

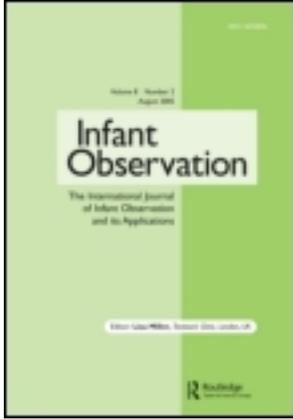
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Amanda: observations and reflections of a bottle-fed baby who found a breast mother

Francis Grier

When she reached her first birthday, Amanda seemed to me as an observer to be a very healthy baby: full of vitality, warmly engrossed in life, able to complain and make her wishes known very directly, curious, able to struggle with difficulties, and engaged in obviously strong relationships with her mother and siblings: Benjamin aged 6 and Rachel aged 4. It was reported that she was also very involved emotionally with her father, though I did not witness this directly.

This paper is an attempt to trace something of Amanda's development from birth to the age of 12 months from the particular perspective of regular weekly hour-long observations.

I wish to focus on two particular features immediately at the outset: firstly, as already sketched, Amanda's personality at 12 months had many of the characteristics one might expect from an infant who had had a good relationship with her mother from the beginning of life at the breast. But this was no foregone conclusion in this case, for Amanda was not fed at the breast: she was bottle-fed. (Of course, it goes without saying that many mothers who bottle-feed their babies do so for a huge variety of reasons and often love their babies as deeply as any breast-feeding mothers, and are just as successful at communicating their love to their babies; just as the reverse side of the coin is that some breast-feeding mothers can be emotionally quite out of touch with their babies.) What was interesting in

this case was that this particular mother's personality contained quite strong features which might be interpreted as pertaining metaphorically more to the bottle than to the breast: she could be rather cold and aloof; she thoroughly disliked mess; she could be rigidly controlling; she had somewhat barricaded herself into her house, never opening the windows even on the hottest summer days. Yet gradually she related to her baby less constrictingly, with more spontaneity. So an underlying theme to this paper is an exploration of how the mother was helped in her own maternal development by her baby to be able to give her baby a good 'breast-experience'.

What I think this observation bears out, therefore, is not so much the importance of the experience of the breast in a concrete way – although at the same time I would not want to minimise the fact that the real breast has its own physical and emotional richness, and a child who misses out on that may be missing out on something fundamental – but I am emphasising the importance of the integrating quality of the mother's mind behind the breast – what Bion (1962, p.35) refers to as alpha function.

The second feature of this observation which I would like to underline is the importance of older siblings in Amanda's life. As already mentioned, she had an older brother (6) and sister (4). From the start of her life Amanda was, therefore, part of a whole family group. Her mother took great care to carve out a special reservation of time and attention for Amanda, but of course she had to continue to be available to her other two children as well. Especially since they could both be quite boisterous in character, they impacted strongly on Amanda from the start, both directly through their relationships with her, and indirectly through their demands on the mother who had constantly to be choosing how she spread her energy and attention. And of course Amanda in return impacted strongly on them: the family dynamics were forever altered by her birth. As I shall show, it was particularly Rachel who felt most threatened by Amanda's arrival, and with good reason: at one stroke Rachel had forever lost her place as the youngest and as the only daughter. She regarded Amanda with the utmost suspicion and ambivalence, and it became one of the mother's major tasks to manage the difficult relationship between the sisters – as I hope to illustrate.

I first met with Amanda's parents 9 days after her birth. She slept peacefully throughout this encounter. Jane, the mother, described herself as 'an old hand' because this was her third baby; but both she and David, her husband, proceeded to give me accounts of what difficult infants their mothers had found them to be. Each had been told he or she had screamed incessantly. In later meetings Jane would often talk about her

mother and underline how much she detested mess and noise. It became my impression that Jane really wanted to bring up her children differently; and this she had to learn herself. David seemed to carry for the couple a very overt sense of incapacity to be with children, whilst Jane became 'the expert'. At the very end of my observations David had gone to stay with his family abroad for two weeks, taking the older two children with him. He placed them in a nursery during the weekdays, but bravely took them out himself to the beach at the weekend. He also took his mobile phone, and telephoned his wife almost every 15 minutes to check out how to manage this unknown world of children, e.g. whether or not they could take off their sandals in the sand. Jane overtly enjoyed her role as expert; but I think she also felt rather isolated, with few external or internal figures to help her (as I will explore later in the paper) – particularly as she was also somewhat reclusive.

I learned much later that she had had a thriving career in the City which she had felt impelled to drop after the birth of her first-born. She had not planned on this: she had not expected to find infants and motherhood so overwhelmingly important to her. She had been brought up to be competent, and she now proved herself as competent at bringing up children as at stockbroking; but it seemed that she still felt somewhat insecure and unsupported in her maternal role. This was exacerbated by David's working very long days and frequently travelling abroad, so that she was often at home alone with the children for long periods. These may have been some of the factors, I came to reflect, which helped her be quite open and welcoming to the unusual idea of having an observer of her baby regularly in her house. For such a reserved woman she treated me with great warmth, and clearly regretted the ending of the observations. I think she hoped to find in me, and make unconscious use of me as, a benign figure and presence who could support her and witness the ways in which she was trying – and often succeeding – to give her children, and her third baby in particular, a precious, warm beginning of life, in which she reciprocated the infant's centredness on her by allowing the child to be right at the centre of her life. I got the impression that she felt she had been brought up in her own infancy to be the kind of girl she ought to be; she seemed very concerned to try to be open to her own baby's actual personality as it unfolded.

On my second visit, three days later, I was told about the birth.

It had occurred very quickly, within 2.5 hours. It had been very painful for Jane. Earlier she had manically hoovered and cleaned the house, and realised that this was a biological sign that the birth was imminent. She

related her state of mind: she didn't want a mess. David's mother lived just down the road, but she was anxious not to wake her in the middle of the night. Her other two babies had been born at 'decent times', at 2 and 4 p.m. In the event, she had been able to cook the family supper, put the children to bed, and only afterwards had felt the definitive twinges. She and David had gone to the hospital, and 2.5 hours later it was all finished. Her own mother had then come to stay for a week; but Jane had already done all the housework, so they had sat there 'like lemons', not sure what to do.

This account showed me just how identified Jane was with her mother, with such an emphasis on the desirability of birthing neatly, which seemed threatened by the more organic but messy aspects of the beginnings of life. However, by being so organised, even if out of compliance to what she imagined her mother's expectations to be, she lost the chance to be mothered herself. She also explained why she did not breast-feed:

She had tried with Benjamin, but it had been a very difficult, long labour culminating in an emergency Caesarean. She had immediately developed mastitis. The whole experience had been so painful and fearful that she had refused to try ever again. This time her husband had begged her to try again, and she had been sorely tempted, but the memory of the pain had again stopped her.

All this did not seem to augur well for her capacity to enjoy her new baby. However, in the same observation 12-day-old Amanda herself appeared quite happy, peacefully exploring her new world. And when she began to suffer from wind, Jane showed herself well able to attend to her patiently and empathetically:

Jane tried holding her in all sorts of different positions, but always with care and respect. Amanda would calm down, become curious, get pain, crumple up; sometimes the pain would intensify and she would yell; sometimes it suddenly went away and she would look around as if to search for it ... She started to search again with her mouth. Occasionally she would suck at parts of Jane's body through her clothes, including her breast. Jane became disturbed by not knowing how to calm her, and eventually said, 'I just haven't a clue whether she's wanting to burp or to have some milk'. Saying this seemed to help her (Jane), and she then relaxed again. Amanda found a comfortable place between her mother's breasts and neck, and lay there motionless, both

(I imagined) loving the warm feel and also the absence of pain. But soon the pain came back, and she yelled.

Jane felt the time had come for the milk, so she prepared it, holding Amanda, talking to her and singing to her, in touch with her discomfort and putting words to it ... She then settled Amanda against her and put the teat in her mouth, and the immediate response of quiet sucking was so sudden that we both laughed. Amanda sucked well for about 5 minutes and then slept, the teat in her mouth, occasionally waking and sucking. Jane sat very quietly with her, attentive ... occasionally murmuring a song.

I think this extract from my notes highlights many interesting aspects which were to become regular features of Amanda's personality and the mother-daughter relationship. It shows Amanda's ability to complain and make her wishes known, very directly. Her mother is well in touch, and responds affectionately and empathetically. She allows Amanda ready access to her body, despite not giving her the actual breast. Jane does become distressed herself at one point, and it may be that she was able unconsciously to use myself as observer to contain her, so that she could rediscover her equilibrium. Amanda also shows even at this very early stage a high capacity to tolerate frustration. She appears well able to make good use of what she is offered, including her mother's voice, and not to become upset about what she is denied – in this extract it is so clear that she searches intuitively for the breast for comfort and love as well as for food. Jane effectively allows her to find the comforting breast, even if only through her clothing, and gives her food separately, via the bottle. Amanda immediately settles down when attended to after being distressed – an almost unfailingly regular feature in all future observations. Sometimes when exploring these kinds of interactions in seminar discussions we thought of Amanda as having an experience of a breast-mother without a breast.

In this observation Jane also showed herself able to use and enjoy the experience of observation. She said:

'Actually, it is fascinating watching her. I've never really looked at her before like this, with someone else. You can see so much starting to happen.' ... As she talked she sounded interested and exploring her baby, as if this was rather new for her; and there was also a sad note in her voice.

I think this was confirmation already of her hunger for a figure who could help support her in being with and attentive to her baby with a different attitude from prioritising competence. I wondered if the sad note communicated a sense of melancholy at not having received this experience

as a baby herself, and possibly a regret that she had been less centred on the emotional life of her two older children when they were babies.

Jane also spoke about:

how both the other children love Amanda and play with her beautifully. I asked what they thought about her. She said that Benjamin simply loved her, and was thrilled with her ... Rachel, however, had other ideas. She was extremely jealous. But she never took it out on the baby. 'You know who she takes it out on' nodding at herself. But then she quickly spoke up for Rachel, how Jane will get round her jealousy by involving her in looking after Amanda, getting things out of the fridge, etc., particularly her bottles, which Rachel loves to do.

I saw Benjamin at my third observation, when Amanda was 19 days old, and he was indeed very taken up with Amanda. He played quite gently with her, but then she started to cry, quite softly, and not, I thought, in particular reaction to him. But her crying seemed to make Benjamin quite anxious, and he tried one thing after another – singing soothing songs, then banging a rattle increasingly hard until he was finally walloping it on a chair – to try to get her to stop. Jane intervened and picked Amanda up, and she calmed down, but Benjamin:

was all over her, kissing her, tickling her, passing his fingers all over her, but often poking her, squeezing her, biting her when he was kissing. I could only admire his ability to stay exactly on the borderline of what his mother would and would not permit, so that she got increasingly exasperated with him. Yet she didn't lose her temper, and found him some things of his own to play with at his table ... still stroking Amanda. Amanda, I think, rather enjoyed Benjamin's attentions: she was very interested, sometimes excited, sometimes crying ... and looked round for him again.

The following week, Jane told me:

how the children never really saw David during the week, because the two elder children go to bed at about 6 p.m. She described how Benjamin continues to adore Amanda, and how he's decided to marry the other little baby girl in his life. This made her laugh. Rachel, on the other hand, is very jealous and rough with Amanda. Jane had made the mistake of telling her not to hit her on the head, which was now Rachel's main ambition in life.

The rough-and-tumble of family life thus featured in Amanda's life from the start. I only sometimes saw Benjamin, who in fact normally treated her much more gently and considerately than in the above example. Rachel, on the other hand, had a very lively, ambivalent and frequently conflictual relationship with her little sister. She would often be quite rough with Amanda, on occasion directly attacking her. Perhaps she felt particularly hurt and angry about having been robbed of her precious position of youngest. She would try to excite Amanda as much as possible, and in these direct engagements always succeeded. I will describe some such incidents later in the paper.

Despite her siblings, the early period of Amanda's life was dominated by a real closeness to her mother. The following extract is typical. She was 19 days old:

... Jane fed Amanda fennel tea. She immediately quietened down and sucked vigorously. Soon she stopped and dozed off. After a short time Jane put her in her rocking-chair, clearly hoping that she would sleep there whilst Jane could get on with her household chores. But Amanda immediately woke and searched in the air with all four limbs and then with her mouth. She whimpered and then cried. Jane came and spoke about her being windy, but I thought it was the closeness to her mother immediately after the feed that she had been relishing and which she felt had been taken abruptly from her. And indeed, although Jane continued to talk about Amanda being colicky, she didn't try to burp her but held her against her breast, in a very natural and tender way, which Amanda clearly loved. She quietened and almost purred. My impression was that Jane knew intuitively that this was what both she and the baby desired and needed but that it wasn't allowed, whereas talk about wind and burps was.

There followed a beautiful quiet time in which for about 10 minutes or so mother and daughter stayed quietly with each other, Jane clearly putting aside for the moment her other pressing domestic duties. They looked at each other adoringly... Amanda put her hands up and stroked her mother and explored her face, whilst her feet played around. Jane started to talk about the need to feed on the clock, and how it should be 4-hourly, but Amanda needed to be fed 3-hourly during the day and 5-hourly at night, so that's what she did, she said rather decidedly, as though she were in danger of being criticised.

I choose this example because it seems to illustrate both Jane's state of 'primary maternal preoccupation' (Winnicott, 1956) and also her and

Amanda's mutual idealisation of each other – the healthy idealisation which Klein (1952) thought each baby needed to establish in order to establish secure good internal objects. It was obvious that during this period each was in love with the other. But I think it is also clear that Jane has to wrestle with an internal figure who forbids her to enjoy too much pleasure with her daughter, maintaining, for example, that she should feed not organically on demand but to a timed schedule. Winnicott wrote:

It took me years to realise that a feeding difficulty could often be cured by advising the mother to fit in with the baby absolutely for a few days. I had to discover that this fitting in with the infant's needs is so pleasurable to the mother that she cannot do it without moral support... she is scared to do as she deeply wants to do... (Winnicott 1948)

This difficulty in knowing and enjoying pleasure was of great significance for Jane, and I suspect that another unconscious motivation for having an observer was to help her manage this. I came to feel that a good word to describe Jane was 'austere', because of what I understand to be this word's ambivalent meanings: it simultaneously evokes both simplicity and an anti-warmth, even anti-love quality. A core aspect of Jane's personality appeared to be exactly on this borderline. Her austere simplicity was, I felt, partially helpful to the baby. This would manifest itself in a number of ways. To me she would never gossip. Most of the observations were conducted in virtual silence. There was never once any background music. I only got to know any biographical details about her by chance after about 6 months of observing, on a day when Amanda slept through almost all of my visit. Jane never asked me personal questions. How this side of her austerity translated into her relationship with Amanda can be illustrated from my visit when Amanda was 7 weeks old:

Mother and baby then played together for about 5 minutes, Amanda on Jane's lap, facing her ... Amanda slowly woke up more and more, and started to smile at her mother. Jane always smiled back, and made cooing noises. But a lot of their play was almost silent, certainly very quiet. Amanda moved her lips into lots of different positions, particularly often into an O, and Jane would be doing something similar. Amanda was particularly taken with very gently opening her lips from closed, so that they made a soft, smacking sound: Jane laughed softly when Amanda did this and did the same. There was a particular delicacy in their play which could only occur because of the very quiet background. They were constantly in eye contact with each other.

I noticed over the total course of observations that Amanda seemed to be developing a rather musical ear, and perhaps this quiet, attentive background helped her to develop an innate capacity to listen to sounds attentively herself and to react creatively.

However, Jane's austerity also possessed a rather rigid, cold, defensively phobic aspect. As mentioned earlier, she kept all the windows and doors into the garden shut in the hottest summer days. She hated the neighbours' children coming into the garden to fetch lost balls, and was pleased when her husband threatened to take the parents to court if the children continued. Sometimes Rachel was obviously tantalised beyond endurance by my concentration on Amanda rather than on her, but Jane would often not do anything to make her frustration easier to bear, but simply expect this passionate 3-year-old to obey and be compliantly quiet in the wings. The most dramatic example of this came when Amanda was 5 months and 3 weeks. It was towards the end of my visit, and Amanda was just beginning to show signs of being tired. This happened often enough, and Jane would usually allow Amanda to get drowsy in her own time, before taking her to bed or allowing her to fall to sleep in her chair. On this occasion, however, Jane immediately took her upstairs, saying...

'She'll probably cry herself to sleep.' And this was a very exact description of what happened. Jane put Amanda down in her bed. ...she turned on a musical box just over Amanda's head. She simply said 'Goodbye', came out of the room and shut the door. Amanda started to cry at once, but Jane calmly walked down into the kitchen, and took up her game with Rachel. The intercom was off, but for the last 10 minutes of my time Amanda's crying could be clearly heard, constantly, at one point getting into a complete and utter frenzy. I found it devastating to sit there with this as background music, whilst Rachel and her mother played on. I wondered what the experience must be for all three of them, and whether this was a regular occurrence.

This particular incident occurred around the time of Amanda's forthcoming baptism, which was an event causing Jane manifest anxiety. All her relations were going to be there, and the arrangements had to be perfect. She seemed to relax after it (it had gone well – 'Amanda didn't disgrace us!'). I sensed that this aspect of her – was it an identification with an internal, anti-libidinal mother? – was always present to some degree: it was something perfectionistic and indomitable which partly contributed to her strength and competence, but which I think she dimly knew contributed to her difficulties in, for example, feeling it was legiti-

mate to enjoy her baby. In the example just quoted it was not only Amanda who was attacked but also me as the one who represented interest in the baby; however, I suspect that part of my role was to help protect her baby and herself from this harshly judgmental part of herself.

A similar atmosphere prevailed with regard to nappy changes. During the entire period of observations I only saw one nappy change – and never a single bath. Jane was apparently quite open to my observing these when I had raised the subject with her early on. I felt I needed to do this, particularly on account of being a male observer, since I knew I needed quite specific permission to accompany Jane into the private upstairs rooms of the house. I was surprised, therefore, that when Amanda defecated and needed changing during an observation (she was 6 weeks old) Jane ...

scooped her up, saying, 'Come here, smelly', marched her off up-stairs. I stayed in the kitchen in some indecision. I wondered whether to call upstairs and ask if I could come, but I decided instead to wait and talk to Jane about it when she returned.

Soon she came back with a clean-smelling and beaming Amanda in her arms. When we sat down again I said I didn't want to be too intrusive, but if that happened again would Jane mind my coming up too? Jane said 'Of course not'.

This experience left me feeling I might have been too reticent. We discussed this matter in the seminar group, and the consensus was that it was particularly important for me as a man to keep clear boundaries between downstairs and upstairs, and that perhaps Jane was more reticent than she was admitting because of Amanda being a girl: perhaps she did not want me to see her daughter's genitals. Might it have been different had her baby been a boy? Time passed by, with some observations in which it was clear that Amanda had defecated and yet in which Jane did not change her, which led me to conclude that she really might have some strong aversion to my observing this. I asked whether I could come to see one of Amanda's baths, offering to change my time, thinking that my visit could take place when other family members were present; but this request Jane flatly rejected. Then she was entertaining friends with babies on a social visit during one session, and one of the other mothers changed her baby daughter's nappy quite openly and calmly in my presence. Soon after this, when Amanda was 23 weeks old, Jane announced during an observation that she was going to change Amanda's nappy. I asked if I could accompany them, and she said I could. But the change was ...

so well organised that neither mother nor baby seemed to make much of it either positively or negatively. Jane had it all well laid out, with a high changing mat in Amanda's bedroom. Jane was completely exact and precise in her movements. Amanda seemed not at all interested in anything to do with the nappy change. I could not tell that she was pleased or relieved that it had happened other than by the absence of her former complaint ... it seemed as if in no time we were downstairs back in the kitchen.

So after all this waiting the nappy-change was a non-event! This seemed to be an area where Jane was very similar to her description of her own mother, and her baby responded by being as lifelessly mechanical as she was – so very different from the way they both interacted at most other times.

With regard to sleeping arrangements, Amanda had moved out of her parents' bedroom and into her own room at 6 weeks with the minimum of fuss. She was apparently always good at sleeping through the night. The whole family tended to get up early – soon after 5 a.m., so there was not much early morning time in which she might have been on her own. When she was asleep, she sometimes gave evidence of dreaming. When she was 14 weeks old I had seen her asleep for part of an observation, in which she had two dreams.

The first dream appeared to be a bad one. She shifted around and made a crying face, and did slightly cry. It had quite a deep tone of anguish to it, and she seemed distressed. But after a few seconds she relaxed back into a deep and immobile position.

About five minutes later she again started to move around, and this time she giggled, smiled and laughed. This also passed after a few seconds, and again she remained still.

These dreams show her having quite different internal experiences. Their closeness in time bring to mind Freud's comments (1900) about how dreams that occur during the same night arise from the same latent dream-thoughts and should be interpreted together, as a composite unit.

Another area in which the interplay between Amanda and Jane's rigidity, austerity and spontaneity showed itself was in feeding. When Amanda was 8 weeks old she had her first triple vaccination. I visited them 6 days later. Since the vaccination Amanda had gone off her food, and Jane was spacing out her feeds at 4 hourly intervals – otherwise, she reported, Amanda just takes a little and spits the rest out and is really uncomfortable.

If Jane makes her wait longer than Amanda gets really hungry and drinks more, 'but it makes me feel cruel'.

I noticed Amanda having spasms of pain, for which she always seemed unprepared. Jane lifted her up, and gave her fennel tea – she had it all prepared on the table. She sat down with Amanda on her lap. Amanda took the bottle very enthusiastically, and Jane heaved a sigh of relief. Amanda's hands gripped Jane's. But very soon she turned her head away and moved around in pain and discomfort. Jane held her close, and sometimes talked to her about how unhappy and miserable she was, rubbed her nose against hers, and at one moment lifted Amanda up so that her face touched Jane's forehead: Amanda clearly loved this and moved her head from side to side, rubbing her cheeks against her mother's forehead for comfort. She would get little periods of comfort but then would be writhing again and beginning to cry: once or twice she would cry out in great pain and shriek. Jane was very attentive to her, and, it seemed to me, intuitive; she occasionally got up and walked with her, putting her over her shoulder, talking to her, rubbing her back, holding her face outwards over her arm, which was clearly a position which gave Amanda a lot of relief. Amanda was clearly crying in her anguish to her mother, engaging with her, looking into her face for response, occasionally pummelling her chest with her fists, sometimes burrowing her head right into her mother's body.

So it surprised me when Jane said, 'Why can't you talk? I wish you could tell me what the problem is. What does Ahhh Ahhh mean? I don't know what's wrong with you. What should I do? Is it milk you want? The ultimate answer? Probably not.'

I think this was one of the times when Jane sensed with some anguish that it was the actual breast as well as the mind of a breast-mother that her baby needed as the ultimate response to her pain, and it was tough that this was something she had decided not to make available. And, of course, being a male observer, I thought that this was typical of a situation a father can often find himself in, in which when faced with a distressed baby he can offer all the responsiveness of which he's capable, but he realises he doesn't have and can't have the one thing, the female body, which at certain times can feel like the only solution that would actually fit the baby's need. And the extract also illustrates clearly Amanda's capacity to help her mother and to communicate to her mother just what she needed.

When Amanda was 16 weeks old I observed the following interaction over food. Amanda was happy and giggling, but:

gradually a note of complaint entered her communications. To begin with it was just occasionally a look or a noise of pain, but then it increased in frequency. Jane's response was to try to jolly her out of it: she would say, 'Oh, it's time for a niddle, now, is it?' and kiss her, or 'You're a terror, aren't you? Yes, you are', whilst tickling her stomach or kissing her nose. Amanda let herself be persuaded back into a more happy mood for a while, but then the complaints increased. From time to time she would look at the bottle next to her on the table, which had a small amount of water in it, and Jane would give it to her; but Amanda would always immediately turn away from it, and Jane said, 'It's only water, and that's not good enough, is it?' Jane explained to me that sometimes she and Amanda join two other mother and baby couples, and this had happened earlier today. That meant that Amanda had been too excited by the company to finish her milk like she normally does. Jane told me when her next bottle was due, in about half an hour's time, and my heart sank at the thought of Jane's holding out till then – but she didn't. She put the napkin to Amanda's face, and Amanda immediately became very excited. Jane said, 'That's it!', got up with Amanda, and took her over to the microwave and put the milk bottle into it. Amanda clearly knew exactly what was going on, because she stopped her complaining sounds and instead started beaming and getting very excited with her breathing and other sounds.

Then Jane came over, sat down, and put the napkin round Amanda's neck. All of this seemed to Amanda to take an inordinately long time, and she just sat there with her mouth wide (WIDE) open ('like a little bird', said Jane) until Jane put the bottle in it. The relief was instantaneous.

It was evident that Amanda could find a way – through, for example, the way she opened her mouth in this episode – of communicating to her mother, which Jane found endearing.

For a good 5 minutes Amanda now seemed to immerse herself in the experience. To begin with, she seemed to be sucking vigorously, her arms and hands moving; but soon she relaxed and seemed to move into a much more sensuous experience. Both her hands were busy stroking/touching Jane's hands and the bottle. She shoved one of Jane's hands off, so that the bottle ended up being held by one of each of their hands. Her feet occasionally moved up and down. Her eyelids half-closed and closed, and occasionally she moved her eyes around so that I could see the whites of them. At these (apparently ecstatic) moments

she also raised her arm half-way up, and then slowly settled it down again.

She rather suddenly came off the bottle, raised her upper body and head so that she was in a more upright position, and swayed about rather giddily with a beatific grin for quite a few seconds. 'She's drunk!' said Jane.

I wonder whether this observation doesn't illustrate how Jane seemed to be on the cusp between feeling she should impose a rather rigid control and a conflicting desire to respond more spontaneously to her child; and how possibly she may have been making unconscious use of the observer to help her strengthen her resolve to opt for the more responsive side of the conflict.

The same qualities could be seen on my next visit, when Amanda was 17 weeks old. She had a cold, and was a bit uncomfortable and unhappy. She had started to complain, and Jane said it was nearly time for her feed,

so she got up with Amanda over her shoulder, and went to put the prepared milk into the microwave. Amanda sounded both excited and reassured, and whilst they were waiting for the milk to warm up Jane took Amanda over to the cooker where Amanda looked with great interest at the luminous digital clock figures. Jane told me she had discovered that Amanda loved this and it kept her excitement within bounds whilst the milk was heating. Then it was ready and Jane brought baby and bottle back to the table. As on previous occasions Amanda was so ready that she couldn't wait for the bottle but started to stuff her nappy into her mouth, and Jane had to remove this before giving her the bottle. But it wasn't too frenetic, and Jane laughed saying that sometimes Amanda stuffs both her fists into her mouth, which really presents Jane with a problem as to how to get the bottle in.

Again, Jane's description of her baby stuffing her mouth with her fists shows how she could be amused by Amanda's struggle to wait, and this endeared her baby to her – helping her not to feel persecuted by Amanda.

The feed was different from previous ones I had observed because of Amanda's cold. She could just breathe through her nose, but only just. Constant snuffling and snorting. So it was hard work, involving her whole body working away. She soon got rather tired, but went on sucking well: she was hungry.

Then I was very touched to notice that a private duet had started up

between mother's and baby's hands on the bottle: Jane was holding the bottle, and Amanda was stroking her mother's hands with one of hers, to which Jane was responding with one of her fingers. This quiet communication continued underneath the more overt snorting and energetic feeding.

After some minutes Amanda had had enough, and dropped the bottle from her mouth with a big milky burp. 'Thank you', said Jane.

It seems to me that this material illustrates rather movingly the breast quality of many of the bottle feeds I observed.

Jane started Amanda on solids at about 18 weeks. In fact the first time I witnessed this Amanda was less than keen on her solids, but this probably had more to do with her irritation at her mother focusing on Rachel during that observation than with an intrinsic dislike of the solid food itself. But it was noticeable that in that same session Amanda was beginning to 'roar'. It was a strong, rather masculine sound, which was perhaps related both to her father's voice and to the deep strong voice her mother reserved for the occasions when she was reprimanding her older children. On this occasion it was Amanda who seemed to be using it to reprimand her mother for insisting on her eating solids. But there seemed also to be a note of desperation and frustration in the roar. One might suggest that she was anxious that the solids might be instead of her bottle. It seemed that she had something like a preconception that weaning was on the cards, and she was defending against this quite vigorously with her roar. Was she even wanting to become father? If she were fed solids, she would have to share mother and become part of the family.

Jane eventually got the message, saying, 'It must be milk you're wanting – nothing else will do!' She gave her the bottle, and Amanda held onto it tightly, and, unusually, finished all the milk.

Soon afterwards I observed her eating her solids with enthusiasm, and by her 23rd week – the same week as the anti-climactic nappy-change – I noted:

Jane put Amanda's food and a spoon on the table, and then put Amanda down in her chair. Jane then fed her; and I want to convey how effortless and seamless, how neat and organised, the meal was. It was over very fast, it seemed to me, with a lack of fuss that seemed almost odd. At the very start Amanda was clearly excited and pleased about dinner-time: in fact she rooted against Jane's breast through her jumper, as if she were a tiny infant, as Jane put her down in her chair. Jane would then take a spoonful and hold it in front of Amanda, who would then

open her mouth wide and take it in. She enjoyed it, it seemed; she didn't gulp it greedily nor linger over it; she was clearly hungry and enjoying herself, and on the whole seemed quite simply to eat one mouthful and then be ready for the next. Mother was tuned into this, ready with her next spoon (or was it the other way round?). She fed Amanda very exactly, never spilling anything, and carefully wiping any food from Amanda's lips when there was even the smallest mess there. And so the meal went on; the first course was finished, and immediately Jane went to the fridge, got out a fromage frais, which Amanda ate in the same way, only perhaps lingering a little longer over the very first mouthful to establish the new taste.

This engagement over food was very characteristic of much that passed between mother and daughter: there was a good experience, which clearly both enjoyed; yet there was also something very organised and efficient about it, which precluded a fuller pleasure – or too much displeasure. I never saw Jane allow Amanda time to linger over her meal. She was never allowed to play with her food. On the whole she was not fed until she showed that she was properly hungry. On the other hand, Jane spent a lot of time and trouble cooking Amanda's meals herself, and clearly thought about the preparation of the food carefully; and I think it mattered to her intensely whether Amanda enjoyed her cooking or not. Preparing food was perhaps related in her mind unconsciously to qualities of the breast, i.e. what she herself could provide from deep within herself. Amanda tended to have a good appetite for food, and so usually gave her mother the reward of seeing her cooking polished off with gusto. And just as they never quite had a fully pleasurable eating experience, they never had terrible rows, either. Amanda could not really express her negative feelings towards her mother by refusing her food. If she tried, Jane took it that she was not hungry and simply cleared the food away.

By now, Amanda had more full-blooded relationships with her siblings, particularly Rachel, who, accidentally on purpose, just somehow often used to come into quite dangerous contact with Amanda. When Amanda was 20 weeks old, for example, Benjamin and Rachel were playing quite boisterously around her. I noted that:

considering what a nearly chaotic scene was being improvised around her, I was surprised to notice how on the whole she would follow one element of it at a time. She would either look at Benjamin, and follow him with her eyes around the room, or similarly at Rachel, and sometimes she would look around at her mother and smile at her.

However:

Rachel then became more and more excited with a long piece of plastic with two balls at either end. She was hurling and flailing it about, hitting the kitchen surfaces hard. Jane told her off firmly, but at a moment when her mother's eyes were elsewhere (all this happened so fast that I'm not sure Rachel could have done this actually purposefully) she swirled the rope near Amanda and one of the balls hit her on the eye. My anxiety had been racing, and I leant forward and said, 'Hey!' rather sharply, in a spontaneous reaction. Jane immediately looked round and said 'Out!' to Rachel, whom she marched off out of the room. Benjamin wasn't in the least disconcerted by all this, and went on with his playing. Soon he followed the other two out.

Amanda was clearly very shocked by this blow, but to begin with hardly reacted vocally at all. I imagine she was a bit stunned. Certainly her expression had lost all its animation and playfulness. I was slightly behind her so I do not think she knew I was there, and she began to look around, saw there was no-one, and looked rather frightened. Just when she was beginning to whimper, however, Jane came back in with the older children, who were a bit calmer. Amanda was all eyes on Jane, and stopped crying. Benjamin and Rachel immediately began to play up again, but Jane rather calmly got out their drawing things, papers and crayons, and put them out for them on their special table, and they sat down to draw.

This kind of scene emphasised the fact that Amanda, from the beginning of life, was part of a sibling group with its own dynamics of excitement, love, jealousy and hatred.

When Amanda was 21 weeks old I recorded that at the very start of my visit, when I saw her:

her eyes were shining and she looked full of health; she gave me a big smile and started to wave her arms and feet about. (Somehow she seemed to me older in this observation, as though rather suddenly she wasn't 'just' a small chubby baby anymore.)

It was as though from about this age it was obvious that she was well organised inside herself, with an inner continuity, able to think thoughts and recognise and relate to external figures very well. Perhaps this was partly because of her eating solids and not 'hogging' mother so much – even if she had never literally hogged mother at all.

One of the ways it was possible to see her growing up was in her successively more complex vocalisations. At 20 weeks:

Amanda burped, and then made a vocalisation starting right high up and ending with a mixture between a growl and a gargle. Jane explained that this was her new noise, which had at first really alarmed her, because she thought Amanda was trying to make herself sick, but then realised it was just more vocal experimentation.

The following week:

Jane and Amanda played together, mostly verbally, with Amanda making lots of differently pitched vocalisations, as if practising her scales and arpeggios. Jane mimicked her and occasionally added bits of her own.

These two examples show both Amanda's own experimentation and also Jane's response, in which she could both support her daughter by being (literally) in tune with her and also occasionally prod her into exploring further.

But music could also be an arena for pain. When Amanda was 5.5 months old I observed her being played with by her sister, Rachel. Amanda became excited, and her noises ...

turned from playful pleasure to excited, manic squeaks. But what really got to her and turned the experience bad was when Rachel attacked her with sound. Rachel would shout or suddenly scream, or whisper, or sing very very high. Amanda began to crumple up. Rachel saw this, and, swift as lightning, caught hold of a toy with bells which she then danced in front of Amanda, who immediately joined in with laughter. Soon Rachel appeared to judge that the danger of Amanda's crying was over, and so started to torment her again with sounds. Amanda looked utterly frightened and miserable, went pale, and closed her eyes.

At 5 months 3 weeks Amanda was sitting in her baby-seat, but boisterously ...

kicking about and strongly waving her arms... Jane gave her a rattle, and Amanda thrashed it around, revelling in the sound and the feel. She would often thump it hard on the seat behind her head. Occasionally she would wallop herself with it ... but she didn't seem to

mind that. Most of the time she didn't vocalise, but occasionally she did, and then it was in harmony with her robust mood, a sort of strong 'Oi, Oi, Oi!'

And so on, until her vocalisations clearly began to be differentiated between ever closer approximations to speech inflections and something more purely tuneful and musical.

From a very early age it was clear that Amanda was aware of different people. When she was just 8 weeks old, at the start of my visit:

Amanda had not taken her eyes off me since I came in through the front door, and now she started on a long period of looking at me and relating to me.

... she became completely absorbed in getting to know me. For a full half hour she did nothing else. Sometimes she gazed at me, sometimes stared at me, sometimes watched me with interest ... she would sometimes break into an amazing smile, sometimes seem to have a quiet chuckle to herself, sometimes would frown ... Her mouth was busy working all the time ...

After 30 minutes (Jane having left the room for about 10 minutes) Amanda started to become disturbed ... Then quite soon things got worse and worse for her ... to begin with as she suffered internal pain she could remain in a communicating relationship with me, as if telling me about it with her eyes and her complaining noises, but then it escalated so that she was in more and more pain and she could no longer use me as a good enough substitute or extension of her mother. Her mother came back ...

Here, at this very young age, Amanda seems to have been able to feel secure enough of her solid relationship with her mother to relate closely to another person, myself; but after some time – quite a long time – she seems to have begun to feel terrified that she is in danger of losing her link with the mother and to be swallowed up in or marooned on a strange and alien figure.

At 15 weeks, in the midst of sucking from her bottle:

she stopped, and cocked an eyebrow at me ... For the next 15 minutes Amanda flirted outrageously with me ... She would lean towards me, moving all her body, and gurgle, coo, sing a little, blow bubbles, close her eyes then open just one, look at me and collapse in giggles. Her

eyebrows went up and down, and she frowned and smiled.

At 7 months 4 weeks I was told:

That Amanda had recently fallen in love with her father. She would reach out for him as soon as he came and couldn't bear to be parted from him.

The following week I was told that, as well as fancying men in general, she had begun to get frightened of women. For example, she had acted as though she disliked her grandmother and was frightened by her, and had been particularly coy and loving to her grandfather, although it was her grandmother she knew well and had had a good relationship with, rather than her grandfather.

Then:

Jane took two telephone calls, about 5 minutes apart, and I was struck how on these occasions Amanda immediately stopped whatever she was doing and looked and listened very intently at the start of the call. After a few seconds she went back to her play. But then Jane spoke to me for quite a long time... Amanda initially took no particular notice ... but after some minutes she began to stop playing for about 30 seconds at a time and to look carefully either at me or her mother (in detached, scrutinising mode ...). Then, after we had been talking for over 5 minutes she started to look from one to the other of us. She always went back to her play and was able to take it up and engage with it, but clearly she was preoccupied with us, because before long she would again look up and glance from one to the other. I was struck by how it seemed as though she was gathering and processing information from her observations ...

And so this maturational process continued through the weeks. It seemed as if Amanda was quite comfortable in two situations – either being alone with her mother in a dyad, or as one of a family group – but she was quite intensely aware of the difference between these and a threesome. Though she came to know me quite well, and would often relate very freely to me, the first moments of my visits were often difficult for her. It was as though she found it hard to move psychically from being in a dyad with her mother to allowing in a third, with all its greater complexity and particularly possibilities of exclusion.

As she gradually became more able to observe and think about more

complex relations between others or between herself and others, so she began to notice things about herself. At 8 months 1 week:

she was humming to herself quite a lot, and sometimes would suddenly break into a high-pitched laugh, which she would then laugh at, and usually Jane and I did as well, in spontaneous reaction. She would then look delighted ...

Her noticing herself laughing seemed to me to be evidence of the beginning of a reflective self (Fonagy et al. 1991), a core component of healthy psychological development.

I will now move to Amanda's physical and emotional development with regard to getting herself upright. By 7 months 2 weeks she was 'sitting straight up on Jane's lap, all on her own, obviously with complete comfort'. It was on this occasion that Jane produced, with some embarrassment, a baby-walker, saying:

that she always swore that she wouldn't use 'one of these things', but she hadn't been able to stop herself borrowing one from a friend just whilst Amanda was at the stage of toppling over. So she put Amanda in it. At first Amanda didn't seem very pleased, but very soon (less than a minute) she cheered up and started to get interested in the play-things at the front of the baby-walker. In particular she liked to play with the telephone: she made it ring (it had a ring like a bicycle bell) many times, and she tended to look at me with a big grin of triumph each time she did this. 'She's showing off again!' said mother.

For the next few minutes Amanda gleefully demonstrated her capacity to use and steer the walker with intent.

This baby-walker became a major theme of Amanda's life. In time I gathered that in fact both Benjamin and Rachel had used it previously, so that it was very much the family walker rather than one which had been borrowed. Jane clearly had misgivings about whether she should encourage its use and whether I would approve; but in seminar discussion we thought that it might well have been her hatred of dirt and mess that motivated her to use it. She stated on numerous occasions her ambivalence about Amanda crawling: she wanted her to crawl because it was developmental, but she hated the idea of her crawling around the house, getting dirty and opening cupboards, etc. She portrayed herself as having to crawl around after her. The walker seemed a more controllable and

organised form of movement, and when in it Amanda could not actually open cupboards – though not for lack of trying.

Rachel's rather rough relationship with her sister continued, but I think the following extract from my notes shows how, as well as sometimes being dominated and defeated by her big sister, Amanda was simultaneously becoming more able to hold her own. She was becoming quite robust herself. For example, when playing with a spinning top, at 8 months 3 weeks:

Rachel came back in; and immediately stormed Amanda. Jane retreated to a chair, so that she was sitting just above the girls. Rachel put her face right up against, almost into, Amanda's, and roared at her. I got a big shock, but not Amanda, who laughed and laughed, and thrust her head forwards against Rachel's. Rachel kept doing this, until Amanda fell over backwards, her head making a big clonk on the floor. Amanda started crying, but no-one seemed too bothered, least of all Rachel who immediately looked for a toy to distract her sister: a musical box. She quickly wound it up and placed it, playing, right next to Amanda, who did immediately stop crying and smiled with pleasure, then joining in the music with 'goo, goo, goo', and again waving her arms. Rachel quickly took it away, to Amanda's consternation, which seemed to be Rachel's desired goal ... Rachel started to blow what felt like an interminable series of raspberries on Amanda's stomach. To begin with Amanda loved this, giggling and laughing and moving around on her cushion, but it was clear that it soon became a persecution: she looked frightened and then panicky. Jane told Rachel to go easy, and so Rachel went off now in search of the top. Jane helped Amanda up, who very soon recovered and was obviously overjoyed at seeing her two favourite objects, sister and top, coming back towards her together.

But then, about 10 minutes later:

Rachel suddenly had had enough and left the room. Amanda was collapsed in a heap on the cushions at Jane's feet. Jane said to her, 'Peace at last'. But then she soon added (to Amanda), 'I can't begin to compete with that, you know'. She lifted Amanda up and put her on her knee. After a short time of relaxing, Amanda looked up and gave her mother a big smile, and then Jane began to play with her, putting her head on her knee and lifting up her legs and clapping them together. Amanda was very squirmy and active, and a couple of times Jane put

her down and then lifted her up; it seemed that she was full of life after being with her sister and found it hard to settle down afterwards. 'Has the little terrorist gone then?', Jane asked of her a couple of times. Amanda yawned and began to whimper, and then cheered up again.

This extract is typical of interactions I observed between the sisters throughout my visits. I think they show what a big influence on her personality-development her relationship with her brother and sister will have had. Amanda seemed to be able to cope with Rachel's impingements very well, on the whole: she would, of course, get excited, and sometimes, as in the last example, it would be too much for her. Her mother sometimes surprised me by allowing Rachel's attacks to escalate (which I thought was unhelpful to Rachel as well as to Amanda); but usually Jane would be available to her at such moments, and, after collapsing for a short while into being a tiny baby at the (metaphorical) breast, Amanda would usually recover her good spirits and be ready for the next thing – even if that were sleep. Time and again if Benjamin and Rachel were playing rowdily or getting into trouble with their mother, she would continue with her own activities apparently entirely unmoved. She had heard it all before. No doubt she will probably be quite able to look after herself when she reaches the school playground.

I think that this kind of rather strong, passionate experience with Rachel and her mother ensured that her development continued on all fronts, including, very obviously, her mobility. Amanda learnt astonishingly fast how to use the baby-walker, and soon I found myself referring to it as her car, even her sports car, and both Jane and I talked about her 'zooming around'. However this inorganic and too facile ease of transportation got her into severe emotional difficulties, especially as instanced above, when she would get herself into a desired position but then not be able to get out of it. Naturally enough she then felt very frightened and suffocated. I found this particular aspect of the whole observation sequence the hardest to tolerate as an observer: Amanda seemed such a bright girl with such an appetite for life, endowed with such a regularly evinced capacity to struggle with difficulties and to be curious, that to give her something so dangerously easy which bypassed the more arduous stage of crawling and real walking seemed quite unnecessary and in danger of damaging or blunting her capacities for hard work and achievement. But in the event I am not sure that these anxieties and judgements of mine were justified. Within the very orbit of her walker experiences, she did indeed work hard, and with success, at controlling it and getting it to do her will. And it didn't, in fact, completely stop her from either

crawling or walking. Crawling, as already mentioned, was not particularly encouraged by Jane, but nevertheless Amanda began manoeuvring herself from a sitting to a crawling position, and then to try and move her limbs – so that Jane really found that, like it or not, she just had to help her. And as for walking, at 9 months:

Jane told me that Amanda could walk quite well already when Jane held her loosely around her stomach; and she then demonstrated exactly this.

She pulled Amanda up to a standing position, then held her loosely by her hips, and Amanda walked: this was real walking, in the sense that she put her full weight on her legs, and lifted each up in turn, etc. I was astonished, as Amanda, steadied by her mother, walked around the kitchen. Rachel had just come in and was opening a colouring book to draw in at the little children's table. Amanda aimed and made for this table, and then, lightly supported by her mother, stood at the side of it and tried to seize the book and the pens in turn away from her sister, laughing uproariously. Rachel got rather cross, and took the book onto the floor a little distance away. Amanda immediately turned round and pursued her, mother in tow. Rachel then went back to the table: and this happened about four times ...

The two girls then played rather friendly, teasing games with each other:

... Rachel left the room, and Amanda wanted to follow her; so she walked (with mother balancing her) right out of the kitchen and into their sitting-room, where to her great delight she found Rachel. Amanda grinned at her sister and her arms went up and down with pleasure, and she made a rhythmically repeating 'Ooh! Ooh! Ooh!' vocalisation. She then walked to Rachel, who sat on a sofa; and at the last minute Jane picked Amanda up and put her on Rachel's lap. Both girls loved this, and Rachel stroked Amanda's hair. But then Amanda grasped a handful of Rachel's hair and pulled hard. Rachel screamed and rushed off into the kitchen. Jane lifted Amanda back into walking position and Amanda followed big sister in hot pursuit. Both hooted and screamed with excitement when they met up in the kitchen.

This somewhat manic but good-humoured play between the sisters continued and developed, without escalating into crisis, as I had so habitually witnessed on many previous occasions.

This vignette seemed to me a good one with which to end this paper,

because it brings together many important and typical features of this series of observations. It shows Amanda's sense of 'onward and upward' development; her desire and delight in walking. It also shows Jane facilitating this, delighting in her child and it is important to note the persistence of their mutual adoration. Just as Jane was prepared to spend a lot of time in this and other observations being Amanda's servant, in the sense of walking behind her and facilitating her 'walking' wherever she wished to explore, so psychologically she seemed to wish to be right behind her daughter, supporting her development. For all her cold, defensive austerity, this warmth, love and longing for her daughter to develop seemed to win as the stronger current.

This picture seems to me to symbolise how Jane had been, fairly consistently, since the beginning of Amanda's life, and perhaps is as good an answer as any to my opening question as to how it is that a bottle-fed baby like Amanda can develop into the kind of warm, affectionate, curious and full-blooded creature that she manifestly is, demonstrating qualities which we tend to associate with a securely attached breast-fed baby. And for Rachel, this scene seems to mark a turning point when Amanda stops just being the baby to be jealously taunted and becomes instead a genuine playmate, a real sister. In fact in this observation and one soon after at which Benjamin was also present, it was obvious that Amanda had become a third partner in the children's group, no longer 'just' a baby.

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