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Observing a premature baby: the case of Eliecer

Elena Castro*

This paper describes and comments on the first three observations of a premature baby at a Neonatology Service. The vicissitudes in the encounter between infant and mother's breast are clearly observable. I also reflect upon what happens between the mother, baby, and the observer.

Keywords: infant observation; premature baby; breast feeding; observer's countertransference; observer's role

Charles Darwin in his 'A Biographical Sketch of the Infant' (1877/2003) writes:

The wants of an infant are at first made intelligible by instinctive cries, which after a time are modified in part unconsciously, and in part, as I believed, voluntarily as a means of communication, - by the unconscious expression of the features, - by gestures and in a marked manner by different intonations, - lastly by words of a general nature invented by himself, then of a more precise nature from those which he hears; and these latter are acquired at a wonderfully quick rate. An infant understands to a certain extent, and as I believed at a very early period, the meaning of feelings of those who tend him, by the expression of their features.

Introduction

I find these words of Darwin inspiring in their evocation of a baby's inner world. I would like to convey my own experience with Eliecer in such a way that would be motivating and help promote the observation of premature babies. This is a relatively new field in which it becomes increasingly important to deepen our knowledge and expertise, given both the physical and considerable emotional risks to the baby. This was my first experience of observing babies that were premature and the challenge was significantly greater. The idea of the 'impossible task' comes to mind like Freud's 'impossible profession'. I would like to share my experience in the hope of stimulating my colleagues' interest in the difficult and demanding early days of these infants.

*E-mail: draecastro@vtr.net

Esther Bick's observational method has given us the opportunity to observe and learn about the experiences of infants and their caregivers. We consider three stages of observation: the receiving of sensory impressions (seeing, hearing, smelling, etc), remembering and keeping a detailed written register and thinking in a group where we can find the space necessary to give meaning to what has been observed. These different stages might echo Freud's (1911/1958) model of attention, memory and judgement. Traditionally, these observations have taken place in a home setting. In this paper, I hope to convey something of my experience of observing babies in a very different kind of setting – the neonatal care unit of a hospital. I will illustrate some of the complexities and challenges that I faced and consider the scope and worth of this work in this setting. However, I would like to touch briefly on some of the theories that have been helpful to me in thinking about these babies.

Klein's (1946) concept of 'projective identification' shines a light on the interactive process between one's internal world and that of others. This idea and the concept of phantasy are essential for this type of observation. Winnicott (1956/1975, 1971) with his unique viewpoint, provides us with important concepts like 'primary maternal preoccupation' and many others that refer to the early mother- baby relationship, such as the 'use of the object'. Bion's (1962) ideas have inspired fundamental aspects of both the observation's technique and the understanding of them. Essential as modes of communication are the concepts of 'reverie' and 'container-contained', applied both to the relationship between mother-baby and the observer, and to the mother-baby dyad. Bion's concept of 'K-link' encapsulates the objective of the observations. Meltzer, (1988) in turn, has made many contributions to the field of infant observation: the concept of the 'aesthetic impact' offers a model for imagining the baby's first contact with his mother; equally illuminating are his descriptions of early mechanisms observed in autism, such as 'dismantling'.

Observed material

I will present some thoughts on my experience while observing premature babies in the Neonatology Service at the San José Hospital during 2008. I was interested to learn about the psychic development of these babies during their stay in the hospital, where they live a transitional space, separated from their mothers, between the uterus and the external world.

The Service has three levels of treatment for the premature babies depending on their development. The extremely premature babies enter the Intensive Treatment Unit (ITU) immediately after birth. Finding themselves in an incubator, their nearly naked bodies, covered only by a nappy, are intruded into by probes and tubes, and are submitted to various and frequent manoeuvres that allow them to settle into their new life, far away from their original uterine environment. The incubator maintains their body temperature. Their condition is usually very precarious as they struggle between life and death, breathing

through tubes and feeding intravenously. The conditions may seek to emulate life in the womb but, from a psychological viewpoint, they are severely lacking. The babies remain for some time in this lifesaving but mechanical incubator. The mother can only see her baby through the glass and struggles to hold him through all the apparatus. She can put her milk in a 'lactarius' that can then be fed to the baby through a gastric tube. The staff are highly qualified and the sophisticated equipment allows the babies to survive, but their relational life is highly threatened by the lack of emotional containment.

When their condition has stabilised they enter the Intermediate Care Unit (ICU) where, even though they are still in an incubator, the mother can have progressively closer contact and usually begin breastfeeding.

When their breathing and feeding have improved they enter the Premature Unit (Premuni) where the mother can freely look after the baby at any time of day. Babies stay there until they are in a healthy enough condition to go home. Usually there is a peaceful atmosphere in this section.

In our study group we realised that the conditions at the ITU made observing difficult. The mother is usually not by the baby, has little access to him and the staff prefer that she leave when they make the necessary adjustments. We therefore chose to observe babies at the Premuni. It felt appropriate to start our experience there where the physical condition of the babies is less under threat and the environment is calmer. Later, we also observed babies that were at the Intermediate Care Unit (ICU).

Using Bick's method, I have followed the babies and their mothers for an hour a week during their stay at the hospital. The particular nature of the setting did not permit a typical observation, nonetheless I tried to preserve its original guidelines. It differed from the traditional home-based observation in many ways: the lack of privacy, the child's extreme precariousness, the mother being so affected by the external situation and the intimidating hospital environment.

In 2008 I had the opportunity to observe four premature babies for different periods of time. In this paper I will focus on Eliecer, whom I observed in the company of his mother in each of the 10 observations I carried out. I will only present the first three observations of this case as they belong to the most critical period, where the child is 'in vitro' instead of 'in uterus'.

First observation

Today I have my first encounter with Eliecer. I have not been to the Neonatology Service for two Thursdays in a row.

I am warmly greeted by some of the staff and my absence is remarked upon. When I arrive I ask for Sofia's medical chart. She is a baby I've recently observed and I need some medical information about the case. I think this request shows my difficulty separating from this baby even though I was not aware of it at the time. The chart is not found. It seems it has been filed away outside of the service. The lead midwife informs me that she had the chart for me last

Thursday. I tell her that it does not matter and that it's not essential. She asks me about some other babies and then shows me a new, very little baby who is in the Intermediate Care Unit accompanied by his mother. She introduces me to the mother, a young woman who comes across as friendly. We talk about what I do and she immediately agrees to the observation. I ask for the chart and look over it in the corridor.

Chart summary:

Eliecer

Mother: Caterina, 25 years old.

Father: Eliecer, 25 years old, farm worker. They are married and have a three year old girl. Eliecer is their second child.

Five months into the pregnancy (20 weeks), the mother went to the hospital with contractions. She was hospitalised and treated with antibiotics. She was discharged for a brief period before returning to the hospital at six months (24 weeks) with an abruption of the placenta and chorioamnionitis. An emergency caesarean was carried out and a boy was born. He weighed 796 grams and was 31 cm long. His Apgar score was 5 at one minute and 7 at five minutes. His spontaneous cry was weak and little respiratory effort was seen. He was intubated and taken to the Intensive Treatment Unit. He was described as a hypotonic premature baby with a normal skull and normal in other aspects of the examination. The next day he was diagnosed with pneumonia and a hyaline membrane developed. He stayed at the ITU for seven and a half weeks.

Today, I am informed that Eliecer had left the ITU two days before, but he still needs constant monitoring because of his extreme low weight and his unstable regulation of breathing and temperature. He now weights 1336 grams and his general condition is good. He only has a gastric tube for feeding and can now start breastfeeding. Because of his low weight a long period of hospitalisation can be expected. As a result, I choose him to observe as there will be more time.

I go back to the ICU. I observe him as his mother tries to breastfeed him. She tells me yesterday he drank a lot but 'vomited' afterwards. I think of this as regurgitation. I am struck by the description. It appears she was under the impression that he had taken too much from the breast.

He has not breastfed today. He seems sleepy and shows no interest in sucking. She attempts to stimulate him but is struggling. He looks withdrawn, pale and his dark fine hair covers part of his face. The mother wraps him in a light blanket. His arms and legs are strikingly thin and also covered by fine hair; he seems just skin and bones. The mother can hold him with only one hand.

The midwife shows the mother how to talk to him and to touch his face, in an attempt to bring him out of his drowsiness. It does not work. It seems as if the mother does everything with an air of resignation. She looks calm but I think she is worried and afraid of breastfeeding him. They have brought a small bottle with mother's milk. Since he is not drinking from the breast, the midwife tells the mother to feed him this milk through the probe. The midwife fills the syringe and hands it over to the mother while explaining the procedure. The mother holds the baby very close to her breast and carefully gives him her milk through the gastric probe with the help of the syringe. The baby doesn't react; his mouth is shut tight and he does not open his eyes. He is almost two months old but would have been eight months of gestation if not born prematurely.

Commentary

I felt happy to be starting a new observation. While reading the chart I realised it was a serious case. I felt immediate sympathy towards mother and son and I was keen to accompany them during this delicate period of reunion, after the traumatic separation of the birth.

Mother had difficulties feeding him: maybe she was scared of this little baby's fragility. His vulnerability also impacted on me. During the observation the mother held him very close to her body but he did not breastfeed, as if the breast were not there. I asked myself what could be happening: what can I make of this? I thought about Eliecer's internal world. It felt like an inaccessible mystery. Tolerating uncertainty and waiting was called for. Maybe it was equally difficult for mother to understand why Eliecer took no interest in her breast. I thought of all the upheaval this baby has gone through, first the uterine contractions at five months of gestation and, later, when he was taken from the uterus 'before his time' (Cohen, 2003). They must have flooded him with a powerful death anxiety that was not met or mitigated by the reverie of the mother.

In the incubator he must have needed to use his primitive psychic resources to the maximum to protect himself from a strange and inanimate external world, so different from the warm and familiar intrauterine one. I wondered if he has protected himself by shutting out and dismantling his relationship to external reality.

I was moved by this mother's situation. Not having been able to carry this baby to term, she perhaps felt guilty and thought that her milk made the boy vomit and not want her breast. I was also moved by this distant baby who maybe lacked the strength to find the comforting and vitalising breast. I felt determined to accompany them in their struggle.

Second observation

On my way to the hospital I feel full of uncertainty. I have done some further reading about premature babies and have doubts that a Bick-type observation

will be of any use. Can such babies even 'do' projective identifications? I have many questions: am I going to be able to understand anything of this baby's inner world? Can it be of any use for the service's staff? What are my reasons for doing it?

However, as I approach the hospital, I'm overcome by an inexplicable happy feeling that contrasts with what I might otherwise feel on this cloudy, dark and rainy Thursday, tired after a week's work. I'm aware of a genuine desire to go to the service. Despite my initial doubts, my undertaking now seems easier. I park my car and approach my destination with a feeling of hope and openness to whatever the experience may bring.

As I go in, I think of what was said in my study group about making sure that the mother's agreement to being observed is not merely submission to authority. I put on the service's apron as usual and wash my hands and arms, as if I were going to surgery. I go to the ICU room where Eliecer is. The mother sees me arriving, smiles, and walks towards me, welcoming me with a kiss. This greeting makes me think that her acceptance is not compliance. We both go to the incubator. Eliecer seems bigger. His face seems more defined and appealing. I see they have cut his hair and that has improved him. The baby is alive and mother seems proud. She smiles. I move over to Eliecer, greet him and tell him that he looks very handsome. He moves his legs and arms, opens his eyes but immediately closes them. I have the feeling that he knows that there is someone else there. He stretches his legs out fully and then flexes them. He raises his arms more or less at the same time and opens his little hands and fingers. His mother and I look at him with interest as he makes some sucking movements. We watch him as he keeps on sucking. His mother smiles. Caterina tells me they have disconnected the oxygen. He had had dyspnoea and that's why he had needed it. He seems different from the first observation and seems to respond to my greeting. I think that the daily presence and contact with his mother has made him 'open up' to the world.

I feel I will not be able to do a fly on the wall observation, which would correspond to an orthodox ideal of what the observer's stance should be, exercising total abstinence from any interaction (Incidentally, this is not the stance that Bick recommends). Instead, I will feel free to engage directly with the mother. I will not be intrusive but not mute either. If mother were to ask me something and I did not answer, she could interpret it as coldness or lack of interest on my part. I feel the baby has stirred something intense in me. The mother looks calmer and is no longer asking questions. She has fair skin, light coloured eyes, her hair is held back, her complexion is clear and she often smiles. She looks younger than her age. After being silent for a while I say, as if I was talking to myself, 'He's changed so much in just a week'. She strokes Eliecer's hand through one of the incubator's window. He looks calm and his eyes are slightly open. The monitor is signalling arrhythmia and an alarm goes off. Nobody comes. It stops. Caterina tells me this has happened several times today and adds that she thinks he is hungry. The baby sucks grizzlies a little and softly

cries, all of which pleasantly surprises me. I see and hear him as an energetic baby who can make himself understood through gentle complaint. The mother says it is feeding time. It is 3:45 and they have not brought the bottles. It seems she is more concerned about feeding the baby than by the monitor's alarm. I think she interprets his cry as hunger. There is no evidence that there is anything wrong with the baby. A midwife I have not met enters the room and checks on a baby that is receiving phototherapy. At that moment, Eliecer's monitor goes off again and the alarm sounds. The midwife comes over to see what is going on. She explains this is happening because the monitor's sensors are loose and that it would be more unsettling for the boy to take them off his chest and put them back on. She turns off the noise and leaves. The mother says, 'The midwife is not here', referring to one that had helped her before. It seems she is not going to try to breastfeed him alone. I say nothing. Caterina strokes her baby with one hand inside the incubator. When she does this the boy calms down, closes his eyes and looks sleepy. She senses that he's hungry and I think she strokes him to calm him down. I am also concerned about the delay. I ask Caterina if she has breastfed him in the last few days. She says that it was only a little and adds that the first day she breastfed him he drank too much and vomited. After that he has not breastfed. She adds, 'He now weighs 1,550 grams'. I smile. We are still waiting and she is a bit tense. She sees her baby is hungry and the bottles have still not been brought.

After some minutes the midwife arrives. She approaches us and asks if the boy has breastfed. The mother says that she has not breastfed him. The midwife is somewhat surprised and in a kind tone says, 'We'll do it now'. I realise how insecure Caterina is. I think to myself that she is reluctant to take the baby out of the incubator herself lest she does something wrong. Caterina gets ready and says, 'I'd better take my sweater off'. She does this and turns her apron round so that it is open at the front. The midwife tells her to sit and brings a chair for me. She opens the incubator and carefully picks up the boy. He seems to be peacefully asleep. He passively lets himself be picked up. The midwife hands the baby to the mother and covers him with a blanket. Then the midwife helps the mother to settle the baby on different sides. She teaches her how to hold him firmly. She lifts up her shirt so that the baby's body is in contact with his mother's body. Caterina squeezes the nipple a little so some drops of milk come out. They touch Eliecer's mouth, he swallows them, but is not interested in sucking the nipple. He does not open his eyes either. The midwife shows her how to use her hand to put her nipple in the baby's mouth and wait. After several attempts where he shuts his mouth, the mother says to him softly and slowly, 'It tastes good, try it'. He finally sucks the nipple for a while and then stops moving. He seems asleep. Caterina tells him, 'Don't be a lazy boy'. The midwife tells her to hold him up straight. When she does so Eliecer seems to 'spread out' since he is still very hypotonic. Caterina holds him up a bit, 'putting him back together' with her hands. She tries to make him burp and nothing

comes up. Caterina says she wants to feed him from the other side. Only now are the bottles brought in. It seems everything is late today.

She holds the baby so that he can drink from the other breast. The midwife wraps the blanket around him and tells the mother that the blanket helps the baby to feel better held. I think it also helps him to feel covered. The mother holds him tightly. She puts the baby to the breast, squeezes out some drops of milk which he swallows without sucking. 'You are so cheeky', the mother says. She puts her nipple in his mouth and after several attempts she sees how his cheeks fill up as he takes in the milk. He sucks and swallows again for a while. The midwife says she will give him his bottle and puts the breast milk in the syringe that is connected to the stomach probe. I am surprised. I realise the boy has the experience of sucking while his stomach is being filled. 'It is the best way of feeding him', says the midwife. 'We fill the probe while the mother's breast is in contact with the baby'. The feeding process is soon over. Caterina holds the baby to make him burp. The midwife corrects her posture so that he sits up straight. Caterina holds her baby with great care. Nothing comes back up. It seems he has taken in something good. The midwife says that it would be a good idea for her to breastfeed him by herself during the weekend. She can tell whoever is on duty that she knows how to do it and that she herself can take him out of the incubator. It's important that momentum is not lost in the baby's burgeoning relationship to the breast. Before leaving, the mother tells me they are doing some tests on Eliecer's liver since he had so many transfusions. Apparently there were six.

Commentary

As I approached the hospital, I felt overcome by something intense that I couldn't fathom. Perhaps the emotional impact of the observation had blocked any capacity to think. However, I called to mind that as an observer I am outside my usual professional or 'expert' role as a therapist. I was not going to intervene with helpful words. I was going to learn about something I didn't know – premature babies. Unless I grounded myself in this way, I risked confusing my role. Once I was able to understand this, I felt freer to move forward and get in touch with other thoughts and feelings. I recovered my ability to contain and to tolerate the uncertainty of not knowing. As to the questions of the possible worth of the observation, I wonder why none of them related to the mother. Indeed, it seems I never doubted that my presence would be of use for her. This probably relates to my being a therapist more than an observer.

In our study group, we discussed how the mother's greeting suggested not compliance but that she had been waiting for me. Her telling me about the baby's physical development as I leave could be seen as a demonstration of trust.

The mother seems ambivalent towards breastfeeding and calmer when the midwife is with her. It seems that my company was not enough to encourage her to do it at that moment. I think that the mother was afraid to breastfeed alone,

fearing she could make a mistake that would damage Eliecer's relationship to the breast.

At this point, the objective of breastfeeding is mainly that the baby learns how to suck. However, it also allows him to have body to body contact with his mother, to hear her heartbeats, smell her, experience being held by her both physically and psychically through her reverie; or, as we may say, to recover the interrupted bond.

I felt able to understand something of the baby's internal world and what he might be feeling. At the beginning, he barely opened his eyes and did not focus on anything, nor did he smile; yet, his muscular movements seemed to express a desire to expand, to stretch out. This contrasted with the previous observation where he looked curled-up and not wanting to enter the world. He expressed this growing desire with his body and limbs. His face did not express it yet.

We must also consider the possibility that he is projecting feelings into me, which let me get in touch with what he was feeling. When the mother told me once again about the first time she breastfed him, it appeared she was under the impression that he had drunk too much. Perhaps she worried that something coming from her was 'too much' – something bad? Eliecer's mother couldn't seem to forget the first time she breastfed him. He 'vomited'. In the moment of her recounting this, it felt as if she were projecting into me the trauma of it, and in so doing, could hold onto herself as the 'good breast' at the crucial moment when she was initiating the breastfeeding with her baby. When she later told me about Eliecer's weight gain it seemed she was more confident of her ability to give something good. She seemed to be in tune with her son's needs: she realised he was hungry and did not worry when the monitor's alarm went off.

Trying to make sense of the 'vomiting', I wonder whether Eliecer needed to expel the milk as it was experienced as something invasive and dangerous. The breast would still have been something strange to him and the nipple could have been felt as intrusive in a mouth that was not yet mature enough for sucking. This 'vomiting' could be understood using Green's (2008) 'excorporation' concept, which is a primitive mechanism used prior to the projections of the paranoid-schizoid position.

Eliecer needed his mother to hold him tightly with her hands because he could not yet hold his body on his own. He has emerged from the weightless, floating environment of the womb into the outside air, where gravity replaces suspension; he needs to learn to hold himself. Yet his muscles are unprepared for this task so mother's arms must do it for him. This image made me think of his unintegrated mind, with its scattered fragments and lacking a psychic skin that could hold them from within. Since he now has a maternal reverie that can provide such a skin, he may gradually be able to integrate the objects in his internal world and, by internalising this function, he will be progressively able to hold them himself.

It has been found that premature babies stimulate in adults a bigger need to act than full term babies. This sheds some light on my active stance during this observation.

When I left, I wished that Caterina would be able to feed her baby without help during the weekend. Thinking of her possible guilt and sadness for not being able to carry her baby to term, this would surely reassure her as a mother. I was aware that I might be identifying with her.

Third observation

When I arrive I'm told Eliecer was taken to the Premuni a few days ago. I find him with his mother at the end of the room. He stills needs the incubator since he still cannot regulate his temperature. Caterina is breastfeeding Eliecer and holds him tightly in her arms. For a few minutes I observe how peacefully he feeds, sucking regularly. Then he stops for no apparent reason. She has to stimulate him again by expressing drops of milk into his mouth. He latches onto the nipple, sucks a little and leaves it. Making another attempt, mother says 'Don't be a lazy boy. It's nice. It will be good for you'. I notice that she is somewhat tense and seems worried about this lack of feeding. She waits, talks to him and caresses him. His eyes are closed, opening only momentarily and never completely. She tells me his grandfather is coming today and that she has to go outside to show him the way in. Since he has only breastfed a little she tries to feed him from the bottle. The bottle they have brought has a small conical pacifier. He drinks a little from the bottle but does not seem interested. It is now four o'clock, general visiting time for grandparents. Many of them come into the ward.

Caterina decides to feed him using the syringe connected to the probe that is still in his mouth. She places the baby in the incubator and fills the syringe with milk. She repeats that she is worried about the grandfather who might be outside waiting for her to show him in. Feeding Eliecer will take some time and so I ask her if she wants me to go outside and see if he's there. She thanks me and tells me his name. I discover that he has the same name as his son and grandson. I leave the unit but am unable to find him. I ask someone outside to call him but apparently he's not there. When Caterina finishes feeding him through the probe she lays him down as he has fallen asleep. She goes outside to find the grandfather. It seems that she now has more confidence with the baby and the feeding procedures. She seems to have resolve and is taking initiative. Eliecer sleeps calmly in the incubator. He does not move and remains in the same position his mother put him in, as if he were submerged in his own world. The midwife comes and tells me that he will soon be taken, along with another baby, to the ophthalmologist to check for retinopathy. The doctor had said Eliecer's condition was within the norm and would probably progress well. Nevertheless, the medical check-up was necessary. Mother comes back very angry. She did not find the grandfather and now calls him on the phone. He tells her he has not come to the hospital. She is angry that he

hasn't come and not informed her in advance. She had been nervous all the time she had been waiting for him and believed her nervousness was the reason the baby had not eaten well.

I feel she is hurt. She has been unnecessarily disrupted in the care of her son. We observe Eliecer in silence. 'He's wearing clothes', she says proudly. Indeed, unlike previous occasions, he is dressed. He has on a white shirt and blue printed trousers that seem faded and too big for him. I have the impression that they have dressed him with his sister's washed-out clothes. He is clean, but I feel sad that he does not have new clothes. The mother does not seem bothered by this. She looks happy to see him wearing clothes.

The time is up and I leave. Eliecer is sleeping and his mother watches over him attentively. They seem isolated from the rest of the room.

Commentary

As I write, I'm struck that he is two months and two weeks old, but he would have eight and a half months of gestation if the pregnancy had continued. He would still not be ready to be born. Nevertheless what I have observed is encouraging.

I find him at the service's last stage of treatment, the Premuni. I observe a comforting mother-son scene and I think they've entered a new phase of their relationship. Even though Eliecer does not actively root for the breast, mother now has proof that her milk is good, that it can be taken in and that it puts him to sleep. Eliecer is getting close to his 'second birth'. Today Caterina's main preoccupation seems to be the grandfather's visit. The boy was probably dressed up for the occasion. In relation to how he is dressed, I wonder if they have not bought him new clothes because of their financial limitations or because he is a premature baby. Maybe it is neither. To mother it seems natural to use his sister's clothes. My wish that he had new clothes and the sadness that I feel at that moment could reflect mother's repressed and projected wish. Then again, it could just be my wish.

Something important has been achieved in the mother-baby relationship. It is clear that she is his mother and has embraced her role thanks to the midwife's warm guidance and the reaffirming and containing experience of being observed. Breastfeeding is going well and little by little the child is progressing towards physiological autonomy and an emotional awakening. He is letting go of his – probably defensive – self-absorption.

The period of the mortal leap is passing. Dangers still loom, but the real mother-son bond has been re-established. He has now had the experience of being close to mother and of being able to enjoy – not suffer – the breastfeeding process; we could say he was able to use the object (Winnicott, 1968/1971).

In relation to the final scene, mother and I also appear to have come together in observing the baby. She seems to have taken in the observing capacity as something valuable. This is generally an aspect of observations for

which mothers feel grateful: the internalisation of the capacity to observe. This lets them see their children better and, through this, the children feel held in their mother's minds. At the end, mother and baby seemed to be in an invisible tent that surrounded them, creating an intimate space in the big hospital room. I feel this private space was possible because she had developed a good primary maternal preoccupation, the development of which had been interrupted during the period at the ITU.

Discussion

As I reflect on these observations, I realise the complexities involved in observing a premature baby. How can one be in tune with a baby whose channel of communication with his mother has been so crudely interrupted and who, as in this case, had a life threatening experience at five months of gestation? Of course, he must have needed psychic defences to survive. For mother, the sudden termination of her pregnancy is also painful: she must leave her baby to be cared by others. Both may feel physically and psychically torn from each other.

Thinking back on the possible importance of the baby 'vomiting', I wonder if there is more to it. On my first observation, when I described it as regurgitation I was looking at it medically and did not consider it very significant – a mere symptom of physiological immaturity. On a psychological level, there is perhaps something that Eliecer cannot tolerate and experiences as threatening. Mother becomes insecure and feels that the boy is rejecting her. It seems that the only thing Eliecer can tolerate at that moment are drops of milk put in his mouth. It is possible that the nipple, which has not been fully cathected, feels alien in his mouth. The hard nipple might represent something intrusive. Nevertheless, taking in small amounts of milk can be useful for bringing together the experience of sucking with a feeling of a sated stomach. Eliecer will also be able to link in his mind the experience of food entering his body with the feeling of mother being close by. Her existence can now be 'felt' through repetitive close contacts with her warmth, her skin and characteristic smell. Her presence not only accompanies and holds him physically but also mentally, an experience he did not have at the ITU.

In my mind, I minimised her concern about the vomiting. Only later did I realise the importance of this event as a possible expression of some of the defence mechanisms that could have been at play in the mother, in the boy and in myself.

The expulsion of the milk could have been Eliecer's rejection of the breast that had thwarted him through its absence. Thinking of Meltzer's 'aesthetic conflict', and the baby's powerful first encounter with the beauty and mystery of the breast, the added delay may have rendered the experience too intense, and consequently intolerable. Once in the presence of a potentially containing object, Eliecer's response could also be seen as an opportunity to finally evacuate his hitherto undigested anxieties, giving vent to the rawness of the death drive.

The mother felt overwhelmed and struggled to process what she interpreted as the boy's rejection of her. As often happens with trauma, she recalls the event over and over. She felt like a bad mother: after the event the baby would not breastfeed, confirming that it had been a bad experience. Thanks to the midwife, who contained and validated her, the mother gained confidence and the boy was able to start breastfeeding again. The breastfeeding episodes I observed in two of the three observations seemed to have a similar pattern: the baby sucked for some minutes, then withdrew and remained inactive and distant before attaching to the breast again, briefly and gently. This happened repeatedly, always requiring that the mother be very attentive, bringing him close, tempting him with little drops of milk, etc. The sucking rhythm constituted a pattern that seemed to point a development in his physical capability as well as a lessening of his defences. We can understand Eliecer's attitude towards the breast as an expression of the mechanism Bion (1962) describes as 'forced splitting'. This mechanism is perhaps evident when the baby's response towards the gratifying breast is so intense that he must stop sucking. To avoid dying of starvation, he resumes breastfeeding, but on the basis of a forced dissociation between natural satisfactions (physical gratifications like milk) and psychical gratifications (like love, understanding, etc.). The use of this mechanism can subsequently lead a person to avoid feelings and only pursue material satisfactions. I think Eliecer used this mechanism transitorily, to survive while adapting to the breast. The breastfeeding rhythm gradually settled as his mother's voice calmed him down and he became less anxious and fraught when starting the breastfeeding process. The interruptions became shorter and the process became regular and peaceful. The recovered 'good mother' was consolidating in his inner world and the experience of the persecutory mother, who was not there at moments of great helplessness, can now be tolerated.

With premature babies the encounter with the breast as a gratifying object can become a very demanding task for the mother-baby dyad. However, if the hospital environment is sensitive to the situation it can help to bring about a successful encounter. The emotional containment of both the mother and the baby is necessary for this to happen. During this period the mother may be most concerned about the physical dangers that threaten the baby. To keep her calm, she must be given grounded explanations by the staff in a manner that doesn't alarm her. Failing this, she might need to evacuate her fears through dissociation, denial and projective identification, in order to manage. The situation is complicated by the baby's own immature state and his use of primitive mechanisms of communication that make him difficult to interpret, thoroughly testing the mother's intuition.

During the first observation I watched how this baby withdrew into himself as if going into a shell, as if adopting an autistic-type defence. He tightened his lips with his muscles so that the danger could not enter. He kept his eyes shut. However, by the second observation this protection did not seem necessary any more. I think that this change was brought about by the experience of breastfeeding and being

close to his mother every day. It was surprising how much he had changed in a week.

Because of their immaturity, premature babies have various physical complications during their time at the hospital. Their bodies are forced to function with organs that are not yet ready for the task. I think their bodies could be a place for intense uncontained death anxieties. The body is essentially what the baby counts on. I wonder then if this could relate to the appearance or aggravation of pathologies observed in premature babies such as retinopathy, cholestasis and enterocolitis with tissue damage, among others. They could correspond to early psychosomatic defences. I suggest this is a possibility that might benefit from further exploration.

This has been a rich learning experience for me and it has confronted me with diverse, and sometimes very intense, emotions. Most importantly, it has left me with many questions to reflect upon. All observations require the skill of being able to focus on the baby while also attempting to understand his emotions through one's countertransference. However, I have found that the experience of premature babies produces so much pain that it can be very hard to imagine, and often we can avoid imagining it altogether. It is as if we dismantle our capacity to think in order to protect ourselves. Nevertheless, the baby's projective identifications and his small gestures and movements do give us clues to what he must be experiencing.

Conclusion

The observation of premature babies offers the mother and the baby a helpful experience. The observer can provide emotional containment to the mother and baby at an intensely difficult and challenging time, when the pair have been abruptly separated by the birth and are reunited in what remain life-threatening circumstances.

For the observer, the experience can be moving and enriching, allowing him or her to connect with and learn about situations in early emotional development.

I think that baby observation in a Neonatology Service presents a great opportunity to both further our understanding whilst providing valuable emotional support for some of the most needy and struggling mother-baby dyads.

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