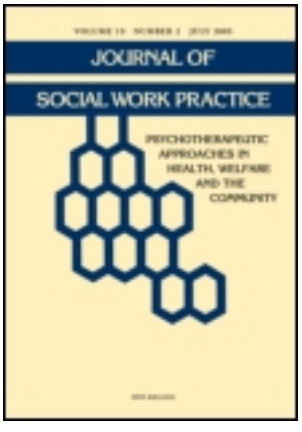

Journal of Social Work Practice: Psychotherapeutic Approaches in Health, Welfare and the Community
Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/cjsw20

THE CONTRIBUTION OF PSYCHOANALYTICAL OBSERVATION IN CHILD PROTECTION ASSESSMENTS

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Version of record first published: 12 May 2010.

To cite this article: Shelagh Fleming (2004): THE CONTRIBUTION OF PSYCHOANALYTICAL OBSERVATION IN CHILD PROTECTION ASSESSMENTS, Journal of Social Work Practice: Psychotherapeutic Approaches in Health, Welfare and the Community, 18:2, 223-238

To link to this article: http://dx.doi.org/10.1080/0265053042000206041

Shelagh Fleming

THE CONTRIBUTION OF PSYCHOANALYTICAL OBSERVATION IN CHILD PROTECTION ASSESSMENTS

In this paper I describe my role in undertaking child protection assessments for children in my work for a Family Centre managed by a national voluntary child care organisation. I explore how psychoanalytical observation provides additional knowledge informing assessments of risk for children. In an example that I discuss in some detail, I show how observation provides a means for assessing relationships between children and parents which leads to informed recommendations to court. In a second example I show how observation can be linked with a therapeutic approach to generate necessary change in parenting capacity. I conclude that observation is an important and effective training for professionals responsible for protecting children from harm.

Keywords observation; assessment; child protection; capacity to change

The first relationship

An attachment relationship is the infant's first relationship, usually with the main caregiver, and can be defined as a long-enduring, emotionally meaningful tie to a particular individual. The most influential account of how attachments form and develop is that given by Bowlby (1969), based on concepts derived from a number of sources of theory, including evolutionary origins and biological purposes of behaviour. Attachment theory is useful to provide an overview of a situation, but a more specific understanding of an individual situation requires the more subtle discussions provided by an object relations focus afforded by the observation of children and their parents. I will demonstrate this when I discuss the observational material.

Infant observation

The practice of the observation of children has a long history going back to at least Darwin, who employed the systematic observation of his own son as one way of checking out his hypotheses.

It was Freud who laid the foundations for observing young children's play and attaching symbolic meaning to it.

> The study of the infant psyche might be said to be the 'baby' of psychoanalysis, having grown within its womb with seeds sown by Freud (1920) and Klein (1952) and having been given birth and nourished by Bick (1964).
>
> (Wittenberg, 1999)

Journal of Social Work Practice Vol. 18, No. 2, July 2004, pp. 223–238
ISSN 0265-0533 print/ISSN 1465-3885 online © 2004 GAPS
http://www.tandf.co.uk/journals DOI: 10.1080/0265053042000206041

For Freud it was his discovery of the Oedipus Complex which led to his interest in observing its onset and process in children. Melanie Klein carried Freud's ideas forward, seeing the child's play as an enactment of their view of the relationship between others and between those others and themselves. Klein was inspired to watch with an observing eye and listen to the detail of small children at play. She treated the ordinary process of the child's free play as a communication and discovered extremely primitive phantasies existing in the minds of very young children. This resulted in theories concerning emotional development in the first year of life that have deepened our understanding of infancy today.

Infant observation began in 1948 (Bick, 1964) as part of a course for training child psychotherapists at the Tavistock Clinic in London. This infant observation course was included in the psychoanalytical training programme in 1960, because it was found to offer not only knowledge about infant development, but also to contribute to increasing the clinical skill and sensitivity of child psychotherapist observers (Miller *et al.*, 1989). This distinctive approach of regular, systematic observation of infants pioneered by Bick has remained central today to all recognised trainings for child psychotherapists.

It is seen as a valuable means not only to learn about infantile experience, infant development, and the relational vicissitudes of the first two years of life, but also to acquire an empathic and sensitive psychotherapeutic stance. This is understood to emerge through the opportunity to integrate theoretical knowledge with experiential learning, in the context of working through transference and counter-transference issues. Infant observation seminars might help us understand the transference from the parent. The seminar also helps us with refraining from action and not jumping to conclusions about what we are observing. Infant researchers and clinicians recognise the value of observation of infant–parent interactions in a range of settings and contexts (Stern, 1985).

More recently training in the Tavistock model of observation of infants and children has proved very valuable for professional development of other professions working with children, including its introduction on some social work training courses. Trowell *et al.* (1991) introduced observation to social work tutors and practice teachers, which had a considerable impact on the personal understanding that the observational method and experience could form an invaluable addition to the profession's capacity to assess and intervene with children and families. This resulted in CCETSW (1991) making a strenuous effort to introduce child observation as a core area for teaching in Diploma in Social Work programmes. The supportive evidence for this came almost exclusively from psychoanalytical and child care influences on social work practice (Baldwin, 1994). Some training courses for social workers, for example at Goldsmiths College, are developing a Tavistock model of infant and child observation within their curriculum to promote reflective social work practice. The idea is of the student finding out for themselves, with its emphasis on 'learning from experience' (Bion, 1962) as distinct from 'learning about things'.

The implication of this is that the observer role is not one that allows active participation, as 'doing' precludes the opportunity to 'be' and reflect. Bick (1964) reported certain difficulties encountered in the infant observation process.

These problems, which were essentially difficulties in becoming an observer, became the crucial work of the observational seminars and contributed significantly to the enhancement of the observer's psychotherapeutic skills. Bick suggested that the problems encountered in observing involve the dilemma over how to enter and sustain the observer's role. Harris, who writes 'if one does not come close enough for the relationship to have an impact many details will be missed and the quality of the learning impaired', explores the delicacy of the role.

> On the other hand, in order not to be drawn into action — into acting out the anxieties evoked instead of containing them by reflection — one must find a sufficiently distanced position to create a mental space for observing what is happening in oneself, as well as in the mother and baby.
>
> (Harris, 1976 in Williams, 1987)

In this paper I shall discuss how this model of observation has been applied to work in child protection assessment in a Family Centre setting.

Organisational context

I am trained in social work and for many years was employed by the Local Authority working with children and their families, specialising in family assessments and working with children who have been abused and their families. Through my involvement with families in crisis I developed further my interest in the assessment of parenting and complex family functioning. Over time I have come to see for myself repeating patterns in family relationships including where sexual and emotional abuse was a feature. Through training I became more aware of entrenched intergenerational patterns of behaviour emerging in my work and I discovered how taking the time to observe enhanced my knowledge of family relationships and became part of the assessment process. It was some years later before I developed a theoretical perspective in my work through my training in Psychoanalytic Observational Studies.

I now work for a large national voluntary childcare organisation and manage a specialist, non-statutory, Family Centre. At the centre we work with parents and children together to effect change, providing intensive parenting programs for children and their mothers and fathers. Most of the families using the centre are socially and emotionally deprived and have very little confidence overall in their everyday lives. We are working with some families who would never readily engage with family support services such as ours, so we are always finding creative and acceptable ways to work with people. Observation plays an important role in our work.

The Family Centre is commissioned by the Social Services Department to undertake child protection assessments, independent from the Local Authority, where children are at risk of suffering significant harm. Observation sessions are only one part of the assessment process and not presented as the only work done. As part of the assessment report, brief extracts from the observation notes can be included

and submitted to court or to child protection meetings. One of the options we always have is to recommend further assessment work or a period of treatment. These sometimes run alongside a rehabilitation programme for children returning to parents after a period looked after, or maybe work with parents or children in preparation for permanent separation. Each assessment is based on a referral from the Social Services Department following a Child Protection Case Conference. The children referred are usually living at home with their parents sometimes on interim Care Orders from the court, or living with foster carers. Where appropriate we work alongside the Children's Guardian, other agencies and the professional network.

Assessments in child protection cases

There are numerous methods that have now been proposed for undertaking assessments including The Department of Health's 1988 publication *Protecting Children, A Guide for Social Workers Undertaking Comprehensive Assessments* and *The Framework for Assessment of Children in Need and their Families* (DoH, 2000). The latter requires us to work within imposed time limits and usually allows a maximum of 35 working days to complete the assessment work. These limits are important in terms of making decisions about a child's future and for not allowing uncertainty to drift.

The Family Centre assessment team is expected to assess the parents' capacity and, where there has been abuse or failure to protect in the past, to assess their capacity to change. Some parents live such chaotic lives that they are unable to keep appointments with us or sustain the regular commitment needed. Often parents are anxious and hostile, especially towards the Local Authority, and are not ready to willingly engage in the work. Within this difficult and often conflictual context it is important for us to arrive at a view of the child's emotional state and internal world, including self-esteem, sense of self, and object relations.

It is in these frequently highly charged situations, where feelings are very strong, that taking the time to observe can be very helpful. The observations can be containing in themselves for parents, enabling them to engage and provide the assessor with a different source of information and a space to reflect and think. The observations are spread over the assessment timescale to allow maximum opportunity to observe the complexity of family relationships over time, including the capacity to change.

We usually meet with families in the Family Centre setting, which families themselves describe as a friendly place to be: in some circumstances we work within the families' own home.

Most children referred have very complex family situations where there may be concerns expressed by agencies about a child's behaviour or care but no identified or visible injury. In these circumstances emotional abuse may be at the root of the problems. Sometimes parents are ambivalent: sometimes caring, sometimes not, whilst some parents fail totally to provide adequate care for their children. In situations of emotional abuse the attachment relationship to the carer is rarely positively reliable and is frequently inconsistent.

Emotional abuse is frequently hidden by parental denial and sufficient glimpses of

patterns of 'good enough' parenting behaviour which make it difficult to get a true picture of family life. The normally pervasive and long lasting nature of emotional abuse is particularly damaging to the child and of special importance within the context of the child protection assessment. Unless specific evidence is brought to attention it is often difficult outside a 'clinical' or observational setting for professionals to demonstrate the presence of emotional abuse and especially to identify the core of the dysfunctional aspect of the relationship between the parent and their child.

Essentially a child protection assessment needs to be able to get beyond the surface of the relationship and identify whether parenting is 'good enough' for the child who is the subject of the assessment. A key feature in child protection assessment is to assess whether the parent's conduct is harmful to the child and to consider whether the parent's behaviour harms the child's growth and development and denigrates her or his self-image.

Through observation, qualities of the nature of relationships, play and repeated interactions are revealed. Emotional abuse and neglect can be noticed in an observation, particularly when the observation is considered subsequently, or discussed with colleagues. This does not in itself constitute hard evidence, which is in any event not usually easily accessible in these cases. However, detailed, repeated observations do often provide important information and a way of understanding relationships which is lacking when an observational approach is not taken. Additionally, the process of undertaking repeated, thoughtful observations provides a structure for the assessment through which a sense of the meaning of relationships can be gathered and formulations made. I shall illustrate this work through reference to two cases. Firstly I shall discuss in some detail an observational assessment of a baby, James, who was five months old when we began to assess the family. This case illustrates how repeated observations can be central in reaching a recommendation to place before the court. Secondly, more briefly I shall discuss assessments of a girl, Amy, who was 10 years old, in order to explore the role of observation within a therapeutically oriented framework.

Work with James, aged five months: background and context

James's mother had four previous children, one of whom had died aged six months from Sudden Infant Death Syndrome. All living children were removed from the mother's care due to neglect 12 months before her pregnancy with James. Towards the end of her pregnancy she and her new partner, James's father, made their position clear to the Social Services Department that they wished to make a fresh start, in a new location, care for their new baby and work in partnership with the Local Authority.

There was a lack of information on James's father until he began a relationship with James's mother. However the Social Services Department secured an emergency protection order on James, based on the recent Care Proceedings and on the grounds that the parents were not capable of caring for a young baby.

James was born healthy following a normal delivery in the local hospital. He was

removed from his mother one hour after birth and remained in hospital alone until he was placed with his first foster family at 10 days old. James's mother discharged herself on the day of his birth and had restricted, supervised visits to him in hospital until he was discharged.

James was placed with two separate foster carers over a five-month period. He had daily contact with his mother and sometimes father, when he was not working out of town.

The recommendation from the court was that James should be placed on a further interim Care Order but should return to his parents' care for a full assessment of risk. The Social Services Department and the Children's Guardian requested that my organisation undertake an assessment of the parents' abilities to parent James. However because of delays in legal proceedings and within the Social Service Department James was not returned to his parents' care, and the assessment could not begin, until he was five months old.

The assessment took three months to complete and involved twice-weekly sessions in the parents' home. Other agencies participated fully, including the drug addiction team and health visitor. The assessment process included talking to the parents individually and together about their childhood experiences and views on parenting. Detailed observation of James and his parents became crucial to understanding the family, and obtaining a sense of where James was to be placed in the longer term.

James's mother appeared to be wary and detached. She had few memories about her early childhood, but remembered clearly that her mother's boyfriend had repeatedly sexually abused her when she was a young girl. She described her mother as cold and frightening and had no contact with her father since she was a baby. It has been shown that a specific constellation of characteristics has emerged to understand parents who were deprived as children (Fonagy *et al.*, 1991; Parkes *et al.*, 1982). These studies reveal these parents to be isolated, distrustful, viewing the environment as hostile, unable or unwilling to form or maintain relationships with others. James's mother seemed to have severed all links with her former life including her children. She made no friendships locally and I began to see a pattern emerging with her where she isolated herself within the community.

The mother had first become pregnant when she was 20. She said she enjoyed being a mother to her first son and health visitor records detail that she was committed to him: breastfeeding and caring for him well as a young child. Then, just after his second birthday, she made an allegation, which heralded a complete change in the relationship. She gave a detailed account that his father had satanically sexually abused him in devil worship. A thorough investigation by the police and the Social Services Department was inconclusive and the mother became hostile to the authorities and obsessed by her belief, claiming that her son was disturbed as a result. From then on she found him difficult and unrewarding to care for. She believed he was possessed by the devil.

At that time, the mother gave birth to twin boys, one of whom was born with spina bifida. The 'healthy' twin died in his cot aged six months old and the mother said she believed the wrong baby had died. The mother turned to soft drugs in an attempt to 'pull herself together' and remembered spending much of her time in bed and not coping well with her two remaining children.

Shortly after the death of her baby son, she met her new partner (James's father), became pregnant and gave birth to a daughter. Thereafter she became depressed. Her partner was supportive and helped to care for all the children but this was insufficient. The situation deteriorated rapidly and eventually the Social Services Department removed all three children and secured Care Orders on the grounds that the children were suffering significant harm from emotional abuse and neglect. When the mother found she was pregnant again she and her partner decided to try to start again by moving to a new area of the country.

James's father's history was quite different. He was an open friendly man who had reached his mid-thirties without having any real commitments and responsibilities. He had learned to support himself independently through his talent and passion for music; he played in a rock band. He was the youngest son of parents who provided well and cherished their children. He broke contact with them only recently when his daughter was accommodated and he had felt devastation and great shame. His childhood memories were rich and forthcoming and he was able to reflect warmly on a balanced happy family life. He talked about his mother indulging him as a child and whilst he recognised that had not been entirely good for him, he enjoyed every minute.

When the assessment began James was living at home with his parents for three days and the rest of the week he spent with foster parents. Both parents were co-operative although the father was working away during the initial stages.

In the first observation, questions arose about the quality of the attachment relationship between James and his mother:

> … James was propped up in a chair facing the wall. He tried to turn as I entered the room and could not quite make it, so stayed where he was staring at nothing. I was a stranger to James yet he neither signalled to mother on my arrival, nor did he turn towards her voice.
>
> There was birdsong from a cage in the corner of the room, and James tried to look. It was too difficult for him. He stayed looking at the blank wall, just staring. Mother went over to the cage: James whimpered and then screamed out sharply. Mother patted his head and mumbled something on her way to take a worm to feed the bird, which it transpired was her pet starling.

Attachment theory would suggest that an infant assumes instinctive proximity seeking behaviour to his or her caregiver, in the underlying quest for physical and emotional comfort and, ultimately survival (Bowlby, 1969). James did not show proximity seeking behaviour and in fact seemed quite anxious. He did not engage his mother with a range of behaviours, vocalising or reaching, that would serve to maintain close contact with her and ensure she stays close. However, where mothers are not responsive and attuned, or fail to be available or protective, the infant will adapt to manage fear and anxiety. These adaptations can lead to pathological defences and disorders in the attachment relationship.

> … It is the anxious quality of the attachment that is at issue, and it is the complex origins of this quality that must be understood.
>
> (Greenberg, 1990)

I continued to observe problems emerge in the relationship between James and his mother, to the extent that these were quite extreme, as in the following observation when James was six months old:

> … He is quiet now, staring into space, rubbing the finger and thumb of his left hand together. I asked mother, 'Tell me about James?' She told me about rescuing the starling from being killed by a cat.
>
> Mother bent down to the cage and spoke as she fed the bird a worm. James watched silently, and then slapped his hand on the side of the baby walker. No response. The bird sang; mother spoke to the bird and not to James.

The mother was not formally psychiatrically assessed during my work with her. She was working with the Psychiatric Drugs Team, they only reported her commitment to abstinence and made no real reference to her mental health.

Maternal deprivation and abuse had been an element in the mother's own life and she told me that she had never been 'saved' by anyone, neither as a child nor as an adult. I speculated that at some level she identified with the bird, which she had rescued from certain death, and not with James, who had been taken away (rescued) from her. Maybe the bird represented the abandoned 'baby part' of her, something that needed to be contained (the cage) and nourished (the worm).

I was left feeling that the mother relating to the cage bird in that way might indicate a psychotic aspect of her. She cared for the bird for three weeks before it was found dead in its cage.

This seemed to graphically convey a belief that she could not keep a baby alive, and it evoked strongly the death of one of her children and the loss of the others. This left a feeling of death and deadliness:

> The room was so still, no babbling or rattling of toys, no interaction of any kind between mother and son. There was a feeling of complete emptiness. James sat upright in his baby chair, staring blankly at nothing in particular. His fingers and thumb on his right hand were gently rubbing together. My eyes caught sight of the dead flowers in the vase next to the picture of mother's lost children.

The quality of the early maternal relationship is vital as the mother acts as a 'container' for primitive states, where physical pain and psychic pain are indistinguishable. In the absence of a containing presence, the individual will resort to an array of defensive mechanisms to help him retain as great a sense of integration as he can muster. James's mother rarely provided a sustained containing presence and the observations detected James drawing on his own measures to alleviate his anxiety.

In contrast to this deadly feeling in interaction, the father brings a more active interaction and welcome sense of life. I sense some kind of split between 'angel' father and 'devil' mother:

> … Father picked James up from the floor as I arrived. James smiled, father rubbed noses with him before putting his face onto his downy head and

breathing in. They stayed together for a few moments. James babbled, father talked soothingly to him before passing him to mother, and then left on mother's instruction.

Mother wiped the chocolate from James's mouth rather roughly with a wet flannel, whilst he sat in his walker. His face crumpled, he cried and pushed himself back against the padded metal bar. Mother went to comfort him; he screamed and turned his face away. Mother left him, dipped his dummy in sugar before pushing it in his mouth. He looked down and pushed his dummy out, placing his index finger in his mouth he sucked hard. Every now and again he thrust his legs forward as if to get moving. He soon went silent and very still. Mother spoke to him, his eyes were focused on a half drawn curtain.

Fraiberg's (1982) studies illustrate how infants from as young as three months can be seen to have developed behaviour in response to prolonged experiences of helplessness and to relieve their own pain. She described pathological defences of avoidance and freezing in infants that have experienced deprivation. I cannot be sure what James's experiences had been with his mother and carers over the preceding five months, but what I think I was observing was the defence of avoidance, a characteristic behaviour where the child will avoid contact with the mother wherever possible. He does not smile or reach for her and will not approach her. In circumstances where the infant is distressed he would not seek his mother out for comfort or protection — 'where there would be seeking there is avoidance' (Fraiberg, 1982).

I thought about James, lacking any kind of foundation for internal security: removed from his mother at birth and two foster placements before his return to his parents' care aged five months. At times I had felt in strong identification with James's primitive states of mind and often felt intense feelings of loneliness. I think the father felt something of this too, when he was around he was responsive and loving to James, keen to comfort and be with him. James's mother was often rejecting and dismissive of the father, and he found this difficult to overcome and frequently left the room when she entered.

The contrast between the father's and the mother's interactions with James continued to be observed. Although I felt some relief when the father was around, I understood this as a counter-transference feeling and had to try and think about how it might be for James:

I felt cold and the room was bleak, I noticed James shiver. Mother talked about her lost children as she rearranged the photographs once again on the shelf.

Like a breath of fresh air father came into the room, James became alive and reached his arms up to his father and smiled. Father bent down spoke and took James out of the walker and held him close. Mother told him to put him down and not to spoil him. Father played music, danced and laughed with James.

James's behaviour was clearly different with each parent. James avoids his mother but does not avoid his father. When his father is present, there are gazes, smiles and vocalisations of pleasure. With his mother there is a sense of nothingness.

There was concern from social services that James's father might not remain committed to his family, and I saw that he was not always reliable. James was spending much of his day in his mother's care. A pattern emerged where she was either very depressed, spending much of her time in bed or very angry, in a rage. Either way she avoided spending time with James. At that time I observed the mother lacking the capacity at times to receive and tolerate James's distress and therefore James did not have available to him a receptive mother to help him reintroject, in a modified form, his distress.

At seven months James was sleeping through the night and for long hours, tucked away in his cot, during the day: I observed him showing no signs of distress. He would wriggle for a short time, then stare into space, rubbing the silky label on his bear and obediently settle down. At this time the Health Visitor noted a potential hearing problem, when James did not respond normally during a routine hearing test. I believed that James was experiencing being increasingly deprived of his mother, spending more time alone and shut out.

All agencies were feeling concerned for James at that time and more help in the home during the day was offered and the social worker stepped up her monitoring visits. The mother could not, though, arouse herself from her deadly preoccupations and still she could not relate to James. There was no doubt that James's cognitive development was slow, he was often quiet and still in his mother's company, making little attempt to socialise or explore for himself. The following observation is from when he was eight months old:

> … Mother held James close for a moment before laying him down on an activity mat on the floor. He looked past her, towards the blank wall. The room was chilly, James was warmly dressed but I watch him shiver as mother approached to give him more toys. I ask how she is managing on her own. She said when he was here her partner was lazy and spent his time in bed and that he was of no help to her.
>
> James strained twice to reach for his rattle and could not make it. His face went red as he pushed down, there was a farting sound and I knew he had filled his nappy. He gazed at the rattle and then directly at me and I had an overwhelming desire to help him. I did respond and he held tight to the rattle for a moment and then placed his finger in his mouth.

The emotional impact for me of seeing the mother not responding week after week affected my working role. I experienced an extreme sense of discomfort and a strong desperate feeling to help James, which I felt was projected from him. This seemed to convey that James persisted in trying to relate in the face of the mother's passivity, possibly through the attentions of other carers. This was a quite hopeful indication. I felt a mental link between James and me; I saw him to be in a state of helplessness, and he could not reach his toy nor rouse his mother. I felt he was communicating to me to help. The feeling in me was so strong that I could not resist and in this session I stepped out of my role to help him with his toy. I experienced James calling out to me to be a responsive mother.

Through projective identification James had not been brought into contact with

his own mother as a 'container', she did not appear to have a space for the distress which he could not tolerate. At the same time she was not providing him with the opportunity for internalising a mother who has this capacity. Where a baby has had opportunities to communicate his experiences through projective identification and to internalise his mother's capacity to tolerate and think about him, a new emotional resource grows within the infant around which sense of him-self can develop. Overall James's mother had not sustained a capacity to register and to think about her baby's distress, responding in a thoughtful manner. James was dealing with insufficient maternal containment he received from the mother by 'holding himself together', focusing on non-human aspects of the environment such as a blank wall, staring at the light or twitching. James continued to grow and develop slowly, he was still showing little sign of getting either moving or babbling. I was concerned that his anxiety may be so crippling that it was inhibiting his overall development.

When his father was around he was more able to think, tolerate and digest some aspects of James's experience. A different quality of relationship was developing which confirmed to me that James had not yet become so disabled by crippling defences: he could respond to his father. At nine months old:

> … Mother is in bed. Father has James on his lap and they are looking through a picture book. James turns and smiles firstly at his father and then at me. He pushes himself further back into his father's body and they seem to merge for a moment before James reaches up and touches his father's face.

By the end of the work of the assessment, I believe that James's mother became aware, at some level, of her own dangerous impulses. There was a theme of death and loss in my work with her and in later sessions the mother talked about her fear that she had contributed to the death of her baby son, who had died a cot death. It seemed that the mother identified with her lost babies, trapped in the indigestibility of these experiences so she could not mourn. James was thus envied for being alive rather than as a dependant baby who needs a mother. The mother projected her hatred of James's life through her own internal deadness. The mother could not see James as anything other than an extension of herself.

The mother was frequently angry and aggressive and this was so overwhelming to her that it was not resolvable during the assessment period. I felt an overpowering emptiness during this time: I understood this to be the mother's own projected feelings of hopelessness and abandonment. I was left wondering if this is how she had felt herself as a baby.

Outcome

It was through these detailed observations that the intense difficulties in the relationship between the mother and James were experienced and came to be known. She was preoccupied and damaged by the serious losses she had suffered as a child and mother. She could not gather resources to relate to James as an 'alive' baby. Before the assessment was complete the mother unexpectedly left the father and abandoned James completely.

The father was not ideal. Early on I was often unsure about whether he would stay or leave. However he became seen as more relevant to James's future than seemed possible when the assessment began. The social worker and I actively encouraged the father's commitment to James. The assessment work continued with the father and James. The observations assisted in the assessment of the attachment of James to his father and the father's capacity to parent James. The father used the observations to think about James and built a loving and tender relationship with him. The observations thus helped significantly in the formulation of a recommendation to the court that James should stay with his father. The placement will continue to be monitored.

Work with Amy, aged 10: background and context

The second case I shall discuss is in many respects quite different. Amy is much older, a 10-year-old girl and the focus was therapeutic work with Amy and her mother following a history of sexual abuse and parental violence. However, the observational basis of this therapeutic work is prominent in that observations help understand the relationship between Amy and her mother and the potential for change within this relationship.

Amy's mother was not thought to be actively malevolent: the harm to Amy occurred through her failure to attend to her child's needs. Bick (1964) drew attention to the way in which the experience of observation could prove to be helpful to both mother and child. In the therapeutic application of my work with Amy, the mother's capacity to think about her daughter increased over time and new resolutions were arrived at where relationships were repaired and hope emerged for Amy and her mother.

For many years Amy had been sexually abused by mother's partner and she had recently disclosed this to a schoolteacher. The mother had lived with him for 10 years and he was the father of her two young daughters but not Amy. He had been violent throughout their relationship, although the mother had frequently denied this in the past. Following Amy's disclosure there had been an investigation by the police and the Social Services Department. The alleged perpetrator had been charged and was out on bail in the community awaiting trial. A Child Protection Conference was called and a request made to my agency to assess the mother's capacity to protect Amy and her two younger daughters and to help Amy come to terms with her experiences of being abused. I worked with Amy and her mother weekly for a year in the Family Centre.

Schaffer (1996) describes the *biological* function of attachment as the protection of the young and attachment behaviour is activated by perceived danger. The *psychological* function is to provide security. My initial sessions with Amy and her mother demonstrated the effects of Amy's recurrent experiences of feeling unprotected and unsafe over the many years of sexual abuse and family violence. The mother had failed to be available to protect Amy or to help her express her fears and anxiety. Amy had not felt able to tell her mother about the abuse. Amy blamed herself for being sexually abused and described her abuser as frightening and violent. She considered herself to be worthless and unlovable.

Recurrent experiences of feeling unprotected have a profound influence on the process of internalising the role of the attachment figure as a protector and I believed Amy had not internalised her mother as a protector. In the following discussion work I undertook with Amy and her mother together this is explored. In the second session:

> … Amy put her hand over her mouth, mother looks away, stares out of the window dreamily, as Amy spits through her fingers, 'I can't get it out'. There is no feeling … Amy looks towards her feet, sobbing quietly. Mother touches heads with Amy, Amy buries her head into mother's neck, they look distorted, becoming merged. It is difficult to get any sense of separateness and yet mother is unable to comfort Amy. The feeling in the room is quite dead despite Amy's sadness.

A secure base as described by Bowlby (1980) is derived from a secure attachment relationship with the carer in early infancy. It determines the balance between attachment and exploratory behaviour allowing the infant to explore using the mother as a reliable and safe anchor, returning for reassurances and social exchanges. My observation showed Amy displaying insecure attachment behaviour with her mother. Her lack of attendance in school and her reluctance to socialise with friends can be seen as an aspect of this functioning. She maintained such close proximity to the mother that it seemed she found it impossible to contemplate separateness, both in her work with me and outside. At times this went so far as to confuse and reverse their roles:

> … Amy linked arms with her mother as they walked down the path to the centre. She tells me she is wearing mother's shoes today to make her taller and more grown up. Mother touches her head; Amy strokes mother's cheek.
>
> … Mother says that Amy had been helpful at home and describes her as 'like a little mother'. Amy holds mother's hand and tells me she is 'mum's mummy'. I ask what that feels like. Amy put her hands over her mouth and shakes her head. I say that perhaps it is difficult to find the words. She nods. Mother stares out of the window.

As my work with Amy and her mother progressed I frequently observed the mother seeking inappropriate care-taking from her daughter. In sessions Amy would look after her mother's needs in terms of comfort and time keeping. It felt like the mother's own mothering role had broken down somewhere. Amy exchanging roles with her mother took her out of the awful position of the dependent unprotected and abused child into that of the powerful adult. Their description of family life involved Amy caring for the whole family, regularly taking responsibility.

> … Amy talks of mother's terrible life and blames herself for not protecting mother during the violence inflicted by mother's partner. She seems unable to accept her own bravery for having disclosed the sexual abuse, which had in fact 'rescued' the whole family from more violence.

Parkes *et al*. (1982) write that inappropriate care seeking often arises from a parent's own unsatisfied needs to be nurtured. It seemed that Amy was adapting to the impediments within the mother that prevented appropriate maternal responsiveness to her daughter. The observations confirmed that a role reversal was taking place, with Amy clearly mothering her own mother.

I learned that the mother had been deprived of basic mothering as a child herself. I wrote:

> … Her own mother had abandoned her at five and her father and two older brothers had brought her up. She implied that sexual abuse had taken place at sometime but was not prepared to say more. She describes her childhood as hard work. As a young adult she developed relationships with men who were abusive and this pattern had seemed to continue.

It seemed to me that the mother's experiences of abuse had blocked in some way her acceptance of age appropriate separation for Amy. She would sit so close to Amy in sessions that the mother was almost on Amy's lap. The mother told me that she had breastfed Amy until she was five years old and '… had been reluctant to stop'. As a young child herself it seemed that the mother had not had her own needs met and maybe was still looking for mothering herself. I decided to see the mother separately, so that she could appropriately explore with me aspects of her childhood, and so I could establish a boundary between Amy and her mother.

I think Amy's mother used this time well to think about her own experiences of deprivation. Her childhood had been harsh and she had felt abandoned by her mother and unloved by her father. She had been sexually abused by her older brother throughout her teenage years and had never told anyone before. As she explored her childhood experiences further she began to make links with her own mothering of Amy.

I thought that Amy's mother had a capacity of resilience, which like any other capacity, varies greatly between individuals. Fraiberg (1980) argues that the impact of the same life event is very different for different people and, on the basis of clinical experience, the capacity of resilience is influenced by the defences used to cope with a difficult past. Fraiberg identifies two characteristic defences used by abused parents who are unable to withstand the need to inflict their own pain upon their own children. Firstly, the denial of the affect that was associated with trauma. Secondly, the victim's identification with the perpetrator. I think Amy's mother was in touch at some level with the effects of her own trauma and that of Amy.

The mother valued and was committed to my work with Amy and encouraged Amy's commitment. I had no doubt that the mother loved her daughter and wanted to do her best for her. However the internalisation of her first attachment to her own mother would certainly affect her emotional capacity as a mother herself. I imagine that by providing regular time and containment that I had begun to provide Amy and her mother with a sense of a secure base. This may have allowed Amy to contemplate making a move away from her mother and enabled the mother to begin to develop her capacity for tolerating her daughter's fears and anxieties, and thus to allow Amy some separateness from her:

> … I suggest Amy might like some time without her mother. She shakes her head in an aggressive manner, but for the first time moves forward, leaving mother behind on the sofa, to examine a toy on the table. Mother gets up and leaves the room briefly.

Outcome

Amy and her mother began talking about difficult feelings including being separate from each other; the mother seemed stronger and could bear to hear when Amy talked about her experience of sexual abuse. Although I worked with Amy and her mother for over a year, Amy never did attend a session without her mother, yet progress was made. Amy's school attendance and academic performance improved and she joined an out of school activity club where she began to make new friends. Amy's mother joined a group run by the Family Centre for mothers of children who have been sexually abused, where she continued to receive support and develop her confidence in protecting her children.

Discussion

Undertaking child protection assessments provides many challenges in completing an in-depth look at family life, and in the 'best interest of the child'. In this paper I have discussed two cases, which are contrasting in many ways but similar in that a realistic sense of hope was identified and promoted. These case studies demonstrate that psychoanalytical observation makes a valuable contribution to child protection assessments. Essentially, observation provides a framework for thinking about, in a very thorough way, each individual child in her/his specific context. These examples show how observations lead to formulations and interventions which enhance the potential for the child for having a good enough environment, and making informed choices about which caretaking figure or figures should be entrusted with the child. It takes time, specialist training and imaginative joint working arrangements with social work, education and health colleagues to promote the value of observing children and families and its contribution to protecting children.

We are pleased when a child protests and makes a fuss at the time of separation or reunion with their parents; we see this as a healthy response to an anxious situation. We are concerned when professionals frequently misjudge an infant, who is superficial or 'shut off' when with their parents or carers, as being settled and placid: or viewing toddlers who are indiscriminate in their relationships, as being friendly and enjoying attention.

The Department of Health *Framework for the Assessment of Children in Need and their Families* provides us all with tight time limits in which to carry out our assessment work. This imposes difficulties in planning our work, engaging with families and undertaking the work for the assessment itself. There is a tension between working within strict time constraints, imposed so that the child does not drift through indecision, and the need for repeated observations over time. The latter leads to a more informed understanding of relationships, difficulties and shortcomings and potentialities. Assessing the capacity of parents to change can be better undertaken through applying the observational method.

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