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Traumatic situations in infant observation

Clara Nemas*

The paper illustrates the capacity for development in a mother and her baby which is linked, in the author's view with the capacity to be in contact with reality and with supportive internal objects. The observed baby was born with a livid angioma which marked her face and affected the inside of her mouth. Her mother, who had not been able to prepare herself psychically for the birth, was enabled, by her own mother's experience of the real baby, to face the shock and narcissistic disappointment of not having her fantasied perfect baby, and to be able to make a loving and growing relationship with her little daughter whose beauty could be seen and appreciated despite the blow of having a baby with an angioma.

Keywords: trauma; birth trauma; mother-infant relationship; observation; Bion; Meltzer; emotional development

Introduction

In this paper I will focus on the qualitative change that occurs in the concept of birth if the latter is seen as trauma, as opposed to it being seen from the perspective which considers emotional experience to be the basis of human development. I am interested in exploring these two different perspectives because I think that seeing birth primarily as a trauma leads to an emphasis on causal explanation as a way of making sense of an individual's situation. I think that when Rank described birth as a trauma (1914), he took this idea to its extreme. He saw the trauma of birth as being at the root of all neurosis. This naturally led to the idea that if the birth trauma could be treated or cured, all neurosis would disappear.

The notion of trauma is linked to Freud's economic theory; to the balance between an individual's internal ability or inability to tolerate the influx of external stimuli. However, this emphasis leads to a blurring of internal and external factors, since an external situation that is tolerable to one person may be experienced as traumatic by another, depending on the individual's state of mind at the time.

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When Melanie Klein writes of trauma, a concept that does not loom large in her work, she suggests that even though external experiences are of the utmost importance throughout one's life, much depends on how these experiences are interpreted and assimilated, even in the earliest stages of life. According to her theory of emotional development, Klein considers that the interpretation or meaning attributed to these experiences will be coloured by the persecutory or depressive nature of the prevailing impulses. Thus, these basic internal positions will influence the way we experience life, helping us to deal with misfortune or contributing to the experience of the slightest setbacks as a disaster.

Klein, Bion, and Meltzer all place emotionality at the core of human development. The links between love, hate and knowledge, L, H and K, are seen by Bion (1963) as underpinning the development of mental space where feelings and emotions that are difficult to digest can be processed through the use of alpha function.¹

Emotional development requires the existence of a mind with the capacity or potential capacity to work through pain, grief, and powerful life events. Among these, birth occupies a prominent place both for mother and baby. In order for this capacity to develop a dependent relationship with the object has to co-exist alongside the presence of destructive narcissism which attacks the relationship.

Any event which cannot be thought about or contained by the mind can be experienced as overwhelming and therefore defined as traumatic. Meltzer and Harris Williams (1988) developed an imaginative concept to describe early psychic development. He called it the 'aesthetic conflict'. This offers a new dimension for understanding the development of the mind. It refers to the conflict between the awe the baby experiences in the presence of the external features of the mother, for example, her face and breasts, and the mistrust which comes from not knowing the thoughts she harbours in her inner world. Beauty, as mother's attribute, arouses in the baby a passionate response of love, hate and a desire to know. All these are directed towards the same object. Although this capacity is seen as an inherent aspect of the human mind, it nevertheless cannot be sustained without marked splitting in the baby. Unavoidably, during development, this passionate mixture of love, hate and knowledge breaks down and then the baby directs his love and interest to the gratifying object; he hates the frustrating one and struggles all his life with integration of this initial splitting. One of the ways in which the aesthetic conflict becomes more tolerable for the baby, is through the mother's response, 'aesthetic reciprocity'. For the mother the aesthetic conflict, though equally passionate with that of the baby, is of a different quality. For the mother it is not the baby's external features that arouse awe, but her perception of the infant's potential for development.

However, although *there is less difference between intra and extra uterine life than the powerful caesura of birth would suggest*, I believe that, at the moment of birth, powerful anxieties about death also come into play for the mother, reflecting the direct conflict between the impulses of life and death. While on the one hand something of the 'beauty' of the baby seems to express the life impulse,

the death impulses remain split off.² They nevertheless continue to have an impact since they remain in force even though they are projected. When these anxieties return as hostile fantasies, they can lead to an oscillation between ever stronger splitting and projection, or a more benevolent integration that will allow for the incorporation of aggression without the fear of a destructive attack. This possibility for integration will be facilitated by the relationship with a benevolent internal object capable of containing the extreme anxieties that unfold in the primary relationship between the baby and its mother.

When a pathological situation arises during the delivery, or if in the baby, this mutual and initially necessary but fragile 'rapture' mirrored between mother and baby is disturbed, what comes to the foreground is anxiety about death. The way in which such anxiety can be modulated and tolerated will depend on the degree to which narcissistic features feature in the mother's personality. If these are overly present in the mother this painful experience will feel intolerable and her response to a not-ideal baby or situation will be experienced as a narcissistic injury. It is in cases such as these, where the issue of the degree of narcissism arises, that particularly difficult situations can be experienced as overwhelming and lead to trauma.

In infant observation these early, violent and pre-verbal feelings have an impact on the observer. In response the observer can become totally taken up by the turmoil. However if there is a capacity to tolerate anxiety without resorting to evacuation, then other possibilities emerge.

I will take as an example the observation of a baby girl who was born with an angioma that deformed her face and endangered her life. I have chosen this observation as an illustration because situations as extreme as this one make particular demands on the observer's capacity for containment (with support of the observation seminar and its leader).

In this observation the observer is able to go on thinking about the baby's emotional development and about the mother-infant relationship in spite of the overwhelming nature of the material. I shall also comment on the impact of the material on the seminar group where it was presented. The observation took place over a 10-month period and was set up on Esther Bick's model, with a weekly visit which was then written up and discussed in the infant observation seminar.

The observer first met the mother in the eighth month of the pregnancy. The mother was a young professional woman who planned to continue working right up to the time of her delivery, and who seemed unable to leave any room for fantasies or anxieties about the baby or the birth. She felt the pregnancy had been perfect and during the meeting her anxiety seemed to be projected into an account of another pregnant young woman who had fainted. However, there was a sense of uncertainty which seemed to be lodged in the issue of how she and the father, as a couple would manage to accommodate the baby into their lives (to give mental space and time to adjust to having the baby). In the course of the conversation, the observer, who was from another country, became acutely aware

of feeling 'foreign'. This can, perhaps, be understood as an identification with the unborn baby and its position as a foreigner vis-à-vis the parents and their relationship to each other. Anxiety about the delivery was only expressed indirectly in the mother's comment about her worry that she might forget to get in touch with the observer after the baby's arrival. This was understood not only as an expression of ambivalence about the observations, but also as the mother's anxiety about the impact of the baby's arrival on her mind.

The first observation took place when the baby was 26 days old. Mother explained on the phone that she had taken longer than anticipated to call the observer because there had been some problems. On arrival the observer is struck by a sense of disarray as she approaches the house where the long grass around it had clearly not been cut for some time. This was mirrored in the mother's appearance. She was pale, with bags under her eyes, dressed in old clothes and looking very tired. When they entered the house the baby was sleeping in the semi-darkness while the television broadcast tragic news.

Mother and observer sat by the crib in the semi-darkness, while the maternal grandmother affectionately said goodbye to her daughter, adding that she could spend the whole day looking at her grandchild. Mother asked the observer whether she had already seen the baby's angioma. The observer said she had not, but did not really know what an angioma is. Mother said she could not see it because it was dark, but that it was big. She added that as well as the angioma, the baby had had jaundice. Mother started to talk in a low voice about how difficult everything had been; that the baby had been in pain because part of the angioma was in her mouth. Mother went on, saying she had to breast feed the baby with a nipple shield and how she was trying little by little, to get to know her daughter and make up her own mind about how to bring her up, without giving in to the advice and pressures of those around her. The baby started moving as if she was about to wake up and, at that moment, an aunt arrived, lifting the baby in her arms out of the darkness into the light. The observer writes:

Observation at 26 days

At that that moment I understood at a gut level the problem to which the mother had been referring: a big, red blotch, like a ball of blood covered the baby's mouth and nose. I suddenly feel cold inside- a feeling of paralyzing fear deep in the pit of my stomach. I began to wonder whether this was only a 'cosmetic' problem, a problem of aesthetics, or whether it posed a danger to the baby's health; would it go away or not . . .?

It is interesting to pause at this point and to think about what unfolded. It seems that the mother had unconsciously recreated for the observer the situation which she herself experienced at the birth. In the telephone conversation prior to this visit the observer was not prepared for or warned

about what she eventually was to see. The baby went from darkness into light in the arms of another person as if mother was testing the observer; how would she react to seeing the blotch for the first time? Mother was also at the same time trying to find her own way of relating to her daughter whilst struggling to manage the demands or pressures of the professionals and family members that surround her.

In an observation a month later, the family was going through an intensely anxious time because the angioma was threatening the baby's life and she had to be kept in isolation to prevent infection. They decided to do this at home. Although there was anxiety there was also calm. Mother and baby seemed to be contained by the family network. The parents seemed to be frightened by the isolated atmosphere in which they would have to raise the baby. The observer was surprised when she was offered strawberries, which seemed to her to represent the blotch which was similar in colour. In the course of that visit the observer remembered a friend whose car was stolen and the feeling of bewilderment which they both shared at the time. This association points, I think, to the observer's identification with the mother and her sense of bewilderment at the loss of the fantasy of a perfect baby.

In a subsequent observation, at five months and two weeks, after a month's gap the observer found the baby playing under a baby gym and felt that she was and, at the same time, was not, the same baby. She saw her as pretty, and the blotch, although still big, did not seem to occupy her whole face. The observation was mainly taken up by the baby's play with little bears, her interaction with mother, her attempts at sitting up and her smiles. Mother seemed proud that the observer saw the baby's progress. At times the baby seemed too willing to fit in with mother's wishes, as if she were trying to please her. Initially, this was a concern amongst the seminar members, but later it was felt that perhaps the capacity to please could be useful to a girl with an angioma and perhaps quite appropriate in her way of relating to those around her.

I shall finish with two paragraphs taken from the observer's final visit:

Luna is looking around. She looks at the pictures. She looks at me. She looks at her mother, and at that moment the grandmother comes in, and makes a big fuss of her, "Hello my lovely, hello my darling, hello little one!" The delight is mutual, Luna responds with little gurgles, smiles and leg movements. Grandmother says, "Did you show E. what she can do with the dummy?" Luna takes the dummy she is offered, she sticks it in her mouth and takes it out, and Mother and Grandmother shout "Very Good!!!" I feel a bit as if I am watching a performance but think that in this case it is perhaps necessary. Mother breastfeeds the baby and tells her it has to be quick because she has to leave. Luna sucks calmly, looks at Mother's face, then at the window; she seems to have understood. I say goodbye feeling that the life force can really be stronger than sickness. On leaving I feel Luna has gone from being a "blotch" to being a baby.

These brief vignettes from a nine month, weekly infant observation offer possibilities for an interesting exploration. On the one hand there is the idea of trauma and of birth as a traumatic experience. On the other we have a view of birth as an emotional experience which needs to be thought about and processed. The latter is anchored in the idea of development as involving the ego in the ongoing task of processing emotional experiences as a way of learning to think.

Luna's birth was a traumatic experience for her family, for the observer and even for the seminar group in which the observations were presented. In this group people experienced very powerful, highly charged emotions, including anxiety about death. These emotions were contained and thought through, albeit not always easily, but in a process in parallel with the one taking place within the baby's family.

The observer says that Luna went from being a blotch to being a baby with a blotch. I think this is the sort of transformation that Bion had in mind when referring to the transformation of observable facts into thoughts that are capable of developing and acquiring new meanings. When we put the emphasis on the developmental possibilities that stem from processing emotional experience, we can think of trauma as representing a balance between narcissism and the capacity to tolerate the emotionality (thought of as the link between love, hate and knowledge) inherent in object relations.

My aim in this paper has been to reflect on the impact that different notions of birth and development have on our idea of the mind and analytic work. The argument being put forward is underpinned by Bion's concept of *catastrophic change* and Meltzer's concept of *personality development*. I would like to suggest that what Bion refers to as *catastrophic change*, becomes what Meltzer describes as *personality development*. It is a development that at times can feel very risky, something which in a previous paper (Nemas, 2003) I linked to the courage required in analysing and in being analysed. Unlike Klein's horticultural model; to use Meltzer's terminology (1978) which postulates that given appropriate conditions the personality develops in a somewhat straightforward fashion, personality development seen from this other perspective acquires a revolutionary character; it is a private revolution and *invisible to the eyes*, as The Little Prince states as happening to *anything essential*, (Saint Exupéry, 1943/2001). The ingredients of this revolution include honesty, a passionate commitment to sustaining emotional links and the capacity to face change.

Meltzer writes,

Whenever an emotion gives birth to a new idea, a "catastrophic change" heralded by "catastrophic anxiety" (in Bion's language) is set in train, for the whole cognitive picture-of-the-word (Money Kyrle) must be reordered to take the new idea into account. (1988 p. 26)

I believe that something of this can be seen in the work that took place between the mother, the baby, the observer and the family. They were dealing with a

situation which had the potential to be experienced as a trauma but which instead led from catastrophic change with catastrophic anxiety on to development. It may be that there was something in the relationship of the mother with her own mother who ‘*could have spent the whole day looking at her granddaughter*’ which had a facilitating effect on this journey. The mother/grandmother was able to see a beautiful baby in her daughter’s baby and in her delight over the baby something of the aesthetic conflict, as suggested by Meltzer, took place, perhaps in a mediated form. The grandmother took on a different perspective. She was able to look at the baby, thereby tolerating and helping the mother to tolerate the loss of the fantasied perfect baby, a product of her infantile narcissism.

I believe that this perspective leads to a view of psychoanalysis that has more affinity with development than with pathology; a view of psychoanalysis that, broadly quoting Meltzer, is more concerned with what the mind does well than what it does wrong; more focused on the depressive position than on the paranoid-schizoid. In other words, a view that is concerned with nurturing buds of thought more than cleaning out the weeds (Nemas, 2008).

Notes

1. I am referring to the moment of birth, but I could equally have chosen another event such as weaning as the arena for exploring these turbulent emotions.
2. Following Melanie Klein’s descriptions of splitting and idealisation (1946).

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