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On: 19 February 2013, At: 07:49

Publisher: Routledge

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Infant Observation: International Journal of Infant Observation and Its Applications

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/riob20>

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Version of record first published: 07 Aug 2012.

To cite this article: Cléopâtre Athanassiou-Popesco (2012): The emergence of depressive pain (French: souffrance): psychoanalytic infant observation applied to babies in institutions, *Infant Observation: International Journal of Infant Observation and Its Applications*, 15:2, 151-163

To link to this article: <http://dx.doi.org/10.1080/13698036.2012.692854>

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The emergence of depressive pain (French: *souffrance*): psychoanalytic infant observation applied to babies in institutions

Cléopâtre Athanassiou-Popesco*

In this article the author draws attention to the possibility of working with painfully deprived children within an institution, in this case a baby-care unit for infants awaiting adoption. Understanding primitive levels of identification of the sort revealed by Esther Bick allowed the therapist here being supervised to help a tiny girl who was one and a half at the beginning of the treatment to make progress until she was two and a half, when she was able to leave her on the threshold of the depressive position – which means having acquired the capacity to internalise the image of her therapist and to rely upon it. This article therefore aims to demonstrate the possibility and great usefulness of early treatment in institutions, whether in a crèche or in a baby-care unit. Institutional reactions connected with the progress of the treatment and then with its ending must always be taken into account, in so far as emotions that come alive in the transference-counter-transference relationship are echoed in the institution itself.

Keywords: adhesion; clinging; identification; internalisation; link; depressive position; representation

Introduction

Esther Bick's genius (1964, 1968, 1984) did not lead her into speculative reflection, but towards the grasp, with unequalled clarity, of data gathered by means of clinical observation. The precision with which she was able to apprehend the tiniest details; the capacity she had to fit these into the picture she had formed of a baby's state of identity at birth; the determination she unfailingly applied to conceiving the catastrophic and yet normal anxiety of a tiny being cast out into a different world from the one in which it had been

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immersed until then, made Bick the analyst who contributed the most to understanding primary narcissism.

Here I will take up two points that lie at the heart of her thinking and also provide two complementary perspectives on the question of primary narcissism. The first is the problem that confronts a baby who has to ensure the continuity of his¹ experience of identity. Here the question is one of survival. The second is the problem of value: who is the important person? And what does this experience of importance depend upon, when it is so fundamental to the feeling of self-esteem?

On the first point, Bick (1968) taught us that the baby's primitive self ensures its psychic survival by perceiving that it always stays the same. It gets there in two different ways: either by establishing continuous contact with a living object, in this case, its mother; or by establishing continuous contact with an object that is not alive, is inanimate, or is with the baby but without going through the baby's mother. These two routes are normally adopted in alternation. When a baby is held by his mother, he locks onto her gaze and sticks to her skin, all the while absorbing her manner of holding. This prepares him to live in space that is no longer one- or two-dimensional, but is in three dimensions, the prototype for which is a container. His mother may go away for a moment and put him in his little basket, whereupon the baby may use colour contrasts to cling to, that he catches on the fabric around his basket; or he may fasten onto a light or a sound in order instantly to calm the disorganisation that beset him when he lost his mother's holding.

Sticking and clinging to objects that produce just the right sensations put the baby back together again and guarantee by their permanence the continuity of his feeling of identity. As soon as his mother returns to take him back into her arms, he abandons his non-living anchor points, preferring the warmth of an object that although she can scarcely offer him the reliability of an inanimate object, does enable him to recognise himself as a living being. In this way the baby learns to wait for his mother's return by using as intermediaries either the fixed setting that surrounds him or methods that nature has bestowed upon him: instead of locking onto a light, he can hold tight to a point in himself or a muscular knot; instead of sticking to his mother's skin, he can surround himself with his own muscular tension, so as to create a false skin all by himself. To the extent that the baby, on finding his mother again, does let go of these primitive means of bearing her absence, he learns to wait for her by using, in preference to primitive means, the experience of the link that he has made with her. Memory of her holding has now passed inside him, and he can remain all alone but still in someone's company, if I can express it in that way. In his internal room, a container under construction, he has begun to tread the path of internal object relations.

If things go wrong, if his mother doesn't know to come back on time, if she doesn't know to pick her baby up and give him confidence, if she does not persuade him that her absence is not a sort of mental void but is another side of

herself, it is possible that the baby will prefer the permanence of an object that, if it doesn't think, at least doesn't budge. The baby then begins to ignore his mother and to pin the permanence of his identity to the permanence of inanimate objects around him. I want to emphasise with this preamble that it is only by clinging and sticking to a living object that a baby can construct a psychic skin that is able to contain emotions. Every other prop that is employed to support construction of the basal identity leads, if I may use this comparison, to building a wall that is solid, but whose hardness cannot be put to the test of even the slightest emotional shock without threatening to crumble.

It happens, alas, that many institutions can themselves only maintain a continuous sense of their own existence by relying on the primitive mechanisms I mention here: their functioning rests solely on the rigidity of rules that ensure continuity just so long as they resemble lifeless machinery. The introduction of humanity and the emotions that give it its substance threaten to make these institutions lose the ground-work of their identity. This is very damaging for an institution's purpose, when that purpose is, precisely, to care for human beings. The tendency to dehumanise contact in favour of obedience to a superior order – maintenance of the structure's identity – increases progressively as the structure grows in importance and includes other structures. It is then possible for such an institution to maintain itself by sticking to essentials at the primitive level, but at the expense of the life that it ought to be containing. The clash between the emotional imperatives active in a therapy and an institution's defences will conclude my presentation.

Here I would simply like to emphasise the second point specific to Bick's thinking; she was always mindful, in infant observation, to preserve the narcissism of the mother whose baby is being observed. I myself have applied this thinking when I am observer, and then as therapist, in an institution like the crèche in which I treated very young children. An observer who enters a family to observe a baby must present herself as a person who wants to learn, not as a person who knows. In so doing, the observer puts first her gratitude towards the mother for being allowed to observe her baby: the mother is also awarded the position of the person who knows. She is the important person and the mother's narcissism finds itself correspondingly nourished. Bick drew it to our attention that everyone gives mothers advice, but only observers not only give none, but, on the contrary, confer a maternal function on the mother by the very fact that they do not substitute their own identity for hers.

I have always thought that adopting exactly the same stance with people who care for small children in institutions determines, to everyone's advantage, each person's position and role: we confirm support staff and teachers in their appropriate respective value and in the responsibility assigned by their function, when we adopt a stance in which we genuinely learn from what we observe. Bringing together and reflecting upon all that flows from this starting-point leaves each individual with their own role, since the point of this work is not concern for each party's narcissism but solely to understand a child. It is exactly

the same when a psychologist functions as a therapist in an institution for babies and young children. Starting once again from the same position that places the sense of a baby's emotional experience in the foreground, discussion permits reflection on the links that exist between an infant's internal life and his external life in the institution. I do not know of any other viewpoint that provides better scope for adjusting adult activity to benefit children's development.

Clinical presentation

I now want to present the case of an unhappy baby, Louise, who had to be transferred as an emergency admittance to a residential baby unit where she had the good fortune to encounter a psychotherapist, Florence Pietri, to attend to her case. Florence was in post as a psychologist in this institution when, seeing babies arrive in a sorry condition, she asked me whether she might perhaps be able to help them by going beyond Bick's method of direct observation. I was immediately reminded of my own experience when, observing little children in a crèche, at a time when I was going regularly for supervision with Mrs Bick together with Genevieve and Michel Haag; the staff at the crèche spontaneously asked me, since I was observing a little boy who was not doing well, could I not treat him? Everything was set for me to engage in this fascinating experience: the place, the time, my state of mind, and the support of supervision from Donald Meltzer. So I had the audacity and the idea to apply to the treatment of a very young baby – he was then about eight months old – the rigour of the setting for analytic treatment of a child (three times per week, three-quarters of an hour, same place, same stance on my part . . .), with my interpretations obviously adapted to the baby's mode of communication by using play and action to convey what I understood of the meaning of what that little one was 'telling' me. The total success of this treatment made me want to undertake others. This activity only ended with my departure from the crèche, and I took away with me the lasting memory of a marvellous opportunity to help little babies.

Babies have a very developed sense of what psychic life is and know very well how to differentiate the person who takes care of their everyday life from the one who dedicates herself – just as an observer does – to understanding their internal world. I can only deplore the fact that this method of care and research is not more widely employed in institutions for very small children. We would then have the means of rescuing many psychic lives that are heading off the rails.

The example that I would now like to present will, I hope, convince you.

Louise was two and a half months old when she was brutally deprived of her mother's breast and placed in a baby unit. Both of her parents were hospitalised. Her father was alcoholic and her mother had violent self-harming outbursts. On arrival in the residential unit Louise was hyper-vigilant when being tended to. She did not relax and was constantly on alert, frequently stiffening her limbs, especially in the bath. Her sleep was very light. She cried a lot and was unable to calm down when one moved away from her. At such times she would thrust her

soft toys into her mouth to fill up the emptiness she felt, to the point of provoking regurgitation.

As the months passed, she showed great difficulty with attention and concentration. She scattered herself about as she moved from one activity to another. She let go of her toys without looking where they fell and she would tread on them. Indeed, she herself would often fall down amidst the scattered toys. Likewise she would tread on other children without paying attention. She used adults as objects, and would sit on a helper as if on a sofa. She switched between moments of sticking to an adult and moments of breaking off. She had no truly spontaneous relations with others. Nonetheless, even if she herself could not go to an adult, when an adult approached her, she might smile at them, make sounds, and touch their face. She needed time to make contact, but contact was not impossible. When her mother came to visit, Louise would emerge in a fragile state, and after her departure would turn more to things than to people. She displayed no emotion either at the reunions or at the partings.

Faced with such a picture, Florence Pietri decided to take Louise into psychotherapy, three sessions per week. Louise was then one and a half years old. During the year in which this psychotherapy continued we were to witness the establishment of a capacity to connect with a person in a durable way, to bear that person in her memory, and therefore to cry for her when she went away. We were to witness the emergence, as Klein described, of a depressive position that rendered the child able to react to suffering the loss of her object not by constricting her identity to a one-dimensional rigidity, as at the beginning of her life, nor, any longer, by paranoid-schizoid splitting that turned the lost person into a bad person, but by maintaining a loving connection that conferred irreplaceable value on an object that one accepts that one can never possess in its material reality, but only as a representation that one installs deep within oneself. Such was the immense journey that Louise was to take, thanks to Florence Pietri's work with her. We will follow in broad outline the steps in this progression.

At the beginning in her sessions, Louise wandered around in a state of chaos, just as she did in her Section, of which the following provides a tiny glimpse: she grabbed a plastic glass from under the table and threw it behind her; she cut some into pieces, stopped, and looked elsewhere. Again she took some of a different colour, cut it, then, she abandoned all the pieces, letting them fall to the floor. Florence talked to her and took action: she said that she would not let it fall, and placed them on the table. Florence also restrained Louise's movements when the child wanted to let toys fall out of their box. Louise seized the feeding-bottle, pulled off its teat, put it to her mouth, then quickly let it go, not looking where it fell, as usual.

In order to contain the child more firmly, Florence adopted a stance that involved mirroring her gestures; if Louise put a lid from a doll's dinner set into her mouth, Florence did the same with her own; if Louise pretended to eat some, Florence pretended to make the baby eat some. By means of this surface

imitation, Florence hoped to bring Louise to imitate her in turn. And this did indeed begin gradually to happen; Louise herself gave the baby something to eat.

Children recognise that when we play with them in this way, we are interested in their heads. So after a little while, Louise pointed to the comb and began to do her hair. Florence took back the comb and did the baby's hair, prompting Louise on the one hand to understand that this action can only be carried out through identification with a mother's action, and on the other hand, to internalise a scene in which a baby can be represented by a doll. Florence, who joined action with words, also invited Louise to think that, down inside herself, she felt like this baby who had been dropped, but that she could begin to put inside herself a mothering object capable of keeping her and of holding her both physically and psychically.

In so doing, Florence conveyed to Louise that she was wrapping herself and her mind around her experience by identifying with it. It was therefore no surprise to see Louise, after a while, picking up a coverlet to wrap her doll in. This wrapping was also oriented in space; Louise had wrapped the baby in the coverlet in order that she could rest on Florence's knees. Objects were no longer dropped in space, but were placed on the table or on a chair next to her. She took a container pot, put bits of plasticene in it and covered it with another pot, thereby forming a truly closed container that assembled together its contents of little pieces. If it was soon all tipped out and scattered, it was so that it could all be put together again. In this way Louise tested the solidity of the link that allowed the reassembly.

It was by constantly basing her own activity on that of Florence that Louise managed to assimilate Florence and her function, placing it in memory. In this way Louise prepared herself for separation which was no longer to be a dropping, but an invitation to carry on alone thanks to having internalised the function of someone who went on supporting her physically and psychically. It was as though Louise had internalised the legs of the table and its carrying surface. What is more, she started to pick up objects that fell on the floor. At this point I would like to highlight some clinical elements that reveal the construction in Louise of a representation of her object and hence of a capacity to hold it in memory.

After five months of treatment

We had reached February, and Louise was two years old. She was content to come to her session and was carrying her comforters, a little ball, and a soft toy. She came in and shut the door, as she usually did. She threw her ball to Florence, then took the rug from in front of the door and settled herself upon it with her comforter. She got up and went to bang her bottom against the wardrobe. She put bits of plasticene in her bottle, pretended to drink them down, then, she got them out of the bottle to line

them up on a sheet of paper, on top of the rug. Next she doubled these alignments of plasticene with pencil lines. She was contented, but suddenly stopped and looked out of the window. She seemed to be somewhere else. Florence spoke to her of the tree she could see and which was 'dancing' a little. All of a sudden, Louise rocked slightly then got up to start a game of hide-and-seek in which she wanted Florence to find her. Finally she settled herself on Florence's knees while taking the baby in her arms to comb its hair.

I shall take up three points about forming memories, illustrated by this tiny clinical vignette. The first concerns adhesive memory, as Bick described it (1968). Before tiny babies have built internal containers into which they can put their experiences as memories, they retain a memory of things, in a mode described as 'adhesive', meaning that babies 'stick' the memory of a person to the part of the setting that is attached to that person. Seeing his mother appear or disappear in some precise place in the room, a baby would have no thought of turning his head to see her appear somewhere else. The door and his mother have thus become 'stuck' in his memory. I am suggesting here that for Louise a remnant of this adhesive memory appears at the level of the little rug and the door through which Florence makes her entrances and exits. It was this little rug that she lay down on, identifying with it, as though with someone who never went away from the door, denying as she did so the reality of Florence's appearances and disappearances across the threshold where she, Louise, lay.

But another level of forming memory was equally at work in Louise, because processes of interpenetration reveal the existence of a psychic space; Louise projects into Florence parts of herself that search for her object when it is absent. She plays hide-and-seek, and it is up to Florence to go and look for her. These parts of herself, like the little bits of plasticene that she puts in the bottle, a container representing Florence, are secondarily recovered by Louise. She pretends to absorb the contents of the bottle, and in so doing, she absorbs Florence and her capacity to contain Louise in her own memory.

It is interesting to consider how placing things in memory, for Louise, also took a physical direction from front to back. After leaving her little rug, Louise located it on her buttocks, as she banged her bottom against the wardrobe. The third level of placing in memory was then hinted at as Louise attempted to represent her connection with her object on a two-dimensional plane of representation. But in this case there is a supporting surface for symbolic memory as opposed to the adhesive memory that I described above. Louise took hold of her concretised bits of internal objects (plasticene) to press them down onto the surface of a sheet of paper, lined up as though to make an internal pattern with them, deep inside herself, in a place where things were not yet representations but nonetheless were beginning to take shape. In that moment of transition, those little lines of plasticene pieces could still be grasped by the senses, while the pencil line that was soon to double them would no longer be literally graspable.

We could continue at length with critical dissection of this sort of clinical material, but to stay within the framework of this paper, I shall simply point out how the different layers of memory coexist and are constructed in parallel. Bick's recognition of two-dimensional space puts the projective processes in perspective (1984). They constitute a forward movement, a launch into three-dimensional space, where previously they had been something that we knew was more primitive. In this very act, they begin to connect one container with another and are associated with introjective processes.

As for the third point, this first attempt at symbolisation, we can appreciate how much it depended upon work that had previously been done. If the continuity of self was assured by the sheet of paper's continuity, replicating the continuity of the function of the little rug that supported Louise at the threshold of the door, we can readily see how the continuity of the object inside herself is taken on by the line that she drew on the piece of paper. The self that is concretely carried by the paper, like the plasticene, gives birth to the memory of an object that has made its own mark inside herself.

Louise continued increasingly to engage in the construction of her internal world. This world drew on mystery in so far as it was perceived as having no existence except inside herself, without finding an exact equivalent outside. It nonetheless had feelings, like objects that inhabit the outside world. Louise wanted Florence to witness how, when she pricked a little scrap of plasticene that was resting on the paper, this hurt her and made her say, 'Ow!' as though she were pricking herself. The impression, the memory, the abstract representation of this lost object was no longer painful in itself, but had been worked on, starting with a link to Louise's pain. The impressions and the memory were not cut off from that pain, which explains why this world of representations could and can always provoke an emotional upsurge.

Now, one aspect that forms part of the painful mystery of the internal world is that it stays forever hidden, even though its existence may be very keenly felt. Such was Louise's main preoccupation at this point. She no longer played hide-and-seek. Neither was she now projecting into the other an excited curiosity that might lead to solving a riddle. Instead, Louise questioned herself about the impossibility of grasping with her external senses the presence of something she undoubtedly apprehended inside herself. She would have liked to make it visible; her little bits of plasticene were decanted from inside the baby-bottle to inside the pot where they fell to the bottom; but just as with the lid on, she could not see the bits any more, she had to upend the pot to make its contents appear outside. She then arranged the same bits and gave herself the illusion of seeing on the outside what she could not see inside. With similar intent, she arranged the little bits in the pot lid, where they remained visible until she turned the lid over and made them disappear by replacing the lid. Having done this, she left her session, contented, with her comforters under her arms.

We may recall that Louise had discovered that she could be 'wrapped around' psychically by Florence, which she conveyed in her concern to wrap her doll

very carefully. Did she suspect that these precious wrappings would close over a world that would henceforth and forever remain inaccessible to her, except by accepting it on its own conditions? Just as she had to bid farewell to the illusion of constant contact with her external object, and commit herself to what Klein called the depressive position, so she had to say goodbye to the illusion of finding inside herself the equivalent of the external world; everything she grasped in herself would be coloured by the feeling of loss. The internal object is invisible, and even its representation is a supplementary farewell to literal, bodily solidity. Soon Louise could associate the word 'hidden' with this painful process, and gradually she represented it in other ways, for example, a drawing was 'hidden' under a sweep of masking lines.

An event then supervened – when Louise was a little more than two years old and had been in therapy for nearly one year – which had been hanging over her head ever since she arrived. A foster family was ready to welcome her straight away. Florence knew this but had not yet mentioned it to Louise. Florence did not know that Louise knew at some level and was telling her about it when she sprinkled her sessions with, 'No more room! No more room!'

We might think that, while she worked through the depressive position, Louise was telling everyone increasingly about the grieving she must do for her external object, in this case Florence and Agnès, the auxiliary who took care of her in the baby unit. But what Florence did not yet suspect was that Louise's process of grieving was doubled by a perception of loss, in reality, of the world that had kept her safe since the deepest point of her infantile distress. It was only when Florence could talk to Louise about leaving the unit very soon that Louise became sad. Why did this conscious knowledge bring out the sadness that her unconscious knowledge did not produce by itself? Are we not here in a position to recognise the extent to which sadness, if it is to find expression, must encounter an object capable of receiving it? This is what Florence signified for Louise when she announced that they would soon have to part.

When she entered the office that day, Louise did not shut the door, and she threw her comforter on a chair, saying, 'No more room!' Then she noticed that a leaf was lying on the carpet. She picked it up, gave it to Florence, and looked through the window at the trees outside. 'The leaf came from the tree', Florence said. Louise then rolled a bit of plasticene and gave it to Florence. 'Is it a little girl?' Florence asked. 'She is crying', Louise replied. A little later, she made a roll of plasticene that broke, and she conceived how it could be repaired by putting its two ends together. 'It's me who mended it', she said. And she gave the whole thing to Florence.

I shall not go into the details of her last sessions, but I would like to emphasise here that the theme of reparation was returned to constantly. After a year of therapy, Louise was able to experience very genuinely her separation from her first object, her mother, whose image had been transferred on to her therapist, Florence. The work that had been accomplished during the year had enabled her not to be in deadlock with an experience of internal rupture.

At first she felt like the little leaf abandoned on the floor; but just as she knew that the leaf had been detached from its origin, the tree that she was looking at outside, so she knew how to reattach this little bit of herself to someone who had always gathered her together psychically – Florence. She also rebuilt an internal connection when she sensed it had been broken, and she handed the leaf to Florence. This is what reparation means; the link that gets repaired deep inside herself was not a link that never gets broken. It was a link that was re-made again after it had been undone. The same went for the two broken bits of the roll of plasticene. If Louise's self still depended on Florence's self to gather itself together, it was nonetheless Louise alone who claimed to have carried out its repair: 'It's me who mended it', she said.

Alternation between breakage and repair is the very essence of the link. Tears of rediscovery follow the utter disappearance of the link that one has broken. This is why an object that demonstrates an ability to receive the child's tears, without defending itself from the impact they have by flattening out their meaning, by becoming barricaded behind a two-dimensional sort of rigidity, insisting that one must be strong without going through the weakness of emotional attachment, helps the child to internalise the capacity to take its leave whilst thinking, and not with an empty mind, forgetting the human link.

And this is what happened in a session soon afterwards: Louise pointed out on herself, attentive to the tiniest details, as though she were one of Bick's little patients, a thread that was hanging from her pullover. Florence encouraged her; yes, this thread was well attached, it would not fall. The link was solid between the two of them. Louise went to look for some plasticene, 'Roll this after me', she said, clearly conceiving that the present time is followed by an 'after'. And she played catch with Florence, tossing the ball of plasticene. Florence punctuated it's to and fro between them with short phrases: 'Bye-bye Nursery. Bye-bye babies! Bye-bye baby-bottles! They are all finished!' Suddenly the lump fell to the floor and came apart in several pieces. Straight away Louise picked it up and said, 'Me mend!' And she put the ball together again so the game could continue.

The last session arrived. Its beginning was 'poignant' in the literal sense of the word. Louise greeted Florence by sulking in a corner of her living space. She was crying and had pushed her two fists [French: *poings*] into her eyes. Florence invited her to come in, but Louise was fixed to the spot. Then all of a sudden she took Florence's hand and set off for the office. I shall not go through this whole session, but it was woven from the different strands that I have highlighted throughout the paper. At the most primitive level, Louise still felt like the fragile being that her mother had let drop far away from herself at a time when Louise had no means of steadying her life with a ballast of links that were strong enough to keep her grounded. So she spent part of this last session sending soap bubbles into the air.

Then she did come down to earth where grief awaited her; bubbles took the form of a ball that she threw to Florence and that she knew she could recover

when Florence missed a catch. She gave back to Florence the nappy and bib for the little baby that she herself no longer was, and for whom Florence had cared. And so it was that at the end she filled the baby bottle with little bits of plasticene, and after giving them to the baby, filled the bottle again. When Florence asked her: 'Is that for the baby?' Louise replied, 'No, it's for Florence!' Florence replied, 'I will keep the baby bottles; and you, you will remember'. Then Louise wanted to draw her future 'Auntie's' house, with her family, her bed, and her chair. She picked up her baby, brushed and combed its hair, and put a pencil in its hair. Florence, 'You will remember the baby-nursery. You keep memories in your head!' Louise then decided to put the baby to bed, and took great pains to wrap it in its little coverlet before putting it down. She was ready to leave.

Louise, as we can sense, knew very well that she would never see this little office again, where she was leaving the baby that she once was and for whom Florence had cared. She was leaving there her first maternal roots, and she had learnt to take only their memory away with her.

To conclude, I would like to mention the visits that Florence made together with Agnès to the foster-mother after Louise had settled with her. The visits were planned because they were concerned about the transition. Louise was content about the visit and showed them her room, but the moment of departure was heart-breaking. Louise cried and clung to Agnès, who, ill at ease, gave her back to her 'Auntie'. Louise collapsed, head in the cushions. Florence then spoke to her; she said she knew that her 'Auntie' would take good care of her; that she would do well in this house; that she was sad but that she and Agnès would not forget her. She said that it was sad to leave the baby unit and the whole world she used to know but promised that they would come back to see her and hear her news. Louise gradually calmed down and, in her 'Auntie's' arms, watched Florence and Agnès leave.

On her return from this first visit, Agnès was very upset, and promised herself that she would never go back to see Louise again, even though they had promised Louise that they would. On the one hand, Agnès's ambivalence made her recognise Florence's support and the benefit that her words had brought to Louise's distress. On the other hand, at a meeting to discuss the case, when Agnès revealed her suffering, she won over the head of the service, who thought it would be better not to return to Louise's new 'Auntie's' house, because it would cause her too much suffering. Agnès obviously went along with this opinion.

Florence then had a struggle to win acceptance for the message that she had left with Louise, that there were adults ready to take in her distress because they were not themselves afraid to experience the pain of separation. She insisted on the fact that it was important for Louise to perceive that adults really could take in her emotional experience and help her with it. These were the adults that she could then internalise. Otherwise, she argued, they would be giving her the opposite message, that there was no adult able to bear her distress and that she must sort it out by herself, as had happened long ago when she

was suddenly separated from her mother. When Louise was faced with the immensity of her pain at that early time, there was nothing she could do apart from becoming hard. Since then she had learnt that she could proceed otherwise.

Confronted with these arguments, the head of service hid behind higher authority. It was up to the larger umbrella organisation to decide, suspecting that since it was not in favour of this type of step, they would soon be finished with separation anxieties that were liable to affect staff morale. However, the umbrella organisation did agree with Florence and Agnès did let herself go along to the second visit, three weeks later.

Louise was waiting for them at front door and announced, 'This is my house!' There was talk of her Auntie, she showed them her toys, and they looked at the album of photos that Agnès had brought. Louise named the children and the auxiliaries at the unit, recognising them from the photos. She was content.

The hour of departure struck; this time, the last departure. Louise tensed up and clutched Agnès, who must have tensed up too. Then, while Agnès took Louise in her arms, Florence spoke to her. She said that they would give all the news about Louise to the auxiliaries, describing the beautiful house Louise now had in which to grow up. She explained that the unit was a house for babies and Louise was no longer a baby; and that she wanted to grow. Florence then plucked a stem of grass in the garden and said to Louise that she would take it with her, in memory of her. Louise then assumed a very concentrated air and, in front of the car in which Florence and Agnès would soon leave, she pronounced, in token of farewell, 'My Florence and Agnès'. I do not think anything could demonstrate more clearly that a secure link had been established within Louise that rendered her able to bear the pain of a separation whose fruit it also was.

The backwaters into which Louise was drifting were evident, and she could have languished there had she not encountered both the care of attentive staff, and the thinking of a therapist who could support her development and the accompanying pain of the depressive position, rather than remain in mental emptiness. Louise's last words bear witness to her understanding of the link that connects all internal riches with acceptance of the loss of the very beings who bestowed them upon us, when they were close to us, and who later parted from us, in some cases perhaps forever.

Acknowledgements

Translated by Daphne Briggs, Oxford, February 2012.

Note

1. 'He' and 'his' are used here to designate a baby of either sex in order to avoid clumsy circumlocutions and potential confusion with the baby's mother [DB].

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