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psychotherapy, to Zelma Joffe to honour her work in starting the first Infant Observation Group in Johannesburg 15 years ago. We were glad that Sylvia Poss was with us and presented a paper.

It was a great privilege to have Isca Wittenberg with us, thirty years after her first workshop, to deliver the opening address.

We were also delighted to have visiting analysts from abroad: Jean Arundale from the UK, Dr. Kaspar Tuters and Elizabeth Tuters from Canada, and Douwe Jongbloed from Holland, who generously participated in this 30th Anniversary Conference.

We had a very stimulating and informative three days and the Conference was a great success.

Baby observation and child psychotherapy training in Mumbai with a brief observational account from one of the students

Psychoanalytic Therapy and Research Centre – Mumbai Subchapter
Indian Psychoanalytic Society

Manek Bharucha and Aiveen Bharucha*

This paper describes the work and collaborations that contributed to the growth of the psychoanalytic community in Mumbai and Kolkata. It describes this with both the development of the Psychoanalytic Observation Studies Training and later, the Child Psychotherapy training. The second part of the paper gives a brief overview of a student's experience of observing a baby in Mumbai.

Keywords: Infant Observation; child psychotherapy; training; India; intercultural observation

Introduction

The adult psychoanalytic training had existed in Mumbai and Kolkata for many years. The original aim, in 1996, was to develop the training in psychoanalytic

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observational studies and if possible to progress to a training in child and adolescent psychotherapy. The plan was to develop the trainings in a small and sustainable way.

Part I – Psychoanalysis in India

The islands that now form Mumbai were first home to the Koli fisher folk as far back as the second century B.C. Some of the current inhabitants of the city have moved to Mumbai from other parts of India, bringing with them different languages and cultures. The population of greater Mumbai is now approximately 19 million. Mumbai is the capital of the State of Maharashtra, where the official language is Marathi, although Hindi and Gujarati are also spoken.

Girindrashekar Bose pioneered psychoanalysis in India. He began his studies as a psychology student at the University of Calcutta. In 1917, Bose wrote his doctoral thesis on 'Repression'. Freud was impressed with Bose's efforts to promote psychoanalysis and accepted the setting-up of the Indian Psychoanalytic Society in 1922. Bose corresponded with Freud but they never met each other. A statue of Vishnu, the God of Learning, a gift from Bose, stood on Freud's desk. The founders of the Psychoanalytic group in Bombay in the 1940s were Bhupendra Desai and M.V. Amrith. They were supported in their work by Emilio Servadio, a psychoanalyst from Milan who was in India during the Second World War.

In the late 1960s, the Bombay group of psychoanalysts felt the need to create an institution which was given the name of the Psychoanalytic Therapy & Research Centre (PTRC). Some industrialists, who understood psychoanalysis and its value, rented small premises from where the group could begin its activities. It was in the 1970s, when a few psychoanalysts attended the International Congress of Psychoanalysis in London, that they met Dr Meltzer. Together with Martha Harris, Meltzer came to Mumbai and this was the start of a long and eventful association between the British Psychoanalytic Society and the Bombay group of analysts. Meltzer suggested that the Bombay group ask Betty Joseph (a senior training analyst) to visit. Over the next 17 years, many of the British psychoanalysts came to teach in Mumbai: Edna O'Shaughnessy, Eric Brenman, Irma Pick, Michael Feldman, Iain Dresser and Paddy Daniel. Over time Sarosh Forbes, a founder member of the group, established contact with Australian colleagues, and this enabled the PTRC to begin its Indo-Australian Conferences. The Israeli Psychoanalytic group joined in these conferences.

The need for further training and the development of child analytical and psychotherapy services was clearly recognized by Harris on one of her visits to Mumbai. Forbes went to London for further training in the mid-70s. He worked in child guidance clinics and special schools in London and qualified as a child psychotherapist and member of the Association of Child Psychotherapists. Minnie Dastur also studied at the Tavistock Clinic and became a member of the Tavistock Society of Psychotherapists. Manek Bharucha qualified as a psychiatrist

in Mumbai and began his training as a child psychotherapist at the Tavistock Clinic in 1978. He trained in the Department of Child Psychiatry of St. Mary's Hospital, London. At this time Aiveen Bharucha had been working as a clinical psychologist in the Department of Child Psychiatry at the Royal Free Hospital, and in 1978 she also joined the child psychotherapy training. By the end of 1996 these global migrations lead to the existence of a group of training analysts and committed professionals in Mumbai with sufficient critical mass and expertise to establish these new trainings.

The development of the Psychoanalytic Infant Observation course

Gianna Williams, who was head of the Tavistock Infant Observation training, encouraged the members of the PTRC to embark on setting up the observation training in Mumbai. It meant a great deal to have her support in keeping to a close reproduction of the Tavistock course, thus enabling students who had completed the training to apply possibly for the clinical training in the Tavistock. Thus a group of five trained psychoanalysts and child psychotherapists began working together with other colleagues in Mumbai to establish these trainings at the PTRC. We set up weekly lunchtime clinical meetings and fortnightly training committee meetings in the evening, and it was from the joint work of these meetings that the observation course was established. Forbes began the first Infant Observation seminar on the course. In 1996 Manek Bharucha became the first course organiser for the Mumbai course in psychoanalytical observational studies and in time, the course organiser of the child psychotherapy training.

Simonil Forbes, a qualified social worker and counsellor was working in a number of schools in Mumbai. Simonil did a wonderful piece of work in assembling friends and colleagues to join the first intake of the observation training and so we began in July 1996. She also ensured that the PTRC had a steady stream of referrals and it was a sad blow when she died young in 2004. Her enthusiastic and supportive role in those days was central to the development of the centre and the trainings.

In 1996, Zarine D'Monte, who was working as a child psychologist in a child development centre in a private hospital, was the first student in the observation training. Zarine is now the course organiser for the observation course and the clinical training in child psychotherapy. Micky Bhatia and Banu Ismail began the observation training the following year. Bhatia currently works together with Forbes in organizing the adult psychoanalytic training. Banu Ismail is the clinical director of the PTRC charitable clinic called The Horniman Circle Therapy Centre.

In the years that followed Dr and Mrs Bharucha regularly met with Gianna and her husband, Arthur Hyatt Williams, to discuss the development of the observation course and later on the clinical trainings. Also, a number of child psychotherapist colleagues from the UK visited and contributed to the teaching.

The Mumbai course in observational studies completed 10 years in 2006. There were 40 students from the field of health: 24 psychologists, eight counsellors, two social workers, two homeopaths, and three doctors. There were 17 from the field of education and 24 graduates from a variety of fields: business and commerce, home sciences or literature and the arts. Most students are not in analysis during the observation course and continue in their own professional work or take up volunteer work in nursery settings. Traditionally this setting has been recommended by the tutors as one of the most worthwhile settings in which to explore psychoanalytic and child development theoretical ideas studied in the course. After completion of the training 12 out of 80 students went on to do the child psychotherapy training or the adult analytic training. Seven students went on to do further professional training in psychology and counseling. Twenty took up new posts in their fields. Eighteen remain in their posts as teachers or psychologists, and three returned to working in the Mumbai business world. Eleven moved on to get married or have a baby; twelve had immediate family commitments.

The development of the child psychotherapy training

In 1998, Zarine D'Monte, Micky Bhatia and Banu Ismail registered as students for the clinical training. As professionals in their own right they worked from their own consulting rooms as well as working together with Dr and Mrs Bharucha. In subsequent years, clinical work placements were also found in schools. A tradition began that training cases were being seen in schools together with the work with their parents. When the PTRC's therapy clinic was reopened in 2005 (on a new and smaller site) the students were offered an opportunity to be part of a clinical team. It was established that two cases would be seen in the school and one in the clinic setting.

In 2004, Margaret and Michael Rustin had generously come to Mumbai to hold a week-long teaching event for the staff, clinical students and the observation students and to present our first cohort of qualified child psychotherapists with their certificates.

The PTRC and the Tavistock continued to be linked. Gillian Ingall took up the role of liaison person for the PTRC at the Tavistock. Numerous collaborations and interchanges followed. A two-day child study event was held in January 2005, preceding the Indian- Australian-Israel International Conference in Mumbai to which both Margaret and Michael Rustin and Gillian Ingall contributed. In 2008, the Lady Navajbhai Tata Trust awarded the PTRC a three-year grant to hold an annual international conference and some national conferences as well as to develop other outreach programs. This enabled the PTRC-Tavistock Child Psychotherapy Conference to be held in January 2008.

In October 2008, the quality committee of the Tavistock and Portman NHS Foundation Trust (Tavistock Centre, London) noted and approved the issuing of

a Trust Letter of Recognition for the PTRC training course in psychoanalytic observational studies at Level A. Level A recognition means that the Mumbai course is recognised by the Tavistock and Portman NHS Trust as being equivalent to one of the courses currently run in London at the Tavistock Clinic. The PTRC training in psychoanalytic psychotherapy with children, parents and young people is recognized by the Tavistock and Portman Foundation Trust (Tavistock Centre, London) at Level B. Level B recognition means that the Mumbai course is recognised by the Tavistock and Portman NHS Trust as being based on a Tavistock and Portman NHS Trust model of teaching and learning.

The adult psychoanalytic training

Indo-Australian-Israel conferences are held biennially. Schmucl Ehrlich and his wife, Mira Ehrlich-Ginor, were in India on a visit in October 2006, and they were officially designated by the International Psychoanalytic Association (IPA) to get to know the activities of the Indian Psychoanalytical Society. Ehrlich is the current chair of the IPA Education Committee and a representative on the IPA board with link responsibilities for India. In July of this year, the education committee of the International Society awarded the Mumbai chapter of the Indian Psychoanalytic Society a grant to invite a speaker from the International Society and monies for a video-conferencing event.

The events of the society are varied. In May 2008, Noa Haas of the Israeli Psychoanalytic Society and Micky Bhatia arranged for six members of the PTRC to attend the Frances Tustin Memorial Conference in Israel. The activities of the PTRC include the exploration of psychoanalytic ideas in art. The centre held a three-day seminar on 'Construction of An Object in Cinema and Psychoanalysis'.

The Infant Mental Health Project

The Mumbai Infant Mental Health Project is a new initiative by the PTRC to promote the growth and development of psychoanalytic work with children and parents in the city of Mumbai. The aim of the new project is to train infant mental health practitioners who will work under supervision with infants, young children, and their parents in various settings such as preschools, orphanages and paediatric hospital settings. The focus is particularly on the development of services in the slums areas, where Anganwadi classes (work with under fives) are currently being established. Work in this project has started by both the setting-up of an infant mental health workshop and infant mental health theory seminars. A project in infant mental health is emerging which will be a starting point for applying the knowledge gained from the teaching and inspiration we received from our Tavistock teachers and colleagues.

Part II – Infant Observation

When looking at an infant within his family, we see the interaction between constitutional and temperamental factors in the baby and the particular strengths and weaknesses of the holding environment (Rustin, 1988). What seems most important is the awareness of the uniqueness of each couple, how each baby develops at his own pace and relates to his carers in his own way (Bick, 1987). The recognition of this uniqueness leads us to the introduction of an experience of a baby growing up in Mumbai, her experience of weaning, and the turbulence of life. This baby girl experienced an abrupt weaning when her mother was called back to work earlier than planned. The mother-infant couple was supported by the extended family, but the baby was disturbed by the abrupt weaning and continued to protest vehemently to the mother's absences in her role as a working mother. Despite an increasingly stormy period both for the baby and the mother, the observer began to see the continued gradual forging of a deep link between the mother and baby.

A circle of love

The observer had spent some weeks observing another baby, but the parents and the baby moved away. Subsequently she had difficulty finding a baby to visit regularly. After some time she found a mother in her neighbourhood, and when she tentatively asked if she would agree to the observation the observer was delighted when the mother's reply was an immediate and enthusiastic 'sure'.

The observer describes her first observation as follows:

I learnt that the baby girl was born on the 9th of August. The birth was a normal delivery and she weighed seven and a half pounds. She was the first child of her parents, born after three and a half years of their marriage. The parents were in their early 30s and were a working couple. At the time of the birth the couple was moving from a one-bedroom to a two-bedroom flat. When I started my observation they were staying temporarily at the residence of the maternal grandmother. It was a simple three-story building and they lived on the top floor in a compact one-bedroom hall. The maternal grandmother lived alone. She had her younger sister living next door. The grandmother's other child is a son who lives abroad with his newlywed bride. Her paternal grandparents and uncle live in town but they do not meet often.

Observation

As I entered when I visited for the first time, I saw Anita lying on the bed with little Manya beside her. Anita welcomed me and said: 'See Manya, who has come to meet you, see aunty has come'. Manya, as if understanding her mother, turned her face towards me. Manya has a cute round face, brown skin, lovely silky thick hair, greyish brown eyes, a beautiful expression, and a lovely yawn. When she turned to look at me she continued to look into my eyes without blinking. Her arms and legs are merrily flailing in the air and her tongue seems constantly coming in and going out. Her little

hands would try to go into her mouth and then come out and explore her ears or even try to scratch her own self. I kept thinking what was going through her tiny mind and how this tiny tot could go on staring at me for so long without blinking. Anita yawned and the observer acknowledged that she seemed tired. Anita explained that Manya usually sleeps after her massage and bath but today she didn't know why she remained awake. She added that today her friend rang and she was talking for an hour. When she put the phone down her cousin called, then her husband came home for lunch; when he went, her relatives came over.

The observer communicated her pleasure in seeing the baby for the first time and described how it seemed that both mother and baby had been exhausted by the number of well-wishers. The observer explains further:

Manya is the first born of her parents and also the first baby in the maternal lineage. From the beginning one could observe the love and affection showered on the baby from all those around her. The mother had taken a long leave from her job. The grandmother was totally devoted to the baby. In addition, her (grandmother's) sister (who lives next door along with her young son) was totally besotted with the little beauty. There were a lot of relatives constantly calling on the family to heap blessings and good wishes on the newborn. Every time I went I would notice the child had either a new ornament on her wrists, neck, and feet or around her waist. Even I was very happy by the warm welcome and friendliness shown by the mother and grandmother. The best part was that I think Manya was taking a liking to me. It all seemed quite perfect. I say 'quite' because there was no sign of the father. I felt welcomed into this sphere of love and in fact had been privileged to see the mother breastfeeding the baby at my very first session.

Observation

Anita lovingly put her finger near her mouth and Manya lunged towards it as if she would just bite it off. She kept bawling louder and louder until Anita picked her up to feed. The moment Manya was picked up and brought closer to the breast it was obvious that she knew that she was nearer the breast. Her mouth opened wider. Anita gently put her on her lap and opened her blouse to feed. Manya, as if sensing the breast, started screaming louder and hungrily opened her mouth, but did not take in the breast immediately. She seemed to struggle to find it and one could sense her urgency as she desperately hunted to find it. Her impatience was obvious as she simultaneously bawled and searched for the evasive breast. Once Anita had managed to get her to take the breast she slowly settled down. At first she sucked quickly and made clucking sounds. I felt that she was drinking so fast that she was probably choking herself. But her rapid breathing also slowed down. She kept making the clucking sounds. In time her pace of sucking came slowly down to a rhythmic level. I think once her intense hunger got satisfied and she knew she was being fed she settled down.

The mother was regularly feeding the baby and spending all her time with her. However, there seem to be little actual holding of baby Manya. It appeared

that she was mostly laid on the mattress. She was put there after her feeds. She slept peacefully or laid there playing. Many times the mother and grandmother would comment, 'It is okay, it does not matter who holds the baby or feeds her. The baby is too small; she does not know the difference'.

This practice of placing the baby on the mattress continued throughout the sessions. The observer described the grandmother as an efficient worker in the home. The grandmother explained to the observer that she felt that by placing the baby on the mattress, the baby would learn to cope on her own. The impression one gains from learning about this choice of placing the baby on the mattress is that the baby is therefore everyone's baby and no one's baby, and a coming and going of carers is thereby facilitated; it was also as if somewhere at the back of the mind lurked the fact that the mother would have to go back to work, so the baby had to be taught to be independent.

The observer moves on to describe the abrupt weaning which the mother-baby couple experienced. Later on, when bottle feeding, drinking of juices, and eating were introduced, the baby was fed lying down on the mattress. There seemed to be a lot of emphasis on physical care of the baby, and I wondered if the emotional needs of the baby were even thought of.

Soon things changed abruptly for Manya. Her mother, who had applied for an extended maternity leave, was asked to report for duty within a week's time. She had completed the traditional 40 days period with her baby, but now had no scope for further leave. She was very upset and confused as to whether to rejoin or to quit her job. Her husband left the decision to her. Her colleagues urged her to join again and consoled her that it would not be so difficult and that children do cope and grow up. She resumed work without weaning the baby. The grandmother, who had been a working woman, was in agreement with her daughter's decision saying: 'After all, I also left my children to go to work'. I said that, 'I spent the week thinking about how the mother and baby must be thinking'. The grandmother replied: 'Anita cried a lot, especially since she could not feed the baby, but slowly adjusted to it'. About Manya, she said:

The first day even I was worried because she cried a lot and did not sleep the whole night. She just did not drink from the bottle. She would take it into her mouth and remove it. She had so little and was crying and crying. Of course she was hungry so she had to take some milk but it was difficult. Naturally it is different from the mother's milk but the second feed she had properly.

I think this was the beginning of Manya's protest. From this day onwards one could observe the slow steadily growing distance between the mother and the baby. Bit by bit, the grandmother took over the role of the mother and became Manya's nurturer and caretaker. She took over all mother's duties. She gave up her own residence and moved in with her daughter into her new flat as she did not want her daughter to leave Manya with a maid. Anita became a bystander or visitor who sometimes played with the baby. Most of the looking after – changing nappies, feeding, rocking to sleep, medicine giving, etc. – was done by the grandmother. Anita moved out of her role as

the mother and into one more like a father. Slowly the mother grew used to her job, erratic hours and days away from her baby. The grandmother was in total charge; aiding her in this was her sister next door. If one had to go out, the other did the babysitting. Then a new live-in maid joined them and became an essential part of the caring for the baby. The maid hardly spoke our language and none of us spoke her language, but Manya and the maid hit it off very well, and the communication between them was beautiful to observe.

The observer emphasized how these arrangements took their toll on the mother. She shared her doubts and fears. She confided about her guilty and sad feelings at leaving her young one, about missing out on seeing her grow minute by minute, particularly when she was far away for some days at a time. She wondered if their missing each other would affect the physical health of the baby and about the difference between a child brought up by a working mother and a child brought up by a non-working mother. The father was not often around, and when he was he didn't play with Manya. She tried to grab his attention. The next door aunt's son was a stable male presence for Manya. They seemed to share a good rapport and bonding as he spent some time with her. Manya would respond to approaches made by anyone in the house, but her responses to her mother told a different story. I could observe the impassiveness that had entered the mother-baby bond. A lack of connection was noticeable. Her rejection of the breast was clearly seen when her mother tried to feed her after a gap of a week, but Manya rejected it. Anita was not able to contain the anxious feelings of the baby or hold on to them; she gave up breastfeeding easily.

Now that the baby took to the bottle, albeit slowly, there were always problems and worry among all the three women because Manya soon began to refuse milk. Anything placed in her hand – a plastic bag or newspaper, for instance – was totally crumpled and crushed as if the baby was trying hard to come to terms with her feelings. She often had problems of not passing faeces. When Anita offered her arms Manya would turn away. If Anita tried to make her drink water or milk, Manya would choke on it. Anita's mother was often treated with indifference and disdain. I was astounded at the way the little six-month-old would ignore her mother's invitations. If the mother offered her hand the baby would turn away; if she tried feeding her anything she would close her mouth. Often I would see her give vacant looks and fixed unrelenting stares to the mother. At times the attitude was embarrassing for the mother as the baby would respond positively to others instead.

At 10 months the observer reported that during the past weeks she had seen how the baby appeared to be making good progress, growing healthy and cheerful. Although she looked happy and smiling, still there were moments, when the resentment for the 'absent object', the mother, surfaced. She often rejected the mother by refusing to drink milk, giving her vacant stares, or simply refusing to accept the mother's overtures. The mother also seemed to have developed an air of detachment towards the baby. But it was obvious she had handed over the 'mothering' of the baby to the grandmother. The family had shifted into a new flat and also had a new maid. The maid had become an integral part of the life of the

baby as she spent considerable time with her. The father also seemed to travel a great deal. The grandmother's sister who was very attached to the baby was now a frequent visitor to the new house.

In the next excerpt the maternal grandmother had gone to her native village for a holiday. The paternal grandmother had come over to look after the baby for a week. However, the baby was mostly being looked after by the mother, who was also at home. The observer had a chance to view the close interaction between the mother and baby, and stated that she began to feel that 'all was not lost as there were moments of tenderness between the mother and baby which filled one with hope and trust that things would work' out as in this excerpt:

On hearing her mother's voice, Manya woke up from her deep slumber. She slowly opened her eyes and peered into her mother's eyes. Anita lovingly called out her name. Manya responded with a lazy but beautiful smile. I could see her eyes light up. Anita slowly inched her hand towards the baby who also slowly moved her hand forward and their fingers lightly touched. There was a smile on both of their faces. It was a small gesture but it was a vision of light. They both burst out into laughter which was filled with joy and happiness. It was a beautiful moment which filled me with wondrous feelings and hope for this couple. I thought back to the many occasions when I thought about the lack of connection between the mother and baby. Observing this encounter made me wonder if this is what Bion meant by reverie between mother and child. And then I knew the mother would get back to her mothering to be able to contain and hold on to her child. The threesome of baby, mother and father would look upon themselves as a family and the connection between mother and baby would carry on.

This account highlights the struggle and pain which this mother and baby and the other carers encountered in the process of this mother fulfilling her role as a working mother and at the same time sustaining her relationship with her baby in view of her continuous absences. The defences that the baby and the mother developed are highlighted in the observation.

Acknowledgements

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Lincoln Clinic and Centre for Psychotherapy: infant observation and development morning. 7 February 2009, Tavistock Centre

Lynne Cudmore

This event encompassed two papers with the overarching theme of the transition to parenthood. Dr Christopher Clulow's paper, 'Two's company, three's a community? Reflections on the significance of the parental couple for child development from a psychodynamic perspective', was broad in its scope, considering the developmental challenges of this transition within the context of changing family structures. In contrast, Dr Frances Roper's paper, 'Riding the rollercoaster: an infant observation of a teenage couple and their baby', attended to the detailed observation of an adolescent couple becoming parents for the first time and their infant's emotional development over the course of his first year. Their different perspectives were complementary and stimulated a lively and interesting discussion about the interface between being a partner and being a parent, and the struggles and adaptations of moving from the dyad to the triad when an infant is born.

Dr Clulow, a Senior Fellow of the Tavistock Centre for Couple Relationships and a past Director of that organisation observed the changing landscape of family life and the mutually influencing processes of partnering and parenting. The last 50 years have seen marriage rates plummeting, an increase in divorce and cohabitation, the rise of single parents and parents living apart. He outlined why couple relationships matter to children. Clinicians have long known that when things go wrong between parents, children can be triangulated into the conflict between them, and that couple relationships, whether intact or separated, form a significant part of the parenting environment, contributing directly to the nature of the parental couple the child internalises and affecting the child's relationship with each parent. From the adult's point of view children impact on them as individuals and on their relationship as a couple, challenging their partnership with the task of assimilating a third person.