the infant into the realm of adaptation and survival, in a manner that fostered relationship development.

To recap- studying the coding in detail revealed the emergence of:

- The **Reversal** or **Negative Charge** of previously identified categories.
- **Rumination:** Emergent at this stage and mainly concerned with the appearance of milk in the infant’s mouth. As a pre-phase it also accompanied the use of the infant’s own fist pushed hard into his mouth and supplemented by the production of saliva together with regurgitation of small amounts of milk.
- **Cogitation:** The appearance of this category was directly related to the infant’s *re-Orientation* towards the substitute carer, the resumption of *Transformation* and the *Expansion* in the infant’s interest beyond the dyad leading to discreet but significant development.

Having identified how categories associated with relationship building and emotional security could be both positively and negatively charged, I became interested in whether this had a role in defensive stratagems becoming embedded. I also wondered whether there would be a return to predominantly developmental factors given that observations 14, 15 and 16 were largely dominated by the infant’s defensive pre-occupations. It was with these thoughts in mind that I turned towards studying observations 17 to 20.

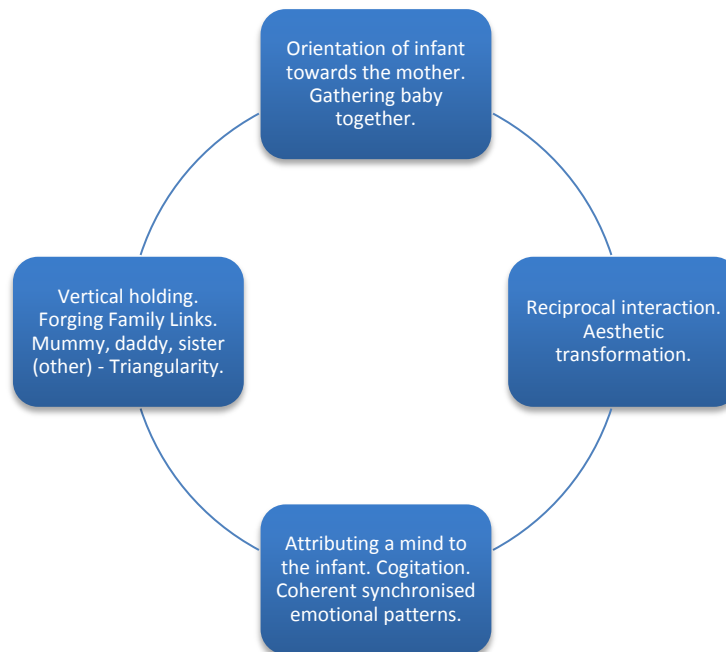
Observations 17 to 20

The observations that fall into this section concern the mother's return to the family home, they chart her slow re-introduction back into family life, whilst the infant continued to be cared for by the nanny. Overall, the infant appeared to be more content and had by this stage adjusted to the nursing function the nanny provided. However, coding highlighted the complexity of this situation, with mother's state of mind and physical disability determining the infant's orientation towards her. In addition it marked the onset of regurgitation, rumination and choking.

It was noticeable that in this section, as the clustering progressed, the coding became more sophisticated in content and no longer classifiable into single categorisation. Although there were some single codes related to individual categories the majority fell into three and mainly four groupings. These included the (-) *negative* of previously identified codes, as well as the newly established codes of *Cogitation* and *Rumination*. This over-complication suggests that there were difficulties with the procedure. The codes themselves were much more illuminating than single word categorisation and suggested how something in the process was being missed.

Returning to a receptive–emotional-experience in the data, meant the analysis remained embedded in the narrative account and analytic understanding. In order to do this I began to examine the connections between the categories that had been formed. The following diagrams illustrate this process and consider the cyclic interrelation between these factors.

Diagram 1



Cogitation (diagram 1) as a later formed category was founded upon the already established characteristics of mother/baby *Orientation*; *Expansive*; and *Transformation*. The principle governing its appearance seemed to be one of elaboration and that of co-dependency between categories. In a similar manner the appearance of *Rumination* (diagram 4) was marked by the presence of negatively charged categories and the occurrence of *Expulsion*.

The continual refinement of focused coding helped to establish statements that captured condensed aspects of the infant's experience and in so doing moved the data analysis towards analytic conclusions. Before embarking on this process however, I set out to review the categories that had arisen directly from the narrative analysis (these being largely intuitive), and those categories that had developed through a more laborious clustering process. Memo writing greatly assisted this process and significantly helped in the evolution of later theoretical statements.

Methodological Findings: Exploring the Differences between Narrative Analysis and Categories arising from Clustered Themes

Returning to the narrative analysis and in particular reviewing the findings and categories that arose, I compared these with the later categorisation derived from clustered themes. The most striking feature was how analytically dense and close to the observational data the narrative categories were. In comparison, the clustered themes and later categorisation were surprisingly more open, less specific and generalised when considered independently from their accompanying analytic statements. It seemed as though I had undertaken two distinct aspects of data analysis and was struggling to discover how the categories from each research period overlapped, fitted together or disqualified the findings.

Given how the data had arisen from close observation, I was more inclined to think that the categorisation arising from the narrative analysis held a closer connection to the data, and more importantly the experience of the infant. This was later confirmed in the final stage by the analysis of selected observations. The question was how the rather disparate elements which emerged from the categorisation of the narrative analysis, could be synthesised into a more coherent model or models. Having used systematic Grounded Theory procedures in an attempt to explore and develop a coherent psychoanalytic account of Kieran's experience, I questioned whether, or how, this could be achieved.

The process helped me to evaluate the two methodological approaches; the conclusions reached indicated how psychoanalytic concepts and theories were important in shaping and giving meaning to the coding process, especially in relation to infant development. A more intuitive, freer process of clustering codes and exploring meaning and connection moved the analysis away from what had become a laborious abstraction and combination of categories.

This review process helped to establish how the research project had focused at different times upon individual aspects of the infant's presentation. Returning to the

early data analysis (observations 1 to 4) I was able to trace the complexity of the process and draw links between the categorisation. This is envisaged as follows: -

Categories derived from narrative analysis and clustering

Diagram 2 represents the elements that both promote and hinder the development of coherent synchronised emotional patterns. Categories are derived from narrative analysis and clustering combined (+ - immersion/orientation: Object Related Projections. communicative, cogitation: + - Expansive)

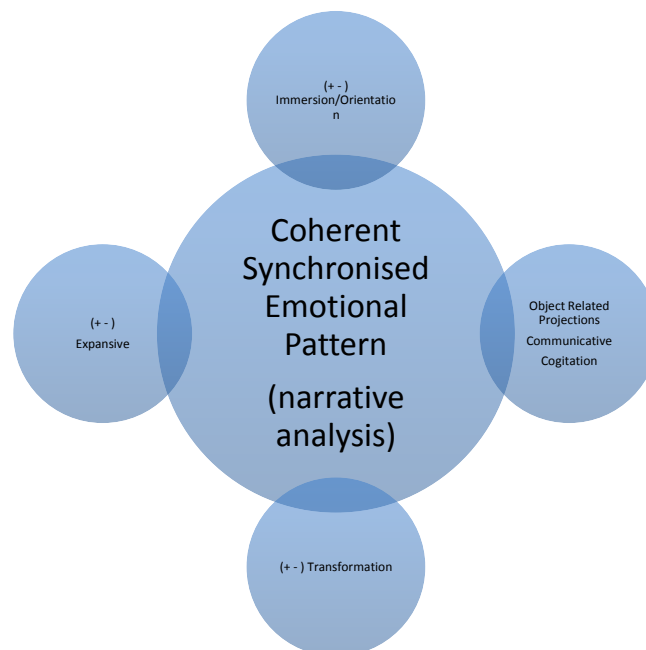


Diagram 3 concerns the categorisation of ‘processes that interfere with satisfaction at the breast’ and considers the relationship to internalising and externalising functions.

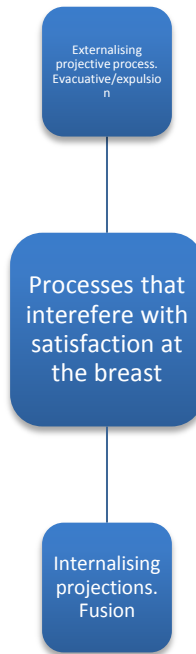
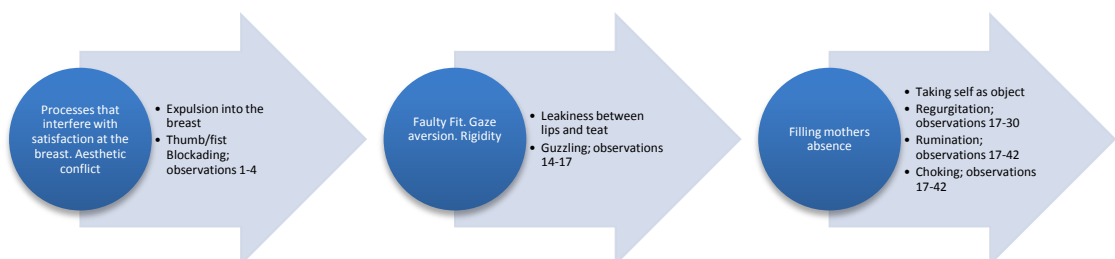


Diagram 4 is related to the evolution of processes that interfere with satisfaction at the breast and indicate a ‘cascade in defensive structure’.



The close attention to how narrative and clustering analysis formed a matrix of selected themes or specific codes (as illustrated above), was innovative in identifying specific aspects of the mother/infant relationship related to development and later recovery from trauma.

Significantly, the moving backwards and forwards between later findings and the earlier narrative analysis revealed the startling finding related to a cascade in defensive structure. This referred to how the early proto-defensive organisation related to blockading became more pronounced and evident during the period of time mother was absent. As previously discussed, over the three weeks that followed mother's absence the baby averted his gaze, was at times rigid and actively sought independent means of gaining satisfaction from the feeding encounter. The leakiness (milk running from the corners of the infant's mouth) progressed into regurgitation once his mother returned. Choking on objects followed, and with weaning came ruminatory behaviour. This cascade of defensive organisation from one developmental phase to the next, would suggest that something of the trauma remained unknowable. I have come to consider how the infant may have experienced the loss of his mother as a 'un-mentalised near death experience', an unknowable event (given his cognitive immaturity).

With these thoughts in mind four further observations were selected for narrative and coding analysis. These observations it was discovered, record a restored mother/infant intimacy. The flow tables below chart this movement spanning from observations 22 to 46.

Diagram 5

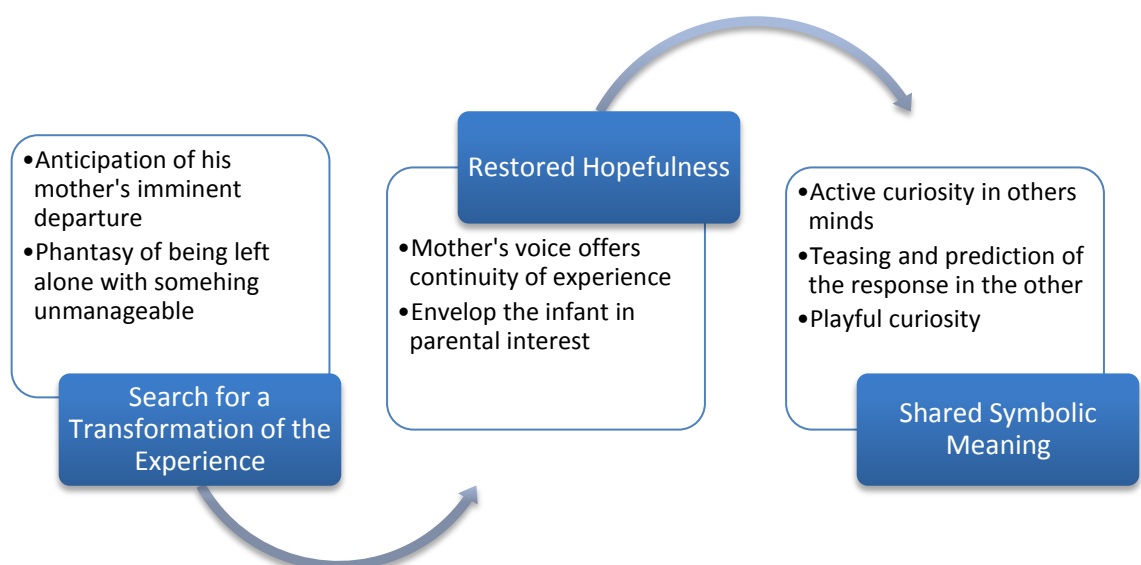
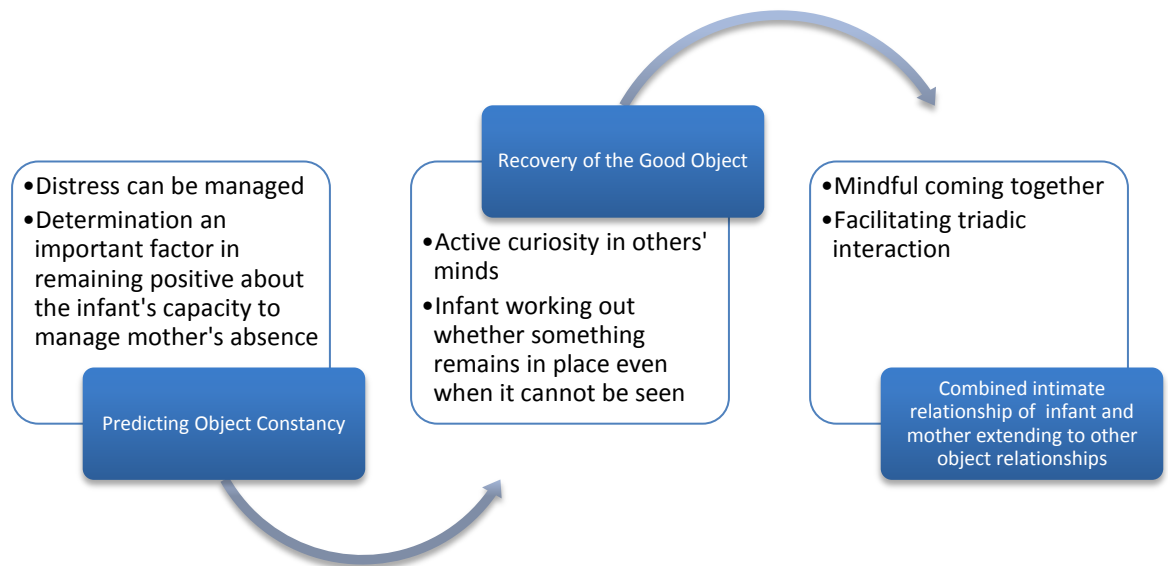


Diagram 6



Despite these important developmental factors in infant/object relations, there still persisted a ruminatory response when the object was felt to be absent or far removed from mental availability. The nipple in the mouth as the first symbolic representation of the container/contained relationship was sought at times of stress or anxiety. The infant looked for this not in a representational form, but as a direct experience. This was not without difficulty given how the feeding relationship was also the focus of the infant's ambivalence. His sometimes-fractious demeanour and inability to tolerate too much frustration would suggest that he still struggled with aspects of his care related to mother's accident.

Findings

I divide the findings in two distinct sections, the first for observational findings and the second for what has been learned methodologically. I provide short statements for each.

Findings related to the observations

- The baby's synchronous rhythms with the mother appear to aid a coordinated coherence in the infant's body parts, evidenced in the second and third observations.
- From the presence of coherent emotional patterns we can infer the baby was in a state of integration from the beginning. The mother's seamless ministrations helped to establish continuity in experience, greatly assisting cohesion and integration. This has a deeply personal aesthetic quality associated with it.
- In the mother's absence (early observations) the baby lacked a cohesive binding force and his limb movements became uncoordinated.
- Vertical positioning has a relationship to the promotion of triadic thinking and triangularity as early as 24 days old.
- Early proto-defences can cascade into later development.
- Aesthetic conflict resulted from the infant's sudden and traumatic loss of the breast.
- The experience of loss was represented concretely in the disturbance of oral functioning. Ambivalence had a significant impact upon object relations.
- Early 'good enough' experience led the infant to search for the transformation of experience. Restored hopefulness led to the recovery of the lost good object.
- Rumination only became properly established after mother's return, this might reveal how for the infant she returned as a bad object, even if her response, tone of voice etc. suggested that this was not so. This would link with the Gaddinis' conceptualizations of how the infants in their study used rumination (for two babies in the study to the point of death) as a defensive and protective strategy.

Kieran's experience, unlike the infants in the study, was not one of excessive intrusion and deprivation.

Findings related to methodology

- Psychoanalytic infant observation provides the framework necessary for research. The narrative account creates a boundary, outside of which detailed analytic scrutiny and 'taking apart' of observational sequences can take place. The two-year account provides the means to check or qualify emerging findings.
- Although qualitative research methods 'fit' with the method of psychoanalytic infant observation, later stage categorisation can lead to over abstraction and the loss of observational detail.
- Line-by-line coding crystallized participant experience, creating 'fittingness' between codes and narrative.
- The research process extended the methodological use of *in vivo* coding to include the dynamic relationship between infant and mother.
- It was discovered how a psychoanalytic understanding of the observational narrative was itself a research tool: An unexpected 'triangulation' was formed between the narrative account, a psychoanalytic understanding of the observational material and the more formal line-by-line analysis and later categorisation.
- By moving analytically forwards and backwards through the data, categorisation became refined over time. Categories were condensed – reforming to include narratively informed conceptualisation.

Findings related to grounded categorisation in infant observation

- Derived from *in-vivo* coding, 'participant realisation' relates to how meaning was sought and given to experience during the observational process by observed family members and carer.

Chapter 11 - Conclusions and recommendations

Observational findings and their contribution to knowledge

This research study has drawn upon the methodological developments in infant observation, which have spanned a number of decades. Whilst still predominantly undertaken for educational purposes, psychoanalytic observation skills have over the last twenty years been used in a variety of clinical settings. This has included neonatal intensive care, infants at risk of autism and the utilization of the method as a therapeutic intervention with vulnerable families as well as with fostered babies. There have been studies related to the cultural and ethnic experience of mothers and their infants and the social application of the method in the study of organizations. Psychoanalytical observation as a method has crossed age ranges, social groups, religious gatherings and social experience and diversity. Alongside these developments the application of psychoanalytical observational skills has also come to be appreciated as a valuable research method.

Yet despite these significant advances there are surprisingly few detailed research studies in the field of early infancy. Psychoanalytic infant observation has not yet been primarily deployed as a research method - there is no systematic body of work derived from this source that describes what babies can do and when. To my knowledge, this is the first in depth research analysis of a single case of psychoanalytical infant observation (conducted initially for educational purposes) to date. Given that there is no base line from which to draw, how does one know what is a theoretical advance? The closest of course is developmental research, yet it has been found that these findings can sometimes be challenged by naturalistic observation. As such there are no comparable studies from which to consider my developing hypothesis. As a result this research investigation has relevance to both the generation of knowledge in relation to the emotional experience and sensitivities of infants, as well as the epistemological and methodological use of grounded theory in relation to psychoanalytical infant observation.

I will first present what has been learned from the detailed analysis of the observational material, before considering the questions and findings associated with research

methodology. There are significant areas of overlap with the existing literature in regard to early infant development, since this study has necessarily utilized literature from cognitive psychology, child development research and psychoanalysis. In some instances this research study has expanded on these already existing theories and at other times provided more detailed exploration of established theoretical ideas. The findings are detailed as follows:

- Close naturalistic observation has revealed how extensive the infant's responsiveness is to the environment, noted from one to four weeks in age even when observed for one hour per week in a four week period.
- I link aesthetic conflict with personality development and detail how defensive personality organization (or a personality organization that builds around defensive structures) can be shown to be manifest from an early age.
- Aesthetic reciprocity correlates to the development of synchronous rhythms and the infant's ability to not only recognize the mother, but importantly to apprehend her quality as a mother. For example, during the first observation the infant demonstrated bodily disorganization and a lack of regulation when he was placed in the observer's arms after being in close intimate contact with his mother.
- These synchronous rhythms would appear to aid a coordinated coherence in the infant's body parts. A reversal to this occurred when the mother was absent or out of sight, or when the infant was exposed to something unfamiliar: at these times the baby appeared to lack a cohesive binding force. The first example of this occurred during the initial observation when Kieran was four days old.
- Significant aesthetic conflict arose for the infant at the time of mother's accident and during her subsequent return; this conflict was instrumental in activating a cascade through developmental stages of a defensive structure. The concept of aesthetic conflict following trauma builds on Meltzer's original ideas of how the infants' aesthetic apprehension of the mother arouses conflict. This was perhaps, first evident in the infant's positioning of the thumb/fist in approaching the breast, thereby barring access (noted during the first month of observation).
- The proto defensive organization of the blockading thumb/fist (which prevented easy access to the breast) was seen to cascade and develop into oral preoccupation as an established defensive strategy at the time of the traumatic loss of the breast (loss of the aesthetic object). Commensurate with oral development, this proto defensive organization took the form of regurgitation and

rumination, (the blockading thumb/fist being related to the establishment of breast feeding: regurgitation to the resumption in mother's nursing care: rumination arising at the time of the appearance of the first tooth and later weaning). The cascade of defensive structures was seen to originate at the height of aesthetic conflict.

- The presence of pre-oedipal triangularity and the relationship to horizontal and vertical placing of the baby was noted to activate mental processes in both the mother and infant, corresponding to dyadic and triadic functioning respectively. It is my contention that from the beginning,⁷¹ the baby is orientated towards triangularly exploring the inter-relatedness of objects especially when held in a vertical position. I consider there to be a proto stage before the development of pre-linguistic joint attention skills (Mundy et al 1993) which are usually noted in infants by 9 months of age; this study suggests that by 24 days old the baby was aware⁷² of his mother's capacity for triangular thought. This research makes a contribution to the study of psychosomatic integration and the role of verticality in promoting three-dimensional thinking.
- The infant's response to the abrupt occurrence of separation from mother, and the 'damaged object' he experiences when she returns, is connected to the development of aesthetic conflict. The psychoanalytic interpretation of how the regurgitation of milk (aesthetic conflict) was noted in relation to the feeding breast or bottle – as a good or bad object, which becomes both at once - is an original finding.

⁷¹ There are of course exceptions, for example, joint-attention deficits are noted in autism.

⁷² The infant 'being aware' in this context refers to a non-verbal state in which the baby relies upon sense impressions and introjective capacities to formulate how the mother has a mind on which the infant comes to depend. Rhode, (1997) succinctly describes this as follows: [...] 'the attribution of meaning is brought together with the definition of the baby's body as well as with a visual encounter. In other words, mental and physical experience come together: *and in the first instance, this must happen in the mother's mind* [...] If mental and physical experience come together consistently enough, we could expect our hypothetical baby to grow up possessing what an obsessional patient in a recent paper by Ryz (1993) felt that he lacked: 'A bridge between the feelings in my stomach and the thoughts in my head.' For this to be so, the mother will need the capacity to see her baby as a separate person; the baby will need to be able to accept what the mother offers.' (p. 142).

Aesthetic considerations

The first month was characterised by the infant's finely attuned sensitivity to the environment. There was reliance upon the mother's capacity to gather the infant together by physical and aesthetic means. For example, the mother's early visual tracings around the out line of the infant's limbs and torso restored a bodily coherence when infringements occurred. This is not to suggest that the infant's early ego lacked integration in the manner described by Bick, Klein⁷³ and Winnicott, rather the impingements seemed as though they were able to penetrate the developing infant/parent aesthetic. Meltzer's concept of aesthetic reciprocity is particularly pertinent in this regard, for he spoke about the importance of the parents' capacity to view their infant as an aesthetic object. He understood how this delicate task was influenced by both the quality of the parents' relation to one another, and the extent to which the baby is able to tolerate, respond to, and initiate close loving encounters.

This research study has revealed the far-reaching aspects of aesthetic sensibility and the consequences when a breakdown in aesthetic reciprocity occurs. The findings suggest how aesthetic values govern the parent/infant relationship beyond that of early infancy and into the second year of life, thereby transcending the to and fro movement between the paranoid-schizoid position and the depressive position envisioned by Klein (1946) and Bion (1963). Consider for example, the last observation presented in this study where the infant shows a loving regard, which his mother reciprocates. This tender moment coming 8 months after her accident gives a certain perspective to how penetrating and massively disruptive the loss of the object was, even on a temporary basis, to the infant's experience of aesthetic integration. Close analysis of the observations revealed a convergence between aesthetic conflict and the trauma-driven response of regurgitation and rumination.

⁷³ This research supports the view of Alvarez, who states that the alternation between integration and disintegration as first described by Klein (1946: 4) would be better conceived of as between 'integration and under-integration.' (Alvarez, 2006: 164).

Meltzer considered how aesthetic conflict arose from the impact of the outside “*beautiful*” mother, available to the senses, and the enigmatic inside which must be construed by creative imagination.’ (1988: 22). He theorized how the infant could feel overwhelmed by the experience, of the mother’s breast, her touch, smell or taste. This study makes a distinctive contribution to this discussion, by considering how the shadow of the absent object disrupts and disturbs aesthetic impressions in the infant who had come to rely upon the beauty of the object. Freud originally discovered how the experience of trauma penetrated the psychic shield, disrupting the regulation between conscious and unconscious factors. For a young infant like Kieran, I propose that this protective membrane is made up of an aesthetic contribution from the mother as well as from the infant’s own aesthetic response. The refusal to take the teat, avoidance of eye contact, and the straining away from closeness all indicate a disturbance in aesthetic appreciation. Yet, we see how the infant and nanny eventually find a way of adapting. It is with the return of the object that we see a cascade of aesthetic disturbance entering into the feeding relationship. The mouth becomes a hole from which the milk seeps out, vomiting begins and the mouth as the original site of aesthetic appreciation becomes the scene of disturbance, as rumination continues beyond weaning.

Synchronous patterning and the debate surrounding primary un-integration

The early findings of line-by-line analysis identified the importance of synchronous patterns. These were noted from the infant’s distinctive rhythms in body movement in reference to the object. Very young babies have a preference for almost complete ‘contingency’ (Fonagy, 2002), which can be characterised by imitation⁷⁴, or the manner in which the infant might follow the pattern of mother’s voice by the movement of the

⁷⁴ Music (2011) suggests that the term ‘imitation’ is misleading because both parties vary their tone, pitch and expression. After three months infants prefer less perfect contingency, becoming increasingly attracted to novel forms of interaction ‘that provide high but less perfect synchrony’ (p. 28). This is possibly an important point to consider when caregiving alters during traumatic circumstances such as highlighted in this paper. Kieran’s age and development certainly contributed to the varied contingency he was able to achieve with the nanny.

legs etc. Undoubtedly these rhythms contribute to the development of an attuned relationship. Furthermore there is a connection between aesthetic reciprocity (including synchronous patterning), contingency and that of an emotionally attuned mind capable of containment. The manner in which this aesthetic contingency is affected by trauma is particularly relevant to this study, especially when considering how the expectation that an event or action is likely to cause or create another predictable one, becomes so severely disrupted. In such circumstances aesthetic appreciation of the object can no longer be depended upon as a reliable source of information about oneself. The deprivation caused by the trauma had a two-fold consequence, firstly, the infant was deprived of the object and a significant readjustment was demanded. Secondly, the information⁷⁵ the infant had come to rely upon (as a source of self-reflection) was distorted by trauma-driven preoccupation and defensiveness. This was notably seen in the split between eye and mouth functioning, which disrupted the integration of sensation and meaning (Rhode, 1997: 143). The delineation of the infant's boundaries, whether traced in outline by his mother's visual organisation or encountered when the infant finds the receptive nape of his mother's neck, is relative to her interest, attention, and the attribution of meaning she gives to her baby's behaviour. As Rhode (1997) discusses, at a different level of organisation this will be linked with alpha-function and her essential ability to transform experience and inchoate sensation into a thinkable form (as evidenced in many of the early and later observations).

Rhode, (1997) following Haag (1991) writes of how there is a balanced interplay '*between the interpenetration of nipple and mouth on the one hand and the eyes on the other*'... (143). This is seen as an underlying feature of body integration, particularly in relation to the joints. When on minor occasions, there was disruption to this balanced interplay I saw a rapid search to find a sense of coherence and pattern in the interaction. As time progressed this sense of urgency associated with disruption and the possible experience of falling apart decreased, there was a greater toleration of frustration and a conviction on the mother's part that the infant had internal resources on which to draw. The background importance of the combined parent-infant aesthetic continued with a greater sense of resilience. Toleration to minor impingement gave evidential certainty to

⁷⁵ Information in this regard refers to the infant's aesthetic apprehension of the object and self.

the presence of the infant's developing ego. However, the complete and unexpected absence of the mother at the age of three months left the infant in a significantly distressed state. There was evidence of second skin formation as described by Esther Bick, whereby the infant in the absence of his mother's eyes and face held onto part objects depicted by the television screen and other sources.

Given this evidence I would concur with Edna O' Shaughnessy (2006) that the infant is not born into a passive state of unintegration, unless transient, in the way Bick and later Symington envisaged.⁷⁶ Instead, she proposed that such a presentation was related to disturbed development resulting from trauma. Nevertheless, she concurred that the baby experiences a state of ordinary unintegration prompting the infant to actively search for an attentive object.

This research study has highlighted fluctuating states of being in the infant. That is, moving from coherent synchronous patterning with the mother and at times sibling, to temporary periods of seemingly incoherent body movement, usually associated with evacuation. To describe this as a state of unintegration when the infant is actively searching for a transformational object I find rather perplexing, mainly because the expectation and seeking of a container on the infant's behalf implies a cohesion of sorts. Whereas gaze avoidance, resistance to close body contact, insistence on continual movement and focus on part objects so characteristic of the infants presentation whilst in the care of the nanny, did convey a sense of unintegration commensurate with a trauma driven response. Unintegration in this regard, should be reserved for the experience of something catastrophic and unthinkable, that has consequences for bodily cohesion and

⁷⁶ In 2006 the *Journal of Child Psychotherapy* published several papers arising from a half-day conference organized by the Association of Child Psychotherapists on 'Integration, Unintegration, Disintegration.' O'Shaughnessy questioned the view proposed by Mrs. Bick that the infant is born unintegrated, 'in a state of passive total helplessness that requires a containing object, concretely experienced as a skin' (p. 153). Bick theorized that this was the usual first phase before the normal paranoid-schizoid position described by Klein. O'Shaughnessy however, states that this is not a normal first phase, 'but indicates an infant who is already, in some way, traumatised, and who uses the skin container as a desperate means to survive and not disintegrate' (p. 153). These ideas are explored in greater depth in chapter 3.

state of mind, rather than a primary and universal stage in development that is returned to (regression) under periods of duress.

It is my contention that the aesthetic 'skin' binding mother and infant is ruptured during trauma and from the observational evidence this breach is not easily or quickly repaired. In fact there is evidence to suggest that the rupture, although healed, remained a site of vulnerability. When I returned to see the family to gain consent for writing up this research study, mother and father spoke freely unprompted by myself about Kieran's desire to continue with higher education from home, rather than leaving like his sister had done. They described his thoughtful personality and how sensitive he was to periods of separation, especially from his mother. They gave an example of how upset he had been when Susan was hospitalized for a non-life threatening illness when he was nine or ten: Kieran I was told, struggled terribly at the time and Susan concluded that his distress was in part related to his earlier experience. Whereas Rosie had adopted an independent strategy, it was felt, depressive thought had overwhelmed Kieran. The parents observations would seem to suggest that a link exists between aesthetic appreciation and conflict, to that of later personality development. Otherwise, they described him as a creative, intelligent young person who had aspirations for the future. I met a handsome young person of 15 years who was keen to show me some of his artistic endeavours. His eye for detail clearly evident, intense blue eyes studied his work carefully. I did not feel surprised by his presentation; the baby who had examined his environment, who had been captivated by the light shining through raindrops did not seem that far away. When asked by his mother if he could remember me, he said not, but that he could recall me as a 'presence.' This distinction between 'presence' as something that is felt, imagined, or remembered, from that of the actual company of the object, possibly indicates the necessary position of the observer, whose presence is not apprehended in the same way. We might conceive of this quality as being akin to an 'observing object' whose presence is apprehended by the quality of the gaze, hopefully a benign presence that withstands, tolerates and to a certain extent transforms the very raw emotion on display. Yet, this idea of 'presence' as something that is felt by the senses, takes us once again into the realm of aesthetic apprehension and later knowledge.

Vomiting, regurgitation and rumination the relationship to a damaged object

The close line-by-line analysis demonstrated the recurring theme of oral preoccupation. From the first observation we witnessed the baby's reluctance to take the breast, and at just three months old vomiting was first noted when a bottle was introduced a few days before mother's accident. Regurgitation followed on a consistent basis, not always of a full bottle, but enough to demonstrate a leaking container function. During weaning a ruminatory process became more evident, this was characterised by the infant stimulating the oral cavity to evoke a choking response. Analysis has revealed how Kieran's act of rumination differed significantly from that first identified by Gaddini and Gaddini (1959). Their research concluded that rumination occurred during the infants' third or fourth month in all cases studied, and followed on from a period of vomiting. They discovered how it was not a hunger stimulus which starts an episode of ruminative activity, but one that is related to the infant's only means of gaining temporary relief from bodily tension. In all the cases they studied they revealed how rumination was related to 'unsatisfactory developmental situations.' However, the conclusions reached in this study differ significantly to those detailed by Gaddini and Gaddini (discussed in depth in chapter 3).

Firstly, the Gaddinis placed emphasis on the beatific aspect of how the infants in their study experienced rumination as something ecstatically delightful, whereas Kieran was clearly disturbed by the activity, both as a choking episode and when small amounts of milk or food appeared in his mouth. Secondly, although the infant experienced a compromised nursing situation, the deprivation experienced by the babies in the aforementioned study differed significantly from that of Kieran. Such was the disturbance viewed in the study group that they concluded that the only therapeutic response was to find a substitute for the mother's care. In order to reduce anxiety and contain the projections the infants had been in receipt of, they recommended that the mothers should be treated independently of the babies.

Alongside these differences there are however factors highlighted by Gaddini and Gaddini that may be useful to consider. The onset of rumination occurring during the

third or fourth month suggests that this is a ‘vulnerable’ or critical phase when the infant has a greater sense of ‘who mummy is’⁷⁷. She is recognised visually and as illustrated, her aesthetic demeanour and state of mind creates a significant impression upon the infant. This awareness is accompanied by an ego that remains reliant upon the object to transform and modify affect that may be experienced by the infant as overwhelming. The infant’s internal container function is still forming and remains vulnerable to fluctuations, inversions and penetrations.

Winnicott (1968) noted the way in which the infant moved from the position of ‘*subject relates to object*’ to how the ‘*subject destroys object*’, and finally, how the ‘*object survives destruction by the subject*’. He saw this survival as constitutionally important in determining the infant’s internal experience of object permanence. He viewed destructiveness as being quite different in origin to that of the concept of the death instinct as formulated by Freud, or indeed the Kleinian view that envy of the good object leads to destructiveness. He supposed that destructiveness had its origins in prenatal motility and was ‘synonymous with activity’ (1950, 1957). He writes:

‘If we look and try to see the start of aggression in an individual what we meet is the fact of infantile movement. This even starts before birth, not only in the twistings of the un-born baby, but also in the more sudden movements of limbs that make the mother say she feels a quickening. A part of the infant moves and by moving meets something. An observer could perhaps call this a hit or a kick, but the substance of hitting and kicking is missing because the infant (unborn or newly born) has not yet become a person who could have a clear reason for an action’ (p. 233).

⁷⁷ The baby’s recognition of the main caregiver(s) occurs within hours and days of birth. Newborns have been shown to prefer the voice of their own mother to that of strangers and in one experiment by De Casper and Spence (1986) they found that newborns would purposely suck on the teat at a rate that evoked the mother. This is further evidence to support the fine aesthetic patterning and synchronous rhythms mothers and babies engage in. The sense of ‘*who mummy is*’ as referred to here, embraces these ideas and accepts that ‘recognition’ goes beyond a visual imprint or memory.

I am not suggesting that at three months old Kieran consciously formulated his ruminatory response. But I have considered how the act of pressing fingers or other objects to the palate to induce a choking ruminatory response, may well relate to this idea of the infant needing to *meet something*. The infant in this instance may in phantasy construe the mouth as representing the object (or part object). The finger(s) or teething implements used to induce rumination, may, like the twistings and turnings of pre and early birth, invoke in the baby a feeling of aggressive potency in the presence of being so ‘helpless’ in relation to mother’s disappearance.

Winnicott also hypothesised that aggression is ‘*always linked ...[to the] establishment of a clear distinction between what is the self and what is not the self*’ (ibid p. 234). Kieran’s fierce physical protestations⁷⁸ clearly had an important intent; together with his slow adaptation to the bottle, it distinguished how different this experience was to the breast. The ruminatory response whilst endeavouring to demonstrate mastery over the situation also heralded a return of the partially digested food, possibly experienced by Kieran as something bad or hated (unlike the infants’ experience cited in the Gaddini and Gaddini study). Babies are generally thought to move between love and hate, regurgitation and later rumination in this instance may relate to, or perhaps represent, how Kieran experienced both love and hate at the same time.

The negotiations that ordinarily occur during feeding and later weaning offer the infant an important experience of the outside world; over time the infant comes to recognise and later accept that this world exists outside of their magical control. The baby’s *rejection*⁷⁹ of mother when she initially returned to caring for her son evoked a particular idea⁸⁰ in the mind of the observer/researcher; that of how mother and infant

⁷⁸ Protestation as referred to here, represents how the infant distinguishes between what is self from what is not self.

⁷⁹ Rejection as referred to here concerns the infant’s turning away from eye contact when being fed by mother (after her hospital return). As I discuss elsewhere this had a relationship to what was being regulated in relation to mother’s own traumatised state.

⁸⁰ The formulation referred to here was first encountered as a counter-transference response at the time of the observation.

were preoccupied by matters of life and death, both as a real possibility and assumed in phantasy. I suspect that these concerns are part of ordinary development, yet here there is perhaps evidence to suggest that these preoccupations entered consciousness in an unbidden and unwelcome manner at a time of relative dependence on the object.

Initially I observed the fierce protestations of a baby who was ready to complain about the absence of the object. As Brenman (2006) writes in ‘the recovery of the good object relationship’: ‘*When there is a breakdown in the good object relationship the superego holds sway*’ (p. 94). The nanny’s feelings of inadequacy and persecution and the reproachful engagement with his mother on her return, are testament to this. Given the nature of Kieran’s sustained protestation we cannot know whether there were feelings of guilt or responsibility for the return of the object.⁸¹

The sudden upheaval in the mother/infant relationship resulting from the accident led to a premature ending of ‘*subject relates to object.*’ Furthermore, the absence of eye contact, the physical pulling away from the object and later regurgitation and rumination was suggestive of *subject destroys object*. This is usually conceived of as occurring in phantasy for the infant. Of interest is whether this phase was actually experienced by the infant as a real, rather than an imagined, experience. This question arises because of the eight-month struggle Kieran endured to recover the lost good object.

The infant’s experience of the *survival of the object* was in part due to a lessening of reproachful engagement, and importantly, the reinstatement of a good object in the mind of the infant. This was evidenced in Kieran’s loving manner towards the nanny and later his mother. In clinical practise we also encounter how the good object modifies and influences the super-ego; conversely we also experience how persuasive and determined the super-ego can be in damaging and superseding the good object.⁸² The way in which

⁸¹ Here I am referring to the return of the object that had been changed by the experience of near death and made somewhat unrecognizable to the infant as a result.

⁸² In this context a question might be asked with regard to the infants in the Gaddini and Gaddini study; were they under the influence of an internal powerful super-ego

Kieran experienced rumination as something distasteful might suggest that he had an innate realistic expectation of what was meaningful for life and development. This capacity to distinguish between healthy and unhealthy aspects of self and others does not exclude the possibility that the underlying motive for ruminatory behaviour may have been fuelled by defensive preoccupation with damaged aspects of self and object.

Psychoanalytic infant observation and qualitative research

Psychoanalytic infant observation has been shown to be a suitably rigorous way of researching data. There is a question as to whether a thorough qualitative method of data analysis such as an adapted version of Grounded Theory can provide a satisfactory way to examine observational data. The query then, is what can be further gained from subjecting the observational material to abductive/inductive qualitative methodology? For example, were the findings any different to that of psychoanalytical exploration in the seminar setting? Several decades before the modern development of qualitative research methodology and the discovery that researchers are included in, rather than outside, the body of their own research, Freud had formulated the workings of the counter-transference.⁸³ This study has relied heavily upon the regulated manner by which the counter-transference has informed theoretical enquiry and the elevation of

figure, turning rumination into an enjoyable experience, leading in some cases to a slow death?

⁸³ Laplanche and Pontalis (1973) define counter-transference as 'the whole of the analyst's unconscious reactions to the individual analysand - especially to the analysand's own transference' (p. 92). Freud formulated how the analyst was only able to go as far analytically as his or her own internal resistances and complexes would allow. Post Freudian enquiry into the role and function of the counter-transference, most notably by Wilfred Bion, has led to the counter-transference being viewed as a communicative tool that exists in relationship to another. Work with babies, young children and those suffering from personality disturbance including psychosis furthered the conceptualization and analytic employment. However, debate still surrounds its role in psychoanalysis, whether to reduce its manifestation by structuring the analytic situation to focus exclusively upon the patient's transference, or to make use of it in a more controlled fashion. There is also a third position in which interpretation is based upon counter-transference reactions. 'This approach is based on the tenet that resonance 'from unconscious to unconscious' constitutes the only authentically psycho-analytic form of communication' (p. 93).

categories from the main body of the data. Although qualitative researchers emphasise the role and importance of reflexivity in their data analysis, especially with regard to memo writing, the use of the counter-transference as referred to here concerns the exploration of possible unconscious processes in the observer (later researcher) and their later theoretical formulation. This, in my opinion, is quite a different and distinct process to that of a reflexive enquiry. Notwithstanding these important distinctions there are however significant areas of overlap between the *ordinary* analysis that takes place in the infant observation seminar and that of qualitative analysis. The careful consideration of the recorded material, the attention to detail, the discovery of subtle meanings and the constant questioning to discover how much of oneself is in the formulation are just a few examples.

Coding gave a structured focused way of viewing the material. Yet I was to encounter how a code could simultaneously capture a particular aspect of the infant's experience whilst also revealing properties of such complexity that it was difficult to yield an analysis without over simplification. Toleration of this uncertainty was overcome by several means; the first was related to a state of mind in the researcher where the premature quest for certainty could be held in check by observational training, clinical experience and personal analysis together with coding flexibility in qualitative research practise. The going forwards and backwards through the observational material helped to scrutinize the significance of specific codes, and importantly, captured maverick detail that halted this process. For example, the discovery of triangular thought processes occurring so early in infancy and being related to the vertical position of the baby was a revelation. This detail had not been considered in the observation seminar. Similarly the detailed line-by-line analysis captured the frequency of the ruminatory response and elevated the importance of this defensive activity into theoretical consideration. Seminar discussion had principally focused on the infant's more general defensive preoccupation.

The qualitative research component of this study has primarily utilized the method of line-by-line coding as a means of identifying grounded categories arising from the observational data. However, it is important to consider the primary analysis of the

material in this context.⁸⁴ As previously stated, over the course of the observational two years a small number of the observational scripts had been examined in the seminar context. It provided a psychoanalytic narrative that remained intact during qualitative analysis. Although the line-by-line coding tested and questioned assumptions that had been made in this context, for example, the somewhat distorted time-line of the infant's recovery from trauma,⁸⁵ there were nevertheless aspects that confirmed the earlier discussions. I am thinking in particular about the sensitivity with which mother approached her baby and the thoughtful containment that was so characteristic of parental involvement.

Written memos, charts and a scrapbook of ideas were significantly helpful in making comparisons between data and data, data and the emergence of codes and the elevation of codes into categories. This process was not however linear and once again required a toleration of uncertainty and doubt. There was a continual interplay between coding and conceptual clarification. Of particular interest was how the developing conceptualisation of aesthetic attunement/conflict and the relationship to body/object synchronicity was related in part to my earlier training in the fine arts. This was totally unexpected but not surprising given the workings of the unconscious mind. It was once again important to check that these ideas had not been imposed upon the data, which left me with two questions; how do you know that what you find is what you are looking for? And secondly, how do you know that what you find is authentically grounded in the data? This line of questioning brings me back to the role of psychoanalytic enquiry in the observational setting and that of research practice. Knowing something of one's own

⁸⁴ I refer to primary analysis here as being an initial exploration of *sorting and organizing*, in which the most recent observations were presented for seminar discussion. What had gone before, and the developmental changes that had taken place in the infant, were usually considered as part of this examination.

⁸⁵ This refers to the Infant Observation paper written on completion of the observation. There was discussion of the attuned relationship together with an account of the baby's loss and later defensive preoccupations (regurgitating whole bottles of milk, induced choking, provoked retching on solid food, and later rumination). Healthy developmental processes were over emphasized and the baby's internal world was superficially referred to. The paper was clearly observationally led yet did not explore in depth the observed material, rather it was *reported upon*. In this context the baby's recovery from trauma was overemphasized.

mind, and by this I infer the workings of the unconscious, our fears, fantasies and preoccupations, which I believe psychoanalytic infant observation exposes us to, we become sensitive to the origins of our own ideas. It could also be argued that the mirror role of the mother encountered so early in infancy is also relevant to the researcher in this regard, that is, being able to distinguish self from others, with particular reference to the origin of one's own emotional responses. Research into mirror neurons,⁸⁶ has revealed the central importance of learning from observational experience. The capacity to observe oneself in relation to other phenomena is perhaps, both the crudest, yet most reliable research tool we have. Qualitative methods may provide structure and discipline, yet personal integrity and reflexivity remains central to data collection, later data analysis and the development of grounded theory.

Research Recommendations

I recognise that this is a case study of a single infant observation and however valid the findings may be in relation to the infant and the experiences in his family, it is another question to assess their broader relevance and application. I believe the method of naturalistic observation that has been followed is capable of generating, and indeed testing, new findings in regard to early development. I would hope that further studies of this kind, focusing on the first year of life, be undertaken to see for example if patterns in early responsiveness and relatedness to others that have been observed in the infant studied here, are to be found in other observations.

⁸⁶ Whilst studying the single cells that trigger grasping in the brains of macaque monkeys, Rizzolatti (2005) a neuroscientist discovered how the grasping part of the monkey's brain fired when observing the same action in the scientist. This led to the later discovery of a mirror neuron system in humans. Whilst these neurons respond (fire) when actions are observed, learned and replicated, they are also thought to relate to the imitation and observation of emotions. 'Mirror neurons provide evidence of the human capacity to form powerful connections between people, as they allow one person to understand from the inside what another is experiencing, explaining how common, mutual understandings develop. They are found in Broca's area in humans, a region central to language development in the left hemisphere, and may form the basis of language development in humans' (Music, 2011: 54).

Whilst not an exhaustive list, I would suggest that the following areas of investigation could inform, qualify confirm/disconfirm the findings contained in this study.

- The convening of a research workshop, which examines observational records with their original observers, with a particular focus on the first four weeks. These could be retrospective like this study, or prospective. A particular problem might be related to how the first four weeks for the baby is also the first four weeks for observers. This of course might impact upon the quality of the observation reports;
- This would need to be repeated to encompass perhaps 20 observations (5 babies x 4). Urwin (2007) has demonstrated how studies of small cohorts of observed babies can provide the opportunity for systematic study, introducing the potential for comparison across cases over time;
- Currently there is no systematic way in which observational transcripts are stored for research purposes. Collecting a cohort of observational transcripts thematically related i.e. regurgitation or choking might shed further light on activities of this sort;
- Standard-setting for conducting infant observation as a method of research, this would build upon the existing narrative framework and perhaps develop methods of data analysis;
- This research study has concentrated upon the infant's first year; a further research period looking at the second year of life is intended.

Concluding Thoughts

The opening of this thesis began with sonnet 34 written by Shakespeare. It describes the promise of a '*beauteous day*', one that is over shadowed by '*base clouds*' that obscure the beauty of the object. I liken this to Kieran's experience of betrayal, travelling forth without the '*cloak*' of maternal warmth and love, exposed to the elements of his own hate, ambivalence, distrust and sorrow. Mother's return offers no '*salve*' to the '*storm-beaten*' experience. Repentance does little to rectify the experience of loss and mothers '*sorrow lends [but] weak relief*' to the infant's suffering. Transformation does

eventually take place when the loss is realised in the precious '*pearl*' of mother's thoughts (tears) related to her infant's experience, atoning for '*all ill deeds*'.

This research project, like aspects of Shakespeare's sonnet, suggests how from meticulous observational study something is revealed about the 'truth of life' or perhaps an account, which corresponds to the experience. The value of psychoanalytic observation as I see it derives from how descriptive detail instantiates psychoanalytic conceptions of psychological interaction, although it is not possible to enumerate all the psychoanalytical concepts the detailed observations provided.

My final thoughts concern appreciation to the family. It is quite remarkable that they took the care to allow the continuation of the observations even in the midst of their crisis. This might well be related to how they held in mind what the loss of the observation might mean to me, as well as a sense that the observer's presence might offer a resource to them.

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Appendix

In Vivo coding

<p>Observation 1</p> <p><i>Susan started to stroke his hand, saying gently to him ‘come on Kieran, wake up, I don’t want you sleeping all day, come on Kieran’.</i></p> <p><i>Kieran 4days</i></p>	<p>In Vivo Codes</p> <p>Physical orientation accompanied by instruction. Implied relationship to wake up to.</p>
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<p>Observation 1</p> <p><i>Lifting him to her breast Susan said to him ‘if your fist is there Kieran I can’t feed you’. She appeared tense and said ‘I don’t particularly enjoy breastfeeding. I do it but I don’t particularly like it’.</i></p> <p><i>Kieran 4days</i></p>	<p>In Vivo Codes</p> <p>Naming the baby’s action and indicated consequence.</p> <p>Sublimating own dislikes in preference to the infants need. ‘I do it but don’t particularly like it’.</p>
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<p>Observation 1</p> <p><i>Susan went quiet watching Kieran suckle, occasionally saying 'good boy Kieran, good boy Kieran' in encouragement.</i></p> <p><i>Kieran 4days</i></p>	<p>In Vivo Codes</p> <p>Tone of voice, giving emphasis to mother's satisfaction with the feeding infant.</p>
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<p>Observation 2</p> <p><i>Inviting me into the family home Susan welcomed me with a smile. She told me that 'Kieran was sleeping', but she 'didn't know how long for'. The previous evening she told me he 'had fed for most of the night and had finally gone to sleep at midnight. Kieran had woken again at 3:00am for a feed'. Susan explained that 'this had been the longest period of time that she had been able to sleep since Kieran had been born'.</i></p> <p><i>Kieran 10 days</i></p>	<p>In Vivo Codes</p> <p>Communicated and assumed shared interest in the baby.</p> <p>Mother's availability involving sublimation of her own need for sleep.</p> <p>Indication of the changed circumstances following birth of the baby.</p>
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<p>Observation 2</p> <p><i>Susan looked into the pram and watched Kieran for a moment or two and exclaimed that she ‘thought he had changed over the week’, she thought that I ‘might be able to see the differences in Kieran’.</i></p> <p><i>Kieran 10 days</i></p>	<p>In vivo Codes</p> <p>Mother’s observational capacity. Shared interest with the observer mind-mindedness⁸⁷.</p>
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<p>Observation 2</p> <p><i>A friend of the family was visiting; she asked me what I had observed. I said that I had just been noticing the difference between Kieran’s left and right hand movements. Susan began to talk about Rosie and how it took some careful observation to determine whether she was left or right handed.</i></p> <p><i>Kieran 10 days</i></p>	<p>In Vivo Codes</p> <p>Interest in the observer role and what might be observed.</p> <p>Mother making links between siblings and observer/visitor.</p>
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⁸⁷ Mind-mindedness is a term derived from Child Development Research and developed by Elizabeth Meins. Its use here implies how analytic research of this nature cannot always be theory free. However, its use does not imply a theory led approach.

<p>Observation 3</p> <p><i>Susan had left the room and had gone elsewhere in the house with the family washing. As though sensing Kieran's imminent cry I heard Susan call 'I am on my way'. At this Kieran let out a second cry and moved his head again to the right looking for the nipple.</i></p> <p><i>Kieran 17 days</i></p>	<p>In Vivo Codes</p> <p>Intuiting her baby's cry, using the voice to alert the infant to her continued presence and imminent availability- 'I am on my way'.</p>
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<p>Observation 3</p> <p><i>Susan looked down and watched as Kieran fed from the breast. Looking up she said 'he is a simple soul really'. She paused and added 'he's just like a man, easily satisfied, like his dad really relaxed and laid back but can only really think of one thing at once'. Kieran was sucking rhythmically, four or five sucks and a pause, four of five sucks and a pause. Susan looked up and said 'I still don't know yet whether he is really hungry or if he wants to suckle for comfort, or wind. I am just not sure what type of cry is what'.</i></p> <p><i>Kieran 17 days</i></p>	<p>In Vivo Codes</p> <p>Male identity one that is aligned to father. Suggestion of temperament associated with male identity. 'Simple Soul' – simple needs.</p> <p>Contrasting comment as the mother expresses her lack of confidence in naming and identifying the nature of her son's communication.</p>
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<p>Observation 3</p> <p><i>Kieran let out aloud burp. Susan exclaimed that 'Rosie never burped like that, Kieran lets his simple needs and experiences be well known'.</i></p> <p><i>Kieran 17 days</i></p>	<p>In Vivo codes</p> <p>Comparison of the siblings. Mother's phantasy of 'simple needs'.</p>
<p>Observation 3</p> <p><i>The silence was broken by the sound of a butterfly at the window. Susan looked up towards it, as she did so Kieran seemed to loose interest in the breast. In response Susan took Kieran from the breast and lay him in the crook of her arm and said to him 'you look just like a boy now'.</i></p> <p><i>Kieran 17 days</i></p>	<p>In Vivo Codes</p> <p>Sensitive to the smallest of sounds. Mother responsive to baby's communication.</p> <p>Naming gender as the infant is moved away from the breast: - 'you look just like a boy now'.</p>

<p>Observation 4</p> <p><i>Susan reached over and stroked Kieran's head. Whilst stroking his hand she asked him whether he would like a 'top up'.</i></p> <p><i>Picking Kieran up Susan held him close to her face and said 'hello'. His eyes widened, eyebrows raised as though responding to the syllables of sound.</i></p> <p><i>Placing him on the bed she leaned over him and said 'you are a little guzzler' as she reached for his top.</i></p> <p><i>Kieran 24 days</i></p>	<p>In Vivo Codes</p> <p>'Top Up'- Indication that Kieran has already received a feed.</p> <p>Greeting to orientate.</p> <p>Guzzler, a reference to Kieran's appetite, a term of endearment.</p>
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<p>Observation 4</p> <p><i>Susan looked into Kieran's eyes, holding his hand she said 'I can't see to get much done Kieran'. Turning to me she said 'I cannot believe that it is only food that he wants whilst at the breast, I think he gets quite a lot of comfort as well. Rosie sucked her thumb, but it doesn't look as if Kieran is going to'.</i></p> <p><i>Kieran 24 days</i></p>	<p>In Vivo Codes</p> <p>Touch accompanying verbal communication. 'I can't seem to get much done' sacrifice of activity/identity outside of caring for the infant. Naming breast as source of nourishment and comfort.</p> <p>Comparison of siblings, learning from the experience of older child.</p>
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<p>Observation 4</p> <p><i>Susan said that she 'didn't know how long she could continue to breastfeed like this, sometimes it was every hour, at others every two or three'.</i></p> <p><i>Kieran 24 days</i></p>	<p>In Vivo Codes</p> <p>Feeling overwhelmed by the baby's demand for the breast.</p>
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<p>Observation 4</p> <p><i>Susan stroked Kieran's head and held his hand. Looking directly into his eyes she spoke to him talking of 'sleep'. Kieran closed his eyes and his body relaxed into his mother.</i></p> <p><i>Kieran 24 days</i></p>	<p>In Vivo Codes</p> <p>Physical action accompanied by words. Orientating the baby towards her. Naming the experience for the infant.</p>
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Clustered Line-By-Line Codes

Bad experience expelled and demonstrated through the body Projecting forcefully
Interruption in going-on-being, affect expelled Infant over stimulated –moving head away
Mother displacing intensity away from herself Filling the gap of mothers absence
Signalling mothers departure, her movement away is mimicked
Mother minimising thinking processes in the child
Pushing away negative feelings ‘Demanding’ irritation of mother Infant averting gaze
Expelling filling nappy-linked to mother’s ill health
Mother distracted, baby protests with strong forceful crying
Fist in the way of intimacy Fist in the way of breast

Expulsion

Waking from sleep in a sudden and agitated way Body expelling unwanted affect
Generational criticism of child rearing practises- doing it differently from her own mother
Account of the painful birth, minimising the amount that the baby experienced
Focus on feeding as a generational difficulty Recognition of difference, not his mother
Increasing agitation Discontent in the baby at a body level- pushing legs into his mother
Mother’s irritation at the baby taking the nipple as a sensory object
Baby protests with his head Experience expelled and demonstrated through the body
Head seen as the location of communicated distress
Rapid change to discontent/whole body responds Climatic intensity, oral rumination
Whole body/mind response to internal forces Discharge and expulsion of unwanted affect

Exploring the available space Mother recognising the changes in her baby
 Embracing, grabbing at the opportunity Concentrated effort, focused intention
 Expanding and stretching, using own resources Unfurling Oral exploration
 Baby's awareness of mother's engagement with another Greater control- hand to mouth
Physical arousal in baby during the mother's absence Whole body movement/wide awake
Hand to mouth dominance/filling the 'space' – gap felt at mothers departure
 Gaining weight seen by the mother as a measurement of successful feeding
Excitement stimulates orality Adult communication to the baby regarding his growth and maturity
 Baby responding with leg kicks to mother's voice

Expansive

Hand holding/body stroking by mother- bridging the baby's experience
 Awareness of another/coupled with own body sensation and coherence
Evoking first born/two children in the mind of the mother Likeness evoked to father and male identity
 Looking after the baby in 'the way that felt right' *Whole body activity/anticipation of the breast*
 Baby hallucinating the breast? Contrasting experiences *Father as a resource*
Baby different when the sibling is around – noted by mother
 Baby filling out/as though growing into being Mothers joint attention baby/observer
 One hand free to move in space and explore, the hand holding on- defending against anxiety
Facial expression as a source of communication *Whole body activity/anticipation of the breast*
 Talk of the mother's independence was accompanied by the baby stretching out into the available space Baby listening and taking in through eyes and ears/no longer just the mouth
 Pre-verbal expressiveness/mouthing sounds Rhythm and repetition of movements
 Nuzzling and tasting – oral organisation Burp registering in the baby's mind
 Emphasis placed on the baby's masculinity Attributes to the baby aspects of the father
Eyes open and alert to his mothers absence *Awareness of his mother greeted with a vocalisation*
 Baby yawning and stretching Sucking to stimulate the breast
 Occupying mother's body in an 'upright' position – not moulding into her Smiling
Infants recognition of his name *Mother speaking to the baby's experience*
 Mother's generosity, the baby as a gift Position of the observer reversed
Mother displacing baby's intensity away from herself

Mother having both her children in mind *Likeness evoked to father and male identity*

Last child to the couple Generational differences Family dog staying close to the dyad

Generational criticism of child rearing practises- doing it differently from her own mother

Focus on feeding as a generational difficulty Recollection of the birth of the older child

Sibling aware of adult sexuality (making a baby) *Father seen as a resource*

Sibling frequently changing state of mind following birth

Sibling eager to place herself with the couple and baby First couple outing with the baby (ob2)

Evoking first born/two children in the mind of the mother

Assertive, stating the authority of the mother's role

Mother not mentally prepared for her first born – marked contrast to the second child

Family

Parental acknowledgement of the impact of birth on the sibling

Dog snoring next to baby– baby relaxed and deeply asleep

Dog and baby synchronised in oral activity Mother shocked at her own vulnerability

‘You look just like a boy now’ Generational conflict over child rearing practises

Looking at the photograph of mummy and daddy – a couple in mothers mind

Interruption by recollection of daddy *Infants recognition of his name*

Comparison of the children's births – so different from each other

Sorrow at her daughters distressed early months Wanting husbands involvement

Baby different when the sibling is around – noted by mother Eyes open and alert to his mothers absence

Observer unconsciously restating the boundaries of the observation

Recognition given to the unique role of the mother

Mother speaking to the baby's experience *Gaze/facial mirroring*
Mother lost in extended period of engagement and reverie, the demands of the outside world forgotten
 Gathering baby together *Mother displacing baby's intensity away from herself*
 Using a light to hold himself together/first account of regulation
 Swaddling in preparation of the baby's move away from the mother
 Although the infant was asleep there was a recognition by the baby that his mother was absent
Breathing changed to a deeper more regular rhythm with mother's presence
Whole body relaxing when mother present (whilst infant slept) no longer holding thumb
 Mother calling- using her voice to let the infant know that she has received his communication
 Baby managing small amounts of frustration *Physical holding following mental containment*

Transformation

Mother linking pre and post natal life
 Breast as security and pleasure Mother praising the infant's feeding Mother voicing the baby's
 experience Talk of the birth Confidence in the mother to manage the birth plan
 Recognition by the mother of the baby's response to the disruption
Hand holding/body stroking by mother – bridging the baby's experience
 Mother observant of infant's changing states of mind Scaffolding the baby's experience
 Thumb held as though in possession of the nipple as he slept Thumb held –soothing
 Mother recognising her baby's capacity to 'see' for himself
 There appears to be a less desperate association to the breast on behalf of the infant- it appears to be a
 more thinking experience *Infant responsive regulating visual gazing*
 Mother making links to previous observation Mothers voice activating a sucking response
 Greeting – acknowledgement of the transition Baby waking mother sensitive to the cries
 Looking into baby's eyes and voicing a belief that the breast contains within it an experience other than
 milk Mother attempts to soothe in other ways than offering the breast
 The breasts readiness is met by a vocalisation of 'mmn mmmn' Preparation for the birth
 Mother voicing the core of infant security *Hand holding/body stroking by mother- bridging the*
baby's experience *Breathing changed to a deeper more regular rhythm with mother's presence*
Whole body relaxing when mother present (whilst infant slept) no longer holding thumb
Infants recognition of his name *Likeness evoked to father and male identity*
Immediate skin to skin contact with the baby, orientating baby back to herself
 Mother noticing and communicating the infants preferred position in her arms

Clustering Around Themes

Chart 1

Codes	Categories
<i>Despair and detachment</i> <i>Once sucking decreases bottle is removed forcefully- with a plop and swiftly reinserted</i> <i>Body rhythm not attuned to baby's state</i>	-Transformation + - Expansive

Chart 2

Codes	Categories
<i>Baby turned towards nanny- he averts his eyes</i> <i>Sitting with infant, he continues to cry</i> <i>Baby tipped backwards, screaming response</i> <i>Nanny leaves, baby cries with eyes closed, knees close to the chest</i> <i>Unhappy, rapid body movement away from care/disgruntled</i>	Expulsion + - Orientation

Chart 3

Codes	Categories
<p><i>Nanny insistent and continues whilst infant protests</i></p> <p><i>Baby forced to take the bottle</i></p> <p><i>Baby strains away from nanny as he sucks</i></p> <p><i>Bottle removed abruptly when a slight pause in feeding</i></p> <p><i>Baby forced to take more milk.</i></p> <p><i>Persistence/determination following baby with teat until bottle is emptied</i></p> <p><i>Intrusion into personal space</i></p> <p><i>Toys too close, infant blinks a lot</i></p> <p><i>Rapid removal of bottle with no preparation</i></p> <p><i>Carer preoccupied, bottle slips, goes unnoticed</i></p> <p><i>Teat removed from mouth continuously</i></p> <p><i>Infant tipped backwards, teat inserted straight into mouth forced access</i></p> <p><i>Carer following infants shaking head-pushing teat firmly into the mouth</i></p> <p><i>Ambivalent state</i></p>	<p>- Orientation</p> <p>+</p> <p>- Transformation</p>

Chart 4

Codes	Categories
<i>Crying and fist chewing</i>	Expulsion
<i>Milk seeping from closed lips</i>	+
<i>Milk begins to appear in the mouth</i>	Rumination
<i>Milk and saliva dribble down the infants chin</i>	+ - Transformation
<i>Fist inserted into mouth orientated away from carer</i>	
<i>Bottle refused baby starts to cry/chews on fist</i>	
<i>Grandmother reports regurgitation of whole feed</i>	

Chart 5

Codes	Categories
<p><i>Nanny insists on the bottle, baby refuses it, eyes averted. Forced orientation</i></p> <p><i>Resistance to soothing approach- pushed away</i></p> <p><i>Baby averting eyes when orientated back to her- infants distress continues</i></p> <p><i>Jerky movements away – will not engage with orientation and soothing-looks away</i></p> <p><i>Baby tipped backwards, screams as bottle inserted into mouth- strains away</i></p> <p><i>Baby strains not to look at the nanny as forced to suck</i></p> <p><i>Baby does not look at nanny as he feeds – bottle continually removed</i></p> <p><i>Baby continues to protest bottle is removed then swiftly reinserted</i></p>	<p>- Orientation</p> <p>+</p> <p>- Transformation</p> <p>+</p> <p>Expulsion</p>

Chart 6	Categories
Codes Relating to observations 17-20	Categories
<p><i>Evokes in a symbolic manner intimate closeness to the object</i></p> <p><i>Self awareness in relation to another</i></p> <p><i>Triangular dimension replicated</i></p> <p><i>Symbolic activity</i></p> <p><i>The desire to restore</i></p> <p><i>Mental connection with hand movement</i></p>	<p>Orientation</p> <p>+</p> <p>Transformation</p> <p>+</p> <p>Cogitation</p> <p>+</p> <p>Expansive</p>

<p><i>Ability to penetrate others state of mind</i></p> <p><i>Sensorial connection explored</i></p> <p><i>Infant adjusts his own state of mind, attuning himself to the more sombre atmosphere</i></p> <p><i>Integrating object</i></p> <p><i>Conscious regulation of the other</i></p> <p><i>Affective attunement</i></p>	
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Chart 7

Codes	Categories
<p><i>Faulty fit between teat and mouth</i></p> <p><i>Infant giving confusing signals</i></p> <p><i>Miss-match awakening oral dissatisfaction</i></p> <p><i>Emotional confusion between pleasure and pain</i></p> <p><i>Unassimilated near death experience of the mother/infant relationship</i></p>	<p>-Orientation</p> <p>+</p> <p>-Transformation</p> <p>+</p> <p>-Cogitation</p> <p>+</p> <p>-Expansive</p>

Chart 8

Codes	Categories
<p><i>Agitated physical activity directed towards the object</i></p> <p><i>Quick to fade smile and rapid turning away from engagement</i></p> <p><i>Overflow, leakiness and rigidity</i></p> <p><i>Expression of ambivalence towards the object</i></p>	<p>-Orientation</p> <p>+</p> <p>-Transformation</p> <p>+</p> <p>-Cogitation</p> <p>+</p> <p>Expulsion</p>

SCHOOL OF HEALTH, SPORT AND BIOSCIENCE

Dean: Professor Neville Punchard PhD FIBMS FHEA

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School Office

Ms Wendy Shallcross
Tregae
Chytodden
Carleen, Helston
Cornwall
TR13 9QX

15 September 2014

Dear Ms Shallcross

**University of East London/The Tavistock and Portman NHS Foundation Trust:
research ethics**

Study Title: *Psychoanalytical Infant Observation and Research: What can be learned from a Single Case Study?*

I am writing to inform you that the University Research Ethics Committee (UREC) has received your NHS application form and Consent Form, which you submitted to the Chair of UREC, Professor Neville Punchard; but no evidence of ethical approval has been provided. Please take this letter as written confirmation that had you applied for ethical clearance from our UREC at the appropriate time; it is likely it would have been granted, although no ethical approval has been obtained. Please note this does not place you in exactly the same position you would have been in had clearance been obtained in advance. Therefore, when responding to any questioning regarding the ethical aspects of your research, you must of course make reference to and explain these developments in an open and transparent way.

For the avoidance of any doubt, or misunderstanding, please note that the content of this letter extends only to those matters relating to the granting of ethical clearance. If there are any other outstanding procedural matters, which need to be attended to, they will be dealt with entirely separately as they fall entirely outside the remit of our University Research Ethics Committee.

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If you are in any doubt about whether, or not, there are any other outstanding matters you should contact Mr William Bannister at the Tavistock and Portman NHS Foundation Trust (e-mail WBannister@tavi-port.nhs.uk).

Yours sincerely



Professor Neville Punched
Chair of the University Research Ethics Committee (UREC)

c.c. Mr Malcolm Allen, Dean of Postgraduate Studies, Tavistock and Portman
NHS Foundation Trust
Mr Will Bannister, Associate Director, Education and Training, Tavistock and
Portman NHS Foundation Trust
Professor John J Joughin, Vice-Chancellor, University of East London
Mr David G Woodhouse, Associate Head of Governance and Legal Services