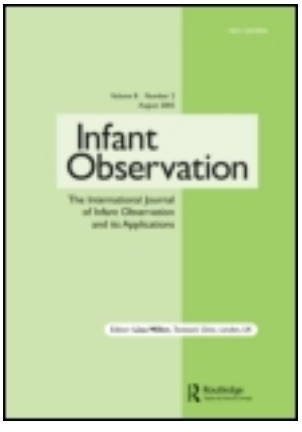

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The usefulness of baby observation (Esther Bick model) as part of analytic training

Rosella Sandri*

Infant observation is a valuable tool in learning to listen and to understand patients' communication. When this approach is used in the analytic relationship, it can become the source of a new approach to very early, primitive levels of thought and body-mind links in very early development.

Keywords: baby observation; psychoanalytic training; proto-thought; earliest levels of symbolisation; phantasy; dreams

Introduction

One fascinating aspect of baby observations stems from the wish we all share to participate not only in the mystery of conception and birth, but also to witness the development and transformation of the baby. Infant observation confronts us with this mystery. How do we move from what is visible or observable to that what lies behind it? How do we move from the behaviour, gestures and sounds we observe to what is also present – thoughts, phantasy and the internal world which is developing within?

Yet another aspect is the observation situation, the function of the third person or position which the observer takes on very quickly. Indeed each moment of the observation creates 'a little distance' in which the observer is not simply a reflective mirror of what is visible, but a mirror which makes what is not seen by the naked eye visible. In Bick's method of infant observation each moment is extremely important when what is observed is worked on internally by the observer. The emotional impact of what is observed permits the observer to let his mind wander freely as he writes a description of what he has seen; listening to his feelings which often echo the baby's or those of his family.

Writing notes is also a moment of discovery for the observer, who can, as he writes, catch himself in the act of thinking and having associations which link with what he has experienced at the time of the observation. This can provide enlightenment about parts of the observation not understood at the time of observing. In a similar way, during the seminar, new thoughts arise within the

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group, which then becomes 'the cradle' (container) in which the babies who are observed can, in turn, be thought about and brought into the group's collective 'reverie'.

In terms of training the observer, what is important is not only to help him 'see' how a baby develops, but above all to learn to think about the primitive communication of a baby and to develop a sensitivity to the tiny details and body movements which give indications of how psychic life and relationships will organise themselves over time.

The essence of observation is not confined to what happens in the course of the observation. It is often in the aftermath that what has been experienced vividly by the observer develops (matures) internally and can come to the surface unbidden. For example, it can happen in the work setting, or sometimes more personally, when the observer can feel all the benefits of observing in this way in his style of working, thinking and of being more authentically psychically aware of himself and his patients.

In the observation of the baby, there are also times when the observer becomes a kind of painter, who not only describes intense emotional events, but is part of them, because of his capacity to be touched emotionally by what he sees. If one thinks of the etymology of the verb (in Latin, *exmovere*) we can say that it accurately describes the observer's position, characterised by the fact that he can shift his gaze from one face to another and from one psychic position to another. He can experience one emotion then another, and make his first 'painting' in his written report of the observation.

I would like to illustrate my point using a brief extract from the observation of Lina, when she was three months old. They are in the bathroom after Lina's bath. The female observer describes,

Observation at three months old:

> As mother talks about her Lina watches her, but probably not all the time; Her face is orientated towards her mother but she fixes on her (mother) only briefly. However Lina is very attentive and almost completely still, all eyes on her mother; I sense this in her physical immobility, seeming to be all ears, with her fingers in her mouth. Lina isn't really looking at her mother she seems to be looking beyond her and a movement of mother's makes me think that she is looking to put herself in the centre of Lina's gaze. Mother's smiles and her tone of voice make me think that she feels something in the quality of Lina's attention and presence. Then Lina sticks out her tongue as if she could extend it until it touches her mothers. She makes some little 'hee' noises which make me think she is directly responding to her mother's words.

In this little vignette, the observer emphasises the relatively short time when the baby fixes her gaze on her mother's face. We can note a penetrating quality in the look, so well described by Haag (1984), we can also observe a reflexive quality emphasised by Lina's immobility and attention. In effect, looking seems to mean

possessing and paying attention (being vigilant?). In the exchange of looks that we can picture between the baby and her mother, it is as if the baby is internalising mother's face, together with her voice with immobile intensity. It is as if there is a kind of impregnation or imprinting which touches her corporeal as well as her psychic being.

The observer points out that it is as if the baby is looking through or beyond her mother which brings her mother to move to become the centre of her attention. To complete this beautiful sequence, Lina puts out her tongue, giving the observer the impression that she can touch her mother; and one might add taking her into herself. That seems to be confirmed by the sound 'hee' in response to her mother's words, as if a dialogue has been established between the two.

For the baby to have a sense of a representation of her own face it is essential that she has internalised her mother's. Mother's face, with its containing framework, must be sufficiently mobile and sufficiently stable for the baby to recognise it completely, and so that the baby can also feel known. It is under these conditions that dialogue becomes possible, which transforms the face of the other according to what has been transmitted; If the facial expression is impassive, (as in the experience of the 'still face') or if it gives the baby the feeling that it will 'decompose' under the impact of projective identifications, the baby will feel unable to reach her mother, or could feel that the force of his emotions might damage her. In either case the baby can create a kind of internal splitting off in which parts of the self which are felt to be of value (valued) and true cannot be projected out in the absence of the experience of a mother who is ready to take them in.

I have often encountered this problem with adult patients with whom face-to-face works seem to me to be particularly useful. One woman patient in particular, spoke to me often of the importance for her, of the face, and regularly felt that her own face was swollen and deformed. She was obsessed with her face and avoided looking in the mirror. The same patient talked at length about the impact that her mother's facial expression had on her. It looked as if emotions would spill out and would make the face disintegrate. She felt that her mother's real expression was static even though her interior life was full of strong feeling; it was as if she could freeze her emotions. She affirmed that she felt supported by my facial expression which she experienced as neither overwhelmed nor distorted by strong emotion.

Ariane, a young woman in search of an identity, often complained during her psychotherapy that she felt her own face would change under the impact of emotion. She blushed in a rather particular way, with large red blotches all over the face. The blotches made me think of large drops of colour which had reached the skin surface from within. Ariane's mother, in reality, was a woman whose mental state and behaviour were completely unpredictable, with psychotic episodes where she became 'other' and was no longer recognisably herself. When Ariane was a child, she had developed a particular sensitivity which allowed her, within certain limits, to anticipate the change of 'emotional climate' by looking at

her mother's face, in exactly the same way as we examine the sky to see whether there are clouds which will bring rain, or whether the sunshine will drive them away. Ariane's emotional thermometer had become a kind of rigid system of testing through which she tried to manage her feelings. When this was not possible the colour of very strong feeling became visible on her face. Ariane very rarely looked me in the face, probably in fear of seeing a reflection of her own uncontainable feelings which would have invaded me. She glanced at me furtively at the beginning and end of sessions, as if she wanted to see my face before and after the session, perhaps to feel reassured that I had not been altered in the sense of being damaged or destroyed by her emotional impact on me.

One could take the image of the baby at the breast as a metaphor for the analytic situation, not only in the sense of maternal reverie, developed by Bion (1962) but also in the sense of the shared rhythm between analyst and analysand in the session. The two people who form the analytic couple meet and move in a synchronous way. The movements are almost always the same, with some small variations in the feelings of the moment. Then each takes his or her place and very often one speaks and the other listens. There can be moments of silence, sometimes bodily sounds such as stomach rumbles coming from either of them. In addition, we must add some sensory elements; the quality of the daylight, or a lamp, a noise coming in from outside, and sometimes a perfume or a body odour. A particular atmosphere develops, in which sensory, emotional, verbal and non verbal elements all contribute to a dialogue beyond spoken words or words which cannot be spoken.

The art of psychoanalysis also depends in part on the analyst's capacity to settle sufficiently harmoniously into a rhythm which suits each analysand. In this way creating a kind of music, in which a time and a space are shared as an 'instrument', for knowing when to listen to the other and to oneself. What the analyst has learnt from baby observation is also the fact that, as a mother adapts herself to her baby, the analyst adapts herself to each patient in language, emotional tone, tone of voice, and certain physical gestures and attitudes which vary, depending on the patient, a sort of emotional adjustment. It takes a certain time for parents to make room for the baby, and find a shared rhythm, just as it takes time for the analyst and analysand to find theirs.

To welcome a patient in means allowing him or her to use the objects of the physical setting of the consulting room as well as making contact with us and our internal objects. That means allowing ourselves to be used sometimes as the primary, subjective object in order to provide something intermediary but alive, between subjectivity and otherness. In the analytic relationship, some patients seem to discover after a massive use of projective identification which tends to erase separateness and the boundaries imposed by the analytical framework, that, in the rhythm of waiting for a session followed by coming together again, a notion of internal time often begins to be tested.

I should like now to describe some dreams of adult patients, which appeared to me as evidence of the internalisation of a shared rhythm, establishing a sense

of time internally. These dreams occur after a certain period of psychoanalytic work, when rhythm is sufficiently established within the psychic space, but may also occur at the beginning of a therapeutic relationship; they may also occur at the beginning of a therapeutic relationship, when the quest for shared time and rhythm is particularly important.

Diving to the bottom of the sea

My first illustration comes from the dream of a woman patient whom I shall call Stefania, with whom the establishment of a shared rhythm had been rather difficult. During the first months of the analytic relationship, I had to offer a provisional timetable because she needed to be seen urgently and was very distressed. Stefania found it difficult to adapt herself to the setting, and she would forget her sessions, or arrive very late. After some time, when times and other aspects of the analytic setting had become established and stable, Stefania began to bring dreams, in which she expressed distress related to the difficulty of 'tuning-in' reminiscent of certain difficulties new parents can have at the beginning of the relationship with their baby. In one of these dreams,

> She dived to the bottom of the sea, where the water seemed fairly clear. She met some big fish, and then, in a kind of deep, narrow through, like a narrow passageway, she met lots of people with frightened expressions, who didn't pay her any attention, as if they didn't see her. There were so many of them she couldn't get across and had to wait at the side to avoid being trampled by the crowd.

Her associations to the dream led her to talk about an enjoyable period in her life when she went deep-sea diving to a place where the water was particularly clear and light. She was fascinated by marine life, but at the same time was trying to avoid any place where the waters were too dark, just as she avoided going very far down. She then made a link with how she had become increasingly anxious and could no longer go diving. The last time that she did it she was very afraid, because just before diving under the water she told herself that she had lost her rhythm. She could not breathe steadily and felt herself submerged by the waves; she feared that she would suffocate.

She associated the crowd of very frightened people who did not see her, with my patients, some of whom she would encounter from time to time as she arrived for or left her session. We interpreted her dream as a representation of Stefania diving into the 'waters' of my body which she experienced as full of life, and of dangers, represented above all by the crowd of patients, or rival babies, who could occupy my mental space and exclude her. Stefania associated the depths of the sea with the passage into the dangerous depths of her mind, and, I added to the association, with the danger of a transference relationship within which I could become a primitive, suffocating mother, to her newborn psychic life (the narrow canal brings to mind an association with birth and the birth canal).

Stefania could then make the connection between the fear of losing her rhythm and the difficulties she experienced in everyday life in finding temporal markers; she noticed how often she forgot things including her sessions. She then talked about her experience with her mother, whom she described as having been too quick, not leaving her (Stefania) enough time. Her mother often made decisions for her as well. Stefania had experienced feelings of rage and impotence at these times, a feeling of non-existence which made her cling to her mother on the one hand, while, on the other, she shut off certain parts of her baby self in a kind of dark, deep-water limbo from which she felt they could never come back to the surface.

The baby parts of the adult patient

I sometimes ask myself, with an adult patient, 'What kind of baby is there in him or her?' This does not mean I am trying to impose a baby face or expression on the man or woman I am with, but more that I am trying to listen to those areas of psychic functioning in which one might find what I have called the baby aspects of the adult person. These areas also affect the boundaries between the body and mind or psyche. They are not only manifested somatically, in the body, but there is also a zone where functioning is rooted in the earliest levels of psycho-physical development. I am thinking mainly of the earliest forms of symbolisation, closely rooted in the body and, especially, to the body as the primary space and the first 'object' for the baby; first 'object' for the baby, in which the earliest representation of psychic events occurs.

When I refer to the baby aspects of the adult, I am making reference to aspects of the personality which have retained a primitive way of functioning, strongly linked with experiences of very early infancy. Clearly, an adult cannot have conscious memories of such experiences but there are traces at an archaic level; if the analyst has been sufficiently able to deepen understanding of the meaning of these primitive infantile experiences (and infant observation is an excellent means for doing that) it is possible to develop sensitivity to listen to these baby parts of the adult.

Often, we discover aspects of the patient's personality which are trying to develop and which are still embryonic. To come back to a cherished expression of Bion (1962), they would be rather like 'thoughts waiting for a thinker'. Or, one might say, like babies waiting to be born and to grow.

The analytic relationship is invested in these cases with a particular kind of waiting, as much as to say that it is the only possibility which might provide lively, thoughtful containment for those aspects of the patient. In relation to this I should like describe the dream of Sylvie, a woman with strongly depressive tendencies and alcohol addiction. Sylvie had decided to agree to hospitalisation and detoxification, even though the decision made her very anxious. She brought a dream to the session before her admission, which despite the high level of distress, seemed to me bring a ray of hope, a ray of sunshine breaking through

the clouds. She first told me that her partner had given her a couple of birds which she allowed to fly freely in the house; she said they came back to their cage only to sleep. These birds had babies and Sylvie felt very touched by their arrival.

> Sylvie dreamt that she discovered that the mother bird, whose plumage was a colourful red, yellow, ochre and dark orange, had four or five babies. They were as beautiful as their mother, and had the same plumage. Sylvie, in the dream, was sitting on a couch and the mother bird came to place her babies on Sylvie's chest as if handing them over to Sylvie before she went away.

This dream made me think about the birth of important parts of the patient's psyche, which, thanks to the analysis, could help give birth to babies – the baby birds, who could not, for the present manage alone. They were to be entrusted to a surrogate mother, represented in the dream by the patient herself who had been able to introject some good elements of our therapeutic relationship.

At the same time I had the impression that she was also asking me to take care of her baby parts when, as it were, she would not be present. Sylvia was very moved as she described this dream. She cried softly, as one might imagine a mother would cry at having to part from her baby soon after the birth. The dream image of the patient with small birds, had me thinking about some Madonna-with-bird images, in Italian Renaissance paintings. I wondered whether these images represented a discreet beauty and an enigmatic smile encouraging the birds to come close. Perhaps one could understand the presence of these birds as a representation the infantile aspects of the patient, as well as beautiful, fragile objects with the lightness and elegance of a bird in flight? It all seemed also to be linked with the fragility and the beauty of the developmental process, which if it remains in a locked cage cannot develop; it needs the freedom to begin to fly and to benefit from fruitful relationships.

The dreams of mothers-to-be

The arrival of a baby often affects the mother-to-be in fragile parts of the body-mind structure. In the analytic work these zones of fragility come back to the surface, for example, in dreams. At the same time, the arrival of the baby also awakens, in the future parents, hopes for the further psychic development of their own baby selves. For this reason, I find work with expectant mothers particularly productive; they may allow access to a period of intense psychic growth, and offer us, at the same time, keys for understanding difficulties in mental development. I remember the intense emotions that I read on the face of a young woman who had come for a session. She arrived a few minutes late and announced that she had just learnt that she was pregnant. I was the first person she had told and I understood the profound significance of her radiance on that day. Her pregnancy came after a long analysis in which she had over-come, through the transference relationship with me, primitive anxieties which

fundamentally affected her long experience of feeling imprisoned in profound despair.

During the pregnancy, the patient had developed a capacity to be in emotional touch with her baby and to be able to imagine what was going on in the baby's bodily experience; representing what happened to her at a bodily level, it also became a mind-body space inhabited by the baby which she permitted me to help her to construct.

The baby took an increasingly significant place in her body and in her mind. As the pregnancy progressed the young woman also felt increasingly invaded. She began to fear she would develop varicose veins which would damage her legs, and that she would have a hernia and that she would have to have a Caesarean delivery. Her anxieties touched her physical and her psychic integrity and were expressed in numerous dreams and I quote from one of them,

> There was a woman in labour stretched out on an operation table. The doctors had used a local anaesthetic and the baby was born by Caesarean section. She saw a lot of blood and the doctors were distracted by people passing by. She thought that they should not neglect the patient too long and that they should be giving her stitches. On closer examination of the patient she saw with horror that there was a clean cut which looked like an axe blow and that the entire lower body had fallen to the floor. She asked herself, in the dream whether the distracted doctors would lose the legs and lower body which had been left on the floor.

This dream seems to illustrate great anxiety about childbirth with all its implications; psychic and physical transformations, reactivation of primitive difficulties which touch on primitive psycho-somatic levels; anxieties of catastrophic loss and bleeding out, linked with the representation of labour. The experience of observation helps us to make a connection between primitive experience and psychic development. The anxiety of losing half the body as the baby is delivered makes us think of vertical cleavage, left-right, and then of the horizontal split between the upper and lower halves of the body. In the case of my patient, the split between lower and upper halves touched on a very important difficulty of her early infancy when she began to invest the lower half of her body with an anal sexual eroticism. Her mother had given birth to a little sister at the time. We had been able to reconstruct, in the transference-countertransference, the feeling of catastrophic loss, associated with these events. The feelings could be summarised as the loss of half her body at a time when the new baby was psychically glued or soldered to the mother's body.

In the dream, the mother risked losing half her body because of the cut and the distracted doctors. Without doubt in the patient's early life, the new, the other, younger baby seemed to preoccupy or distract her mother, during the pregnancy and the patient, the older daughter, had to live with the experience of a brutal cut, when she 'saw' her mother with the next baby. In the transference, this patient felt particularly 'wiped-out' in her relationship with me when she

met another patient or she imagined her presence as she waited for her own session. In connection to her own baby, she was radiant at the beginning of the pregnancy, but as the birth approached she was very anxious about separation. It was as if she was not only going to lose the baby, but also a whole part of her own body as she had experienced it in the dream. She also feared that I would become preoccupied like the doctors who could not think about stitches or putting her back together.

I believe that the dreams of pregnant women (and we know dream-like activity is intense in the later months of the pregnancy) are particularly interesting in understanding particular, living anxieties that a mother can go through during pregnancy, which are already part of the development of the relationship with the baby.

Conclusion

We can say that an analysis also represents, in some ways, a particular type of 'observation', in which the analyst's mental space and the resonances within it reveal what the patient is experiencing in his internal world. For children or adults with thought disorders, the analyst must transform proto-mental elements and what is reported or observed physically into elements which can become thoughts. This work involves psychic pain for the patient, and for the analyst, who, like the patient, can sometimes find herself temporary unable to make the transformations in her mind. This is due, most often to the intensity and violence of projective identifications evacuated into the analyst and it can affect the essential thinking and work of transformation required for analytic work.

In this context, our concept of observation becomes a valuable instrument for learning how to listen to the patient and to try to make sense of the communication. When the observational attitude is used analytically it can become the source of a new approach to primitive levels of thinking, which express themselves physically, through actions, or, at a more developed level, through certain dreams.

Indeed, dreams provide valuable material that we can learn to listen to from the perspective of kind of memory in feeling (Klein) and early mental activity. In this spirit it is possible, in an analysis, to make assumptions that are not about the historic reconstruction of early childhood but rather have the value of enabling links and integrating primitive emotions in the mind. Often, this is possible through images and metaphors that can emerge with the help of analysts who have experience of baby observation.

It is interesting to see what kinds of associations the patient brings after a reconstruction which connects him or her with infantile parts of the self. When the patient can use dreamlike thought, it is interesting to listen to some dreams as a kind of memory of the earliest psychic and bodily experiences. My assumption is also that certain dreams represent attempts at thought and at resolving important matters which cannot be developed in early infancy and which come to the surface

under the containment of the emotional impact of the transference relationship with the analyst.

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