3 Notes on Infant Observation in Psycho-Analytic Training

ESTHER BICK, PhD.

Infant observation was introduced into the curriculum of the Institute of Psycho-Analysis in London in 1960 as part of the course for first year students. The detailed observational material that I am quoting in this paper is mainly drawn from the work of these students. Infant observation had, in fact, been part of the training course for child psychotherapists at the Tavistock Clinic since 1948 when the course began. We then decided to include in the first non-clinical year some practical experience of infants.

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. Further, it should help the student when he interviews the mother and enable him to understand better her account of the child's history. It would also give each student a unique opportunity to observe the development of an infant more or less from birth, in his home setting and in his relation to his immediate family, and thus to find out for himself how these relations emerge and develop. In addition he would be able to compare and contrast his observations with those of his fellow students in the weekly seminars.

I want to turn now to the method of observation which has evolved over the years and has been constantly discussed in seminars. The child psychotherapy students visit the family once a week up to about the end of the second year of the child's life, each observation normally lasting about an hour. The observations of the candidates at the Institute usually stop at about the end of the first year. Contrary to our expectations, there was no difficulty in finding mothers willing to have an

observer — either through acquaintances or through other channels. Mothers have frequently indicated explicitly or implicitly how much they welcomed the fact of having someone come regularly into their home with whom they could talk about their baby and its development and their feelings about it. We found that it was best to give a simple explanation to the parents — namely, that the observer wished to have some direct experience of babies as part of his professional development. Note-taking during the observation was soon recognized as unsuitable and disturbing as it interfered with free-floating attention and prevented the student from responding easily to the emotional demands of the mother.

Much thought had to be given to the central problem of the role of the observer in the whole situation. This problem seemed to be twofold, as it involved the conceptualization of the observer's role, and also the conscious and unconscious attitudes of the observer. First the question of role; as infant observation was 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, but not committed to act out any roles thrust upon him, such as giving advice or registering approval or disapproval. This would not seem to exclude him being helpful as a particular situation arose — by holding the baby, or bringing it an occasional gift. In other words, he would be a privileged and therefore grateful participant observer.

The second problem, that of attitudes, is, however, more difficult. Here, in the house of parents with a new born baby, the observer, however experienced with babies or in psycho-analysis or in scientific methods of observation, is confronted with a situation of intense emotional impact. In order to be able to observe at all he must attain detachment from what is going on. Yet he must, as in the basic method of psycho-analysis, 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.

To give an example, an older child in the family may try to monopolize him as an ally against the mother-baby couple. The mother may attempt to build up a strong dependence relation. He may find himself being influenced by the baby to become a substitute mother. In other words, if he becomes involved in the family organization as do other members of the family — grandparents, father, relatives, friends, who all 'observe' after all — his observations would then be as little objective as those of a father or mother student wanting to bring observations of their own. Further the tensions of the situation would invade him; particularly, the inadequacies in the care of the infant would upset him and the whole mystery of the situation intrigue him too much. He must not allow his behaviour to be dominated by these feelings which, on close scrutiny, will often be found to have been intensified by projections from members of the family. Whilst much of this must be dealt with in the student's analysis, the seminar can at least uncover some of the projections into him that are operating and which intensify his own internal conflicts.

To illustrate this function of the seminar I have chosen for discussion a problem which has appeared the most ubiquitous and difficult, namely the operation of the mother's post-partum depressive trends. While we have known for some time that these trends are almost universal, I was not prepared for the intensity with which they impinged on the observer. What one was struck by was the exclusive preoccupation of the students in the seminar with the mother's handling of the baby. Their attitude was highly critical and emotional. At first I tried to mitigate the problem by encouraging them to give more attention to the baby and less to the mother. This did not help. I realized it was necessary to give more consideration to this factor — the depression in the mother and its impact on the observer as well as on the baby and other members of the family. It is, of course, not the purpose of this paper to attempt to give a systematic account of depression in the mothers of newborn babies, but before giving the observational reports I want to clarify how I am using the word 'depressive' here. I am not using it primarily descriptively, but rather metapsychologically, to describe those aspects of the mother's relation to the baby in which a clear-cut

regression to part-object relationship is evident. The mother can be clearly seen to be experiencing emotional detachment from the baby, helplessness in understanding and meeting its needs, relying on the baby to make use of her breasts, hands, voice, as part-objects.

Naturally depressive trends tend strongly to disturb the observer's detachment, both because of the mother's needs which pull the observer, and counter-transference anxieties which push him. He is pulled towards augmenting the mother's vitality and pushed to identify with the disturbed and resentful aspects of the baby. To illustrate this problem of the way in which the mother's post-partum depressive trends tend to draw the observer into roles unsuitable to his function and to place him under greater emotional stress, I will bring two different types of material: one, a summary of two months' observational work, and the second, more detailed observational notes. I think in both examples one can feel the observer's struggle to tolerate the situation. In the first example it will be seen how the crumbling of the manic trends in the mother tends to draw the observer into the role of a dependent figure.

K., a male baby, was the first child of young parents (about 25 years old) who worked together as office caretakers. The baby was unplanned and came after two years of marriage. Some months later, when the mother was much more secure about herself as a mother, she confessed to the observer that when other girls at school had talked of getting married and having children she thought privately to herself: 'Married may be, but I'll never have a baby; I am sure I should let it die.' This mother was specially selected by a health visitor as one who was normal, capable, and unlikely to be disturbed by being observed. The mother continued work up to term despite diarrhorea and backache, as part of her dependent and grateful relationship to her devoted husband. She described the rather precipitous delivery which had caused her some lacerations as a delivery in which, once his head was through, 'he shot out'. Thus she expressed an attitude emphasizing the baby's strength and independence which she maintained later.

At the first observation, when the baby was two days old, mother and baby were enthroned amid flowers, presents, and new furnishings; the mother, radiant, talked incessantly in an

excited way about her pride in the baby, her delight that he was a boy and so strong, the presents she had received, and her gratitude to her husband who helped her so much in the last weeks. At the same time she was planning to fit the baby into a routine which would enable her to go on with her work and to help her husband. She reiterated her intention to breast-feed, driven by the conviction that it produced less flabby babies, but she was plainly very uncertain about her ability to do so.

Five days later all was changed. The mother was up, tired and harassed-looking, feeling burdened by the observer's visit but impelled to incessant talk. She said she had never thought that feeding a baby and keeping him clean would take up so much time, or that it would take so much to satisfy him. She had a blister on her nipple and pains under her arm, and talked in terms of trying to continue breast-feeding for six weeks.

When the baby who had been asleep in the pram, began to cry, the mother seemed at a loss to comfort him, talking rapidly to the observer of his strength, the beauty of the pram, and of her overworked state. Finally, she turned the baby over, saying, 'Mustn't spoil you, young man', and told the observer that though they had not specially wanted a baby she and her husband were quite delighted, but since she had never much liked other people's babies she did not know what to do with him, and ended, 'I've really let myself in for something now . . .'

Further observations in the early weeks were similar, as the mother struggled to satisfy this 'wild, hungry baby', as she called him, who strained so hard both to get at and get away from the breast, who wanted but seemed unable to get all 'the dark part of the nipple into his mouth', who wriggled and struggled when being changed, quite unlike the doll they practised on in the antenatal clinic. She continued to try to comfort him in the pram, to dress and undress him on the table. When the baby was screaming with hunger and impatience after the bath she would go on talking while dressing him in an apparently unconcerned way. At other times, when the baby was distressed, she pressed him on the observer while she got on with other tasks or even while she chatted. The breast-feeding ended at six weeks.

The father seemed to give the mother a great deal of support; he sometimes impersonated the baby to express gentle criticism of the mother or to indicate the baby's feelings to her. He did not

compete with her in her role as mother, he regarded her unquestioningly, despite all her uncertainties, as the expert as far as the baby was concerned, and was at hand whenever possible. This supportive behaviour of the father seemed to be an important factor in the gradual improvement in the mother's closeness and tolerance towards the baby. In this material the manic defences of an immature and dependent mother can be seen to collapse, revealing her great anxiety about being able to take care of the baby and her distrust in her ability to do so.

The observer's anxiety about the inadequacy of this baby's mothering comes through in her difficulty in tolerating such points as the mother's incessant talking when the baby was in distress and the mother's lack of warmth and concern for her baby, as well as in her own relief at the father's support and its effect on the family. The seminar also felt that as the relationship between mother and observer went on there were indications of a helpful improvement, evidenced, for example, in the mother's being able to tell the observer of her adolescent anxieties about ever being able to be a mother at all.

In the second example I will give an account of a first observation, both to show the observer at work, indicating, as I said earlier on, the impact of the mother's depression on him, and also to show the richness of observational data — a point to which I shall come back later.

Charles, a baby of ten days at the first observation, was the second child of a professional couple. I shall quote now from the report.

'I rang mother and explained who I was in terms of the line of contact and we arranged that I should come the next day so that we could meet and see how we liked each other and whether we could make an arrangement for observations. In fixing the time of this meeting mother asked whether I would like to see the baby awake or didn't it matter. When I said I would prefer to see the baby awake, she suggested a feed, which I took up very readily. She showed some eagerness to accommodate me, being prepared to move the time of the feed up to half an hour. I said I could come when he was usually fed.

'Mother is aged about 25, has glasses, short thick light-brown hair, a square masculine sort of head and face, rather quiet and

serious in looks and voice, but smiles readily with a warm smile. She was wearing a Swedish-Liberty striped blouse and a large black skirt; rather shabby-looking was the general impression, but somehow not in an unattractive way. She had quite a dignified manner, although visibly anxious about how to deal with me.

'I was first taken out to the garden behind the house where the mother's mother sat holding Charles wrapped in a blanket. The mother muttered something about it being feeding-time and would I care to see the feed. I followed her and Charles back into the living-room. The mother sat first on a divan and invited me to pull up an armchair opposite, then changed places because there was a draught on to the divan from the door to the garden (and grandma). By changing places the door could be left open without any draught on her. It also meant that the mother could be seen by her mother from the garden. While the divan where I sat could not.

'When I first saw Charles he was wrapped very voluminously in the blanket on his grandmother's lap. When the blanket was drawn back he was lying with his left hand on his ear, his right hand over the whole front of his face, kneading his cheeks and mouth and nose. His right thumb was in his mouth. He had several scratches on his cheeks and upper cheekbone and his right eye looked faintly discoloured, as though he had poked it too hard. When the mother and Charles settled in the armchair for the feed I could see very little of him indeed. I asked his name and how old he was. The mother asked me about my work. I explained that I hoped to work with children ultimately. We discussed possible times for me to come, and the mother seemed to prefer me to come to see the bath rather than a feed. This, however, was a misunderstanding. We found a suitable time and agreed that arrangements would be flexible because Charles's time-table would change and we could see how things went. Mother apologized for the unfinished state of the house, pointing out the packing-case legs of the dining table. I said that the food probably tasted just as good, to which — 'It's O.K. now that Mother's here!' There was a long pause in the conversation and she remarked that she ought to have my telephone number.

'Mother was timing the feed with her watch off her wrist. When she took the nipple out of Charles's mouth and put him

over her left shoulder the watch dropped off her lap and I picked it up for her. She patted his back firmly but not too hard, and he brought up wind almost at once. He straightway began to shout and roar in ever-increasing tones of anger, was not quietened by his mother's talking to him, and when she gave him the right breast he made several attempts to take the nipple, making a kissing sound as he did so. The mother finally put the nipple right into his mouth and he began to suck. This time I could see a bit better and he seemed to be sucking very gently and slowly. There was the same motionless quality to his whole body as he sucked.

'As he began to suck he gave the breast a pat with his right hand just above the nipple. His hand seemed to interfere with his mouth (as it were, falling on to the nipple), so that the mother twice moved his hand away. He finally arranged it in a trumpet shape around his mouth. His feet were motionless, except that I noticed he once made a small stroking action against the chair with one foot. Mother said: 'Come on, work', very gently, and in a somewhat resigned sort of way.

'After a certain time mother took Charles off the breast, very sleepy, and first held him sitting up facing her, saying that Spock advised winding this way before trying the shoulder method, but that she had never had any luck with this nor heard of anyone who had. I agreed, and mentioned my own son and our experiences in winding him. She asked how old he was and remarked that Jack, Charles's brother, was 19 months old.

'The mother then put Charles over her shoulder, very sleepy and lolling and with a replete air. I don't recall that he brought up wind.

'She then put him back to the right breast, where he sucked even more slowly for a while. She then carried Charles against her shoulder upstairs to change him. I walked behind, and at this point Charles's face was quite calm but rather bloated and expressionless really. He was more in a stupor than asleep, it seemed, and made no sound.

'We went into the little room where the mother slept with Charles. The bed was unmade, and there was an empty chocolate wrapper beside it. The mother arranged the blanket on the bed and laid Charles on his back, at which he woke up quickly and began to scream. She left the room to fetch clean napkins. He continued to scream, both hands constantly round his face

with pushing and scraping-off movements, his feet doing the same; pushing the left against and down the right.

'The screaming stopped when the mother called from another room, and was replaced for a moment by a happy low cooing sound. Then screams till the mother came back and talked sympathetically while she changed him. During the changing he cried miserably, but without drowning the sound of his mother's voice. His hands were constantly around his face, his left hand moving in front of him with a stroking action which reminded me of a blind man.

'The mother powdered his genitals, and stomach generously, drew attention to his rash, and remarked that lots of babies around had such a rash. When he was changed, she laid him on his left side in the cot, leaving his hands free of the blanket which wrapped him. She then left to get Jack up from his sleep, as they were going for a walk.

'Charles lay with his left thumb in his mouth, the fingers of his left hand over his face, especially over the right eye (the left eye was turned somewhat into the sheet); his right hand was curling over his temple. He breathed fast and noisily, and irregularly from time to time. Then his left hand assumed the trumpet shape that his right hand had done during the feed. His face showed scarcely any movement. All at once there was a sudden, heavy, heaving sigh and he seemed to relax altogether. His breathing became inaudible, his hands moved slightly away from his face. Over the next few minutes he gave several jerks forward, his arms out-stretched as though he was falling and clutching at someone. This seemed to happen sometimes to external stimuli. (The mother's voice talking to Jack in the next room, a door banging, and sometimes without any external stimulus that I noted.)

'Finally he lay quietly asleep. Two or three times he half woke at some loud noises from Jack's room, began to pucker and cry, but then fell asleep again. He began to cry when his mother came and put a cardigan and bonnet on him, treating him sympathetically and talking to him. He fell asleep again and was carried downstairs on the cot mattress which was going in the pram. As he lay on the mattress while the mother and grandmother gathered together things for the walk, I was struck by his expression, which had quite altered in the meantime and was

now fixed in a look of great pain of an intense kind, and not a muscle moved for the two or three minutes between when I first saw it and when I said goodbye to them outside the house'.

I have given this material in considerable detail to show the observer at work and the impact that this experience makes on him. Further, I want this baby to become familiar because I shall discuss other material from him later in this paper.

If we consider this material from the point of view of how it affected the observer, we naturally take into account that this was his first meeting with the family. The observer noted the mother's anxiety about how to deal with him. Between the lines the observer's tension can be discerned. He notes that the mother changes places with him so that grandmother in the garden can see the feed while he cannot. His sensitivity is registered in the record by calling the mother's invitation 'muttered', and perhaps by misunderstanding her remark about times in the sense that she did not want him to see the feed. When, to the mother's apologies for the state of the house, particularly the dining table, he remarks that the food probably tastes just as good, the mother says it's O.K. now that her own mother is here. Here we can see the first glimpse of the mother's depression and dependence on her own mother and the observer's attempt at comforting her. 'There was a long pause in the conversation and the mother remarked could she have my telephone number'. That two relationships are going on — baby-breast, mother-observer — in relative isolation is evident. The observer's sympathy for the mother's depression comes through again when, after prolonged attempts at the second breast, the mother said to Charles, 'Come on, work', and the observer notes she said it 'gently, in a somewhat resigned sort of way'.

Identification with the baby's misery (the scratched face) and later feeling of desertion in favour of the older brother whom the mother now went to awaken is written in each subsequent line. The mystery of the face scratches begins to be solved as both hands constantly move round his face with pushing and scraping-off movements, his feet doing the same, while the mother is out of the room.

After being changed the baby is seen to fall asleep, an event described by the observer vividly with great attention to detail,

but on parting he was struck by Charles's expression, which had quite altered into a look of great pain of an intense kind although the baby was alseep. That the observer could have noted and reported in great detail with these tensions going on and in his first baby observation is striking.

The problem in such a paper as this is to convey the use that the seminar makes of such observations, and this I can do only to a very limited extent. To convey it correctly one would need to report the discussion in the seminar in as much detail as the observational material itself. And even this could give a fallacious impression, since the deductions drawn necessarily depend upon previous observations and discussions, from which, slowly, series of observations can be linked and patterns of behaviour seen to emerge. The point that I am stressing here is the importance of consecutive observation of the individual couple. The experience of the seminar is that one may see an apparent pattern emerging in one observation, but one can only accept it as significant if it is repeated in the same, or a similar, situation in many subsequent observations. Paying attention to such observable details over a long period gives the student the opportunity to see not only patterns but also changes in the patterns. He can see changes in the couple's mutual adaptation and the impressive capacity for growth and development in their relationship, i.e. the flexibility and capacity for using each other and developing which goes on in a satisfactory mother-baby relationship. The excitement in the seminar has been just as much in searching backward as in looking forward.

I will give two examples of such patterns of behaviour from the same baby, Charles.

In the first observation the observer described the baby's difficulties when feeding at the second breast; how the feeding was slow, long drawn out, and how the mother remarked that he did not work hard — but went on with the feed. In later observations we began to see that this was part of a pattern in which he related himself differently to the two breasts. At the first breast he sucked vigorously, sometimes gulping whilst at the second breast he sucked very gently, his mouth barely moving. The mother remarked on one occasion that he usually takes his meal at the first breast and 'fiddles around', as she puts it, on the second. However, she persevered, taking him off and putting him back,

saying that he would not sleep the right length of time if he did not get enough. At the second breast Charles also made many movements with his hands, patting, making the trumpet shape, holding to his mother's jersey, stroking.

Thus after some weeks we had noted the pattern in the way Charles related himself to the two breasts, but it was only later with additional material about the hand movements that certain links suggested themselves — and these I am going to discuss later.

Another pattern emerged from the second observation when the bathing was watched. Charles began to cry as soon as his napkins were taken off, but his crying became much more intense when his nightdress came off. It became fainter when his mother handled him, washed, soaped him and spoke to him softly. When put down on a sheet his crying became louder. Once back in his nightdress the crying stopped immediately; he relaxed and began to look around. This pattern of crying intensely when his body was exposed during the bath or when put down was repeated in every observation until the end of the second month. He was soothed by his mother's voice and her handling, but quietened immediately when wrapped up, i.e. in his nightdress, or covered with a blanket in the cot.

While the foregoing patterns seem to suggest the working of intrapsychic defensive operations, patterns of communication between mother and child can also be observed, in which the mother's fundamental role of 'holding' in Winnicott's sense or containing projections in Bion's sense can be observed.

It becomes apparent that between a particular mother and child certain preferred modes of communication become central in their relation to one another. It is difficult to tell whether this choice originates in the mother's or the baby's preference. I would like to give two examples.

One of the mothers, whom I will call Mrs A. was uneasy in the feeding situation. She held the baby very awkwardly, and seemed tense and anxious at having the baby so close to her body. This is similar to the mother on whom I reported at the beginning of this paper, who also could not stand the close physical contact with the infant. Mrs A. showed that she was happiest when, after the feed was over, she would either put the baby comfortably on the floor or hold it with both arms away

from her body. She would look at it, make movements with her lips (open and shut her mouth), to which the baby responded in the same way, or she would talk to the baby and the baby make various sounds back. One day, when the baby was in his fifth month, the mother had to go out shopping and left him with the observer to whom she gave various instructions. The observer sat down with the baby, and as long as he held it on his knee with its back to him, the baby was quiet. As soon as he started talking to the baby, or turned it round so that it could see him, it began to cry. This happened several times. In the discussion in the seminar it was felt that to this baby the association to a happy relation with mother was predominantly visual and vocal. The voice and sight of the observer was different from that of the mother, and awareness of this made the baby cry. It occurred to the observer that while the baby was sitting quietly on his knee it looked fixedly at the part of the room where the mother had been just before she left, as if it found comfort in looking at the area which was connected with the mother, while the voice and sight of the observer was proof that the mother was not there, and the baby cried.

Here is a contrasting example in which the kinaesthetic pattern is the key to the nature of the relationship. The observation began when baby James was four and a half weeks old. His mother had been undressing him in preparation for the bath. As she first put him on his back he tried to reach for the breast and made some protesting noises. The mother talked to him continually, saying, 'It's horrible, isn't it?' . . . 'Poor old fellow, never mind, you will soon be in the water'. She told the observer that he loved actually being in the water, unlike her other children who disliked it when they were babies. When in the water he lay quietly bringing his knees up to his stomach, making no sound and looking quite contented. In later observations he splashed, kicked, and played in the bath and often protested when taken out, as at this first observation when he was four and a half weeks old. Then when mother put him on to the breast he attached himself to the nipple at once and sucked vigorously. He had his eyes open and with the right hand he touched the breast and the button on the mother's dress alternately. This touching of the mother's body was observed as a regular pattern of behaviour whenever the baby came close to her. At thirteen weeks, the

mother gave the observer the baby to hold while she went out to prepare the bath and said, 'Go to your auntie, she's got to study you'. James lay on the observer's lap looking at her, but did not touch her. When the mother returned he looked at her and followed her with his eyes until she took him. On her lap he felt for the breast with mouth and hand and later held her arm with his hand. After the bath, at the breast, he clutched at the breast; his mother removed his hand. He then put his hand on top of the mother's hand and moved it rhythmically while he sucked. At twenty-two weeks he was stroking the breast with wide movements. 'At twenty-four weeks' (I am quoting from the student's notes) 'James took the breast eagerly. His mother said he would not be having it much longer, the milk was giving out. With his left hand James played with the mother's breast and then with her hand. His movements remained lively all through the taking of the breast. As I watched him I wondered if his movements might be a conscious caressing of the mother; he appeared to me to be aware of what his hand was doing. The mother put James to the second breast and he took this eagerly, stroking her breast and neck and touching her mouth, although usually I have only noticed him do this during the first breast. He was weaned to the bottle at twenty-seven weeks. There followed a week of distress when he refused food, falling asleep between mouthfuls, whilst sleeping badly at night. The mother remarked that he behaved as though he was a little baby. In the following week he started touching the bottle, later reaching out for it, stroking it lovingly, as he had done with the breast and eventually settled down to keeping one hand on the bottle and touching, stroking, and caressing the mother with the other hand'.

I have, of course, described the overall patterns — the gross trends — and have had to omit the many finer details of the ups and downs, as time would not permit of recounting them. The material convinced us in the seminar that the relation of this baby to the breast and mother was close and intimate, and he expressed his love as well as anger towards her, predominantly by handling her body. We noted that although the mother was very vocal herself, the baby remained relatively silent, with a preference for tactile and kinaesthetic modes of relationship and communication.

Before closing I would like to mention some aspects of the baby

observation as training for scientific data collection and thought. In the seminars it comes out very clearly from the beginning how difficult it is to 'observe', i.e. collect facts free from interpretation. As soon as these facts have to be described in language we find that every word in loaded with a penumbra of implication. Should the student say the nipple 'dropped' from the baby's mouth, 'fell' was 'pushed', 'released', 'escaped', etc.? In fact, he find that he chooses a particular word because observing and thinking are almost inseparable. This is an important lesson, for it teaches caution and reliance on consecutive observations for confirmation.

What we also find is that the students learn to watch and feel before jumping in with theories, and learn to tolerate and appreciate how mothers care for their babies, and find their own solutions. In this way the students are slowly able to discard rather fixed notions about right and wrong handling and become more flexible about accepted principles of infant care. What is borne in upon them is the uniqueness of each couple, how each baby develops at its own pace and relates itself to its mother in its own way.

Probably the most exciting aspect of the seminars, as they develop during the year, is the opportunity for teasing out of the material certain threads of behaviour which seem particularly significant for a particular child's experience of his own object relations. An item may strike the group as having a meaningful configuration. Its earlier history can then be traced in the notes, hypotheses made and predictions evolved for validation in further observations. For instance, it will be remembered that in the first observation with baby Charles, at ten days, it was noted that he patted the second, right breast and formed a trumpet shape with his hand around his mouth as he sucked away very gently and slowly. When left alone on the bed later his right hand was exploring around his eye and temple whilst his left thumb was in his mouth. Then gradually his left hand assumed the trumpet shape and all at once he went to sleep.

The fact that hand activity was an important mode of contact with his object and his body seemed clear in a general way, but of no special interest until the observations at 9 and 10 weeks. The observer reports: 9 weeks — after a disturbed feed because of a change in routine, Charles played with his hands in a complex

way. First one hand seemed to be plucking and squeezing the other, twisting the fingers and thumb quite hard. Occasionally one hand described a small circle in front of his mouth while his face had a disagreeable, discontented expression, rather screwed up. After this a change came about. He became very much calmer and played with his hands in a much more playful way bringing them together, rubbing them and poking his fingers through each other. Put to the right breast he sucked regularly. His hands were on each side of the breast well away from the nipple. The mother remarked that he often touched the breast while feeding with a pat and a poke, quite hard.

'10 weeks — his mother had her hand on his chest and he began to play with her fingers, curling his own round hers and gently drawing his forefinger along her wrist and hand. He also looked at her face and made friendly sounds in response to her talk. Prior to this, at the left (first) breast where he sucked powerfully and regularly, his right hand was lying high up in the centre of the mother's chest. Then he began to stop and resume sucking. During the stopping his right hand began to clutch and clench markedly. Later at the right breast he sucked less regularly. He had both hands on the breast close to the nipple on each side and gently moved his fingers on the breast, occasionally bringing his hands momentarily together.

'From now onwards a definite pattern could be observed. When he was at the right (second) breast he would stroke and caress the breast in a variety of gentle movements, but when he was at the left breast his hand was either on the mother's chest, his fingers sometimes clenching, or both hands were on either side of the breast, motionless.

'We were struck by the way in which the hands related to each other, at first twisting, plucking, squeezing rather hard, later rubbing and poking the fingers through each other playfully. At the next observation Charles was seen to play in this second way with the mother's hand after the feed at the first breast, at which he had alternated between powerful sucking and stopping, while his right hand clenched and unclenched when his mouth was inactive. We could see in the seminar a strong suggestion here of his hand being mouthlike in its activities and mother's hand being breastlike in its significance, thus suggesting that his two hands might at times also be relating to each other as mouth to breast.

'When put to the second breast Charles sucked gently, having both his hands on the breast near the nipple, gently caressing and occasionally bringing his hands together. In contrast, at the first breast powerful sucking alternated with hand clenching, the hand being held far away from the nipple'.

As I have indicated earlier in this paper, this split in his relation to the two breasts and the accompanying pattern of hand activity subsequently became quite firmly established. Whichever way we may attempt to explain it, the vital significance of these minute activities is undeniable. Charles clearly relates himself to the two breasts in a very different way. His hand tends to behave like a mouth. He brings his hands close to the second breast but away from the first. He treats his mother's hand with his hand as his mouth treats the breast. His hands relate to each other at times as mouth to breast just as his mouth relates to his hand as a breast. Is this evidence that the relationship to the breast as part-object is the basic unit of relationship from which more complex relationships are built? Is the poking through and the poking in of fingers evidence of a projective mode of achieving identification? Are the hands held away and the clenching alternating with powerful sucking to be seen as a primitive attempt to spare the breast? Innumerable exciting questions arise, showing the students the vast area of the unconscious still to be explored by psycho-analysis.

My impression is that the students find the observational evidence for the early working of the splitting processes and identification of body parts with objects fascinating, regardless of the theoretical framework within which they may choose to express the recognition of infant mental functioning. I think that the infant observation experience, linked later with clinical experience with adults and children, will add to their conviction of the importance of observing patients' overall behaviour as a part of the data of the analytic situation as well as strengthen their belief in the validity of analytic reconstruction of early development.

A paper read to the British Psycho-Analytical Society, July 1963.

Section IV

PAPERS ON TRAINING IN CHILD PYSCHOTHERAPY AND PSYCHO-ANALYSIS