

I N F A N T O B S E R V A T I O N -
T H E F I R S T Y E A R O F L I F E

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A B S T R A C T

This research project is about infant-observation, that is looking at, observing, and studying parent-infant interactions and relationships within the first year of life. The principle intention of the study is to illustrate and shed light upon human infant development and how the newborn becomes a fully functioning member within the family.

The study provides a context in which to consider parent-infant interaction beginning in utero, expanding to the birthing process, and continuing through the infant's first year. It focuses on specific themes of parent-infant interaction. The following situations are explored: the role of the mother; the mother as a container; the infant's experience of containment; the internalisation of experience; the symbolic meaning of food; dealing with distress and the development of concrete communication; the growth of a sense of ego; and, the infant's internal world. The study concludes by addressing various implications for further psychotherapy and compares the therapist-client relationship to the mother-infant relationship.

The research outlines one particular psychoanalytic theoretical orientation of mental and emotional development. It is a model derived predominantly from The Developmental School Theorists and Object Relations Theorists, namely, Bowlby, Klein, Mahler and Winnicott. This model looks at the infant's earliest relationships and the processes these set up within the infant's developing mind. Infant observation, as a research method proposed by Bick and Sidoli, links method and theory, and serves as the methodological approach utilised in the present study.

A video, based on the parent-infant interaction of three families, provides observational data and may be viewed in conjunction with this research.

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THIS THESIS MAY BE READ IN CONJUNCTION WITH THE VIDEO
INFANT OBSERVATION - THE FIRST YEAR OF LIFE
SUBMITTED BY JEANNE (JENNY) GERING.
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To all expectant parents
and to their newborns -
may you continue to learn from and grow with each other

'Life can only be understood backwards;
but it must be lived forwards'.
Kierkegaard (1813 - 1855)

C O N T E N T S

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CHAPTER ONE

I N T R O D U C T I O N A N D A I M S

1.1 I N T R O D U C T I O N

Since ancient times people have identified and attempted to understand the patterns and sequences of human development. The Old Testament metaphorically highlights the complexities and intricacies thereof, by referring to the various "seasons of life". This metaphor likens the stages of development to the cyclical phases of nature which encompass a sprouting, a blossoming, a flowering, and finally, a resting. Many centuries later, William Shakespeare alluded to the diverse and chameleon-like metamorphosis which each individual must experience as he or she journeys through life (Rock, 1991).

Until the middle of the twentieth century, no branch of psychology formally focused on development throughout the lifespan. Nonetheless, the period of development known as childhood has been afforded a much longer and richer history (Santrock, 1986). Almost all philosophers of the seventeenth and eighteenth century constructed theories about the nature of childhood. Certain doctrines championed the need for stringent discipline and punishment in the pursuit of adequate child-rearing; others perceived the child as socially isolated organisms impelled by inevitable maturational forces (Mussen, 1984).

With the advance of psychoanalytic thinking, however, the child was located in a social matrix in which the parent's actions were considered pivotal to the child's development; and, as such, a phenomenon to study in its own right (Kagan, 1979). It was through this development that childhood (generally) and, more specifically infancy, came to be considered as the phase of human development encompassing the most critical aspects of growth and maturation. During this period, the basic human motor skills are established, perceptual development is virtually completed, and the roots of the cognitive skills that

will mature into human intellect are laid down (Bower, 1982).

Emotion holds a cardinal place however, for it is in childhood that the foundations of much adult behaviour are to be found. Intellectual and social development, the growth of a child's mind, character and relationships are all underpinned by emotional development in relation to the people who take care of him¹. As such, emotional development needs to be observed and recorded: it is not a distraction or a contaminant, but rather, correctly grasped, the emotional factor is an indispensable tool to be used in the service of greater understanding (Miller, 1989).

1.2 A I M S

'Through the careful observation of young infants, we can gain some insight into their emotional life as well as indications for their future mental development' (Klein, 1975, p. 116).

This research project aims to shed light on human development through the developmental perspectives posited by John Bowlby, Melanie Klein, Margaret Mahler and Donald Woods Winnicott. Various aspects of their theories have attempted to examine and understand human nature and emotional development through the study of the child in early infancy and childhood. Much of their work is, therefore, bound to the verbal examination of what is preverbal in the history of the individual. The present study aims to provide an observational context in dialogue with their theoretical contributions. As a means of accomplishing this aim, a video based on the parent-infant interaction of three families, may be viewed in conjunction with this research

¹ For the sake of simplicity, "he" will be used throughout this paper to refer to the infant, while "she" will denote the mother, unless otherwise stipulated.

project. The goal of the video is to illustrate the basic themes of interaction evident in the first few weeks of life and continuing throughout the first year of life. The main infant observational contributions utilized include those of psychoanalysts Esther Bick and Mara Sidoli. Their works on infant observation, along with the above mentioned Developmental School Theorists provide the theoretical context for this study.

Infant observation seeks to observe the development of the relationship between the infant and significant others, and to understand the unconscious aspects of behaviour and patterns of communication. Over time a picture emerges which embraces a good deal of knowledge of the characteristic dynamics of family interaction. Aspects of the inner world of the family members which underlie their personalities and relationships become manifest. In particular, the creation of the infant's personality, the interaction between constitutional and temperamental factors in the baby, and the particular strengths and weaknesses of the holding environment will be considered. Infant observation therefore serves as a splendid introduction to the study of early development of children, as well as to an understanding of family life (Miller, 1989).

The primary focus of this research project and video is for didactic purposes in antenatal and postnatal clinics. The goal would extend to include parent training and education regarding the handling and care of a new born baby. In addition, this aim would include the education and facilitation of parents' understanding of their babies' needs, cues, and means of communicating - thus providing information concerning parenting strategies.

A secondary focus of this study is to illustrate the connection between a baby's primitive defense mechanisms (for example projective identification), preverbal communications, and the

mother²-infant relationship to the nonverbal communication in client-therapist relationships.

1.3 THE SECRET LIFE OF THE UNBORN CHILD

Verny and Kelly (1988) stress the importance of a reassuring relationship with a loving and sensitive man who can provide a woman with an ongoing system of emotional support during her pregnancy. The father's support is absolutely essential to the expectant mother and, thus, to the well-being of their child.

The external stresses a woman faces impinge on the mother-infant relationship. However, what matters most is the way she feels about her unborn child. Her thoughts and feelings are the material out of which the unborn child fashions himself (Verny & Kelly, 1988, Richards, 1980). Zeanah, Keener and Anders (1986) conclude in their journal article concerning mothers' prenatal fantasies that the way in which a woman accommodates to a new life growing within her will have a definite influence on her child rearing practices. Furthermore, the expectant mother needs to accustom herself to the fact that her baby is becoming increasingly independent (even within the womb) and will soon be anatomically separate. The developmental task of pregnant women is to give up the imagined baby in order to attach to the actual baby they deliver.

One stands amazed at the amount of life that goes on in utero: thumb sucking, drinking of amniotic fluid, breathing exercises, turning and twisting in spiral movements, responding to sounds and light from inside and outside the mother's body, and so on (Fordham, 1985). However, even in the womb the baby is a unique human being, and by the time he is born he will have had quite

² Throughout this research, reference is made to mothers or mother-figures. However, it is to be understood that in every case, reference is to the person who mothers the child, and to whom the child becomes attached, rather than to the natural mother per se.

a lot of experience, pleasant as well as unpleasant.

The womb is the child's first world. How he experiences it - as friendly or hostile - does create personality and character predispositions. The womb establishes the child's expectations in a very real sense. If it has been a warm, loving environment, the child is likely to expect the outside world to be the same. This produces a predisposition toward trust, openness, extroversion, and self-confidence. The world will be his oyster, just as the womb has been. If that environment has been hostile, the child will anticipate that his new world will be equally uninviting. He will be predisposed toward suspiciousness, distrust and introversion. Relating to others will be hard, and so will self-assertion. Life will be more difficult for him than for a child who had a good womb experience (Winnicott, 1957; Verny, 1988).

The mother already knows something of her baby's characteristics because of the movements she has learned to expect from him inside her womb. During this time the baby has come to know quite a lot about his mother too (Winnicott, 1957).

1.4 INTRAUTERINE BONDING AND THE BIRTH EXPERIENCE

Verny and Kelly (1988) propose that intra- and extrauterine bonding may differ in time and circumstances but the effects of the bonding are almost the same. The emotional patterns established within the last three months, and especially within the last two, create the emotional patterns found in intrauterine bonding, and the child is mature enough physically and intellectually to send and receive sophisticated messages. It is also well attested that the foetus responds to its mother's emotional states and thus "knows" about her before birth - a possibility which is reinforced by the newborn's apparent ability to respond realistically to its mother's emotional capacities after birth. So it is not surprising that

once a baby is born, he begins to display means of attaching and endearing himself to his mother. It becomes clear that a baby is born with a "mind" of his own with which he adapts himself to his new environment (Fordham, 1985).

Additionally, the unborn child is far too resilient to be set back by minor or infrequent moments of tension or hostility. The danger arises when he feels shut off from his mother, or when his physical or psychological needs are consistently ignored. His demands are not unreasonable. All he wants is some love and attention, and when he gets them, everything else, including bonding, follows naturally (Ibid.).

Verny and Kelly (Ibid.) highlight that the mother's role in both intra- and extrauterine bonding is similar to that of her child. She sets the pace, provides the cues and moulds her child's responses. In short, intrauterine bonding does not happen automatically. Love for the child and understanding of one's own feelings are needed to make it work and when love and understanding are present, they can more than offset the emotional disturbances everyone is prone to in their daily lives. Intrauterine bonding is the precursor to Bowlby's attachment concept and his notion on bonding.

The way a woman feels about herself is also going to affect the way she feels about her unborn child. In the final analysis, the normal, well-adjusted woman who feels good about her pregnancy will make the transition to motherhood as smoothly as she makes every other critical transition in her life (Zeanah et. al., 1986; Verny and Kelly, 1988). The women in danger are those who enter pregnancy already in emotional turmoil.

Socially and psychologically a baby's life begins long before the delivery. This early life is in the form of expectations, the hopes and fears that parents build up during the mother's pregnancy (and often long before that) as well as of the baby's

own development (Richards, 1980). Birth is then a crucial time, when these expectations and fantasies are replaced by the reality of a breathing, living baby. Many different feelings bubble up, often in a confused way, at birth. Parents often feel relieved, disappointed, disgusted, anxious, exhausted, or exhilarated.

From birth, and at every stage of development, external factors affect the baby and his outcome (Klein, 1975). A new-born infant's first post-natal experience is that of persecutory anxiety aroused by the process of birth and by the loss of the intra-uterine situation. A prolonged or difficult delivery is bound to intensify the infant's anxiety. Another aspect of this anxiety-situation is the necessity forced on the infant to adapt to entirely new situations.

Providing the newborn with a warm, reassuring, humane environment does make a difference because the child is very much aware of how he is born. He senses a gentleness, softness and caring touch, and he responds to them much as he senses and responds in quite a different way to bright lights, electric beeps and a cold, impersonal atmosphere that are so often equated with a medical birth. How he is born - whether it is painful or easy, smooth or violent - largely determines who he becomes and how he will view the world around him.

It is hoped that, on seeing her newborn infant for the first time, a mother will instinctively reach out to hold him. This is the most natural reaction in the world, and like every other aspect of bonding, it also fulfils a specific and essential need for the child. At birth, love is not only an emotional requirement but a biological necessity for the baby (Verny & Kelly, 1988; Bowlby, 1970).

Everything a woman does and says to her infant after birth - all the seemingly purposeless cooing, hugging, stroking and even looking - have one specific purpose: to protect and

nurture her child. To thrive emotionally, intellectually, and physically an infant needs the special kind of loving contact and care that only bonding fully develops (Spitz, 1965; Bowlby, 1970; Winnicott, 1957; Klein, 1975; Mahler, 1975).

The baby is also prepared to play his part in bonding. Unable to feed, clothe or shelter himself, the sounds he makes and, Verny and Kelly (1988) suppose, even his looks, are specially designed to elicit a loving and protective response from those who can feed and clothe him.

The baby is also adept at sensing other peoples' feelings toward him. Eyes tell him a lot, but touch tell him even more. Stroking, petting and holding are an infant's information source - a way of making some important judgements about the other person, and, more importantly, about the person's feeling toward him. If the infant is approached in a cool, disinterested, suffocating or angry manner he will understand that he is unloved and, perhaps, even in some danger. Alternately, if the holding is warm and supportive, he picks up the feelings of this person and responds accordingly (Bowlby, 1951; Klein, 1975; Verny & Kelly, 1988).

Fathers are usually more active and physical with their babies than mothers are, but even this difference has its own part to play in the bonding. Parents complement each other and the child's self-confidence and self-image are the result of all the messages he receives from his parents. Whether this occurs through the gentle stroking and hugging of the mother or through the physical play of the father, or visa versa, does not really matter. The important thing is that he receives the encouragement to be himself that only his parents can provide (Verny & Kelly, 1988).

CHAPTER TWO

L I T E R A T U R E R E V I E W

2.1 OBJECT RELATIONS AND THE DEVELOPMENT OF THE CHILD

The experience of psychoanalytic clinical work with adults has long supported the conviction that adult clients' current ways of functioning have a complex history dating back to early childhood and indeed to infancy.

This chapter gives an outline of one particular psychoanalytic model of mental and emotional development rather than covering the full range of psychoanalytic theories of development. It is a model which derives centrally, though not exclusively, from the work of Klein, Winnicott, Bick and Bion. This account does not give separate descriptions of their work or explore the differences between their perceptions. Rather, it seeks to outline the view of infant development which has derived from their work.

Klein (1928) and Winnicott (1945), among others, took Freud's work and developed it into a theory of "object relations". In so doing, they looked at the earliest relationships of infancy and the processes these set up within the developing psyche. This model became a way of understanding how experience accumulates and develops within the individual, affecting the present in complicated and direct ways.

Winnicott saw the mother-infant relationship, the earliest object relationship, as the core determinant of mental health or psychopathology. He states that 'the mental health of the human being is laid down in infancy by the mother, who provides an environment in which complex but essential processes in the infant's self can become completed' (1958, p. 160). Initially, the newborn infant has a need for a perfect environment. The perfect environment is one which actively adapts to the needs

of the infant at the start. An imperfect environment is unsatisfactory because, by failure to adapt, it becomes an impingement to which the infant must react. The imperfect environment disturbs the continuity of the "going-on-being" of the new individual. In its beginnings the good environment is a physical one. Only in the course of time does the environment develop a new characteristic which necessitates a new descriptive term, such as emotional or psychological or social. The need for a good environment, which is absolute at first, rapidly becomes relative. If the mother is "good enough" the infant becomes able to allow for her deficiencies through imagination and mental activity (Winnicott, 1958).

While the Kleinian psychoanalytic model, in common with recent developmental psychology, understands the infant to be capable from birth onwards of having experiences in which he feels himself to be integrated with and attended to by the world around him, particularly people, it is also a model in which the newborn moves rapidly and unpredictably between different states. He can seem to his parents to be a very different baby, inhabiting a very different world, from one moment to the next.

Psychoanalytic observation within a natural setting (and the focus of this research) has given attention to the whole range of actual infant behaviour and the transitions between states - alert, fretful, screaming, as well as satiated and withdrawing into sleep. Looked at from this perspective the infant is seen to gain a sense of integration and a capacity to attend and then to lose integration again, as his state shifts from moment to moment. This gives a cognitive and emotional dynamic to infantile experiences which psychoanalytic theory has sought to address. It is these achievements and losses of a sense of integration which the kind of observations described here attempt to follow.

The parent's role in supporting and interpreting the infant's behaviour in attentive receptive states expands to one of attending to him also in his distressed states and in helping him to gather himself together after them.

2.1.1 The role of mother

Winnicott and Bion have both been interested in the early relationship of mothers and infants. They both came to view the mother's state of mind, which Winnicott (1956) calls **primary maternal preoccupation**, as closely related to the state of the newborn and as providing what he needs.

Undoubtedly, as already discussed, the mother's experience of her pregnancy and labour play an important part in creating a state of emotional vulnerability in her. But in a large measure, this maternal state of mind seems to arise directly from the actual experience of caring for a newborn infant and the mother's vulnerability takes on a new dimension when it is seen as an **openness to being stirred up emotionally** by the baby. The outcome of this situation is extremely variable both for different mothers and for any one mother at different times. When things go well the states of mind which the baby seems to engender in the mother become a basis for intense identification with, and sympathy for, the baby. But, on the other hand, these states of mind may sometimes be felt as unbearable and overwhelming for the mother and the baby's presence may then be experienced as a threat to the mother's sense of her own peace of mind and identity. The mother may then seek to withdraw from such intimate contact (Shuttleworth, 1989).

Bion (cited in Anderson, 1992) assumed that the way in which a mother is able to get in contact with her baby's state of mind, and through her attention and support enable the baby to grow psychologically, contributes to a form of relationship in which the mother's psyche acts as a container for the baby. He

calls this **container-contained** and he used it as a model both for thinking about the development of the mind and also as a parallel for other emotional relationships. In Bion's terms, this kind of receptivity to being stirred up emotionally is the basis of our capacity to be responsive on all moving occasions throughout life. Trevor Lubbe (1992) takes this point further by adding that the baby must be made to feel, through the mother's empathic anticipations, that it participates "equally" and no less significantly in its own development. To omit this sense of active participation has the effect, firstly, of fragmenting the infant's subjective experience and, secondly, of producing forced compliance with the demands of the external object. In Winnicott's terminology this leads to the formation of a false self which is erected upon the impingements of the external object, while the true self becomes repressed or hidden. (Winnicott, 1960).

Winnicott (1967) regards "mirroring" as one of the many functions which the mother performs in her attempt to administer doses of reality to her baby which are sufficiently small and unobtrusive so as not to shatter its narcissism, or its sense of the world as simply an extension of itself. Giving a baby this "illusion of omnipotence" secures self-belief and installs a sense of independent desire. Richards (1980) develops this theme by explaining that if the mother perceives support from her husband, her role as mother and involvement with her infant is enhanced. It frees her to contain her baby if she is contained herself.

2.1.2 The mother as a container

Where there is a real imbalance (whether temporary or more long-lasting) between the mother's capacity to cope and what she has to cope with, a situation arises in which, to defend her own psychological integrity, the mother inevitably seeks to rid herself of her mental discomfort, with the baby felt as a source of, and acting as the receptacle for, the discomfort.

In ordinary parlance, the mother "takes it out on the baby".

Ordinarily the mother's mental processes should enable her to digest what is happening to her (though not necessarily consciously) in a way which strengthens her sense of herself and enables her to offer the baby the comfort of that strength as manifest in her care of him. Fordham (1985) believes that the mother's most important function is to act as a container of her baby's violence: through the deep attentiveness of maternal preoccupation, she digests and responds to it with understanding and empathy, thus transforming the bad breast into a good enough one. The baby can then internalise and introject this transformation and extrapolate it to other similar experiences he has known before and will know again.

Thus a mother can do much to mitigate her infant's pain. Pain cannot be avoided, and so it is vitally important that the infant's developing inner world and his view of external objects will be the sources of enjoyment which are soundly based. In this way he arrives at a position from which he can confidently negotiate with what will become for him the mother's dark side, or shadow.

According to Klein, Winnicott and Bowlby, a mother's capacity for containment seems dependent on at least four conditions.

- i) The existence of a capacity in the baby to arouse feelings in the mother. The degree of "fit" between mother and baby seems to have something to do with the mother's capacity to cope with the particular constellation of feelings evoked by a particular baby.
- ii) The mother needs a sufficiently strong yet flexible sense of adult identity to enable her to experience the sorts of feelings which the care of a newborn infant arouses without feeling endangered by them.
- iii) It follows from this that the mother needs sufficient external support in the shape of a partner, family and friends. Through these relationships the mother's sense

of her adult identity, and her sense of her adequacy as a container, can be nourished and strengthened. Anxiety and distress which is beyond the mother's capacity to contain can be communicated to others and contained by them. At times the mother requires other adults to perform for the baby.

- iv) There is a limit to the number of other demands (e.g. domestic and financial) which the mother can endure without reducing to a critical extent the amount of physical energy and mental space available to the baby (Shuttleworth, 1989).

Winnicott (1965) expands on these conditions and categorises the function of the "good enough" mother in the early stages. This can be boiled down to:- holding, handling and object-presenting.

- i) **Holding** is very much related to the mother's capacity to identify with her infant. Satisfactory holding is a basic provision of care. Faulty holding produces extreme distress in the infant, giving a basis for: the sense of going to pieces, the sense of falling for ever, the feeling that external reality cannot be used for reassurance and other anxieties that are usually described as "psychotic".
- ii) **Handling** facilitates the formation of a psychosomatic partnership in the infant. This contributes to the sense of "real", as opposed to "unreal". Faulty handling mitigates against the development of muscle tone, and that which is called "coordination", and against the capacity of the infant to enjoy the experience of body functioning, and of being.
- iii) **Object-presenting or realizing** (that is, making real the infant's creative impulses) initiates the infant's capacity to relate to objects. Faulty object-presenting further blocks the way for the development of the infant's capacity to feel real in relating to the actual

world of objects and phenomena.

Briefly, development is a matter of the inheritance of a **maturational process**, and of the accumulation of living experience; this development does not occur, however, except in a **facilitating environment**. The facilitating environment is first absolutely and then relatively important, and the course of development can be described in terms of absolute dependence towards autonomy.

Where the mother has sufficient external support and internal resources, caring for the baby holds many joys and the disturbing experiences she has in the course of caring for the baby contribute to getting to know both the baby and herself rather than being solely a source of persecution. Klein (1975b) and Winnicott (1957a) propose that this benign situation within the mother's mind seems to affect her treatment of the baby in at least three ways.

- i) Because of her awareness of the baby's potential distress, the mother is likely to take care in her handling of the baby to minimise sensations which are overwhelming to him.
- ii) When the baby is distressed, she is more likely to be able to keep him in her mind and/or in physical contact, rather than to have to turn a deaf ear. This continuity of mental attention is likely to result, for example, in her being more receptive after separations.
- iii) Her experience of the baby's use of her as a receptacle for distress and the conviction this gives rise to that she can understand her baby and that, in so doing, she is performing a vital function for him, seem in turn to strengthen the mother's instinctual capacity to protect her baby from her own anxiety, confusion and panic and allow the baby's needs to take precedence, at least temporarily.

Thus the proposed model is one of a baby undergoing constantly changing psychosomatic states which continuously affect his sense of being more-or-less gathered together or more-or-less fragmented. These changing states continuously affect his capacity to focus on, attend to and be interested in the world around him. Fluctuations in the baby's state stir up corresponding alternating cognitive/emotional states within his mother. The mother's capacity to contain and digest what is being stirred up in her is not a static "given" but varies continuously according to her general personal state at that moment, other moment-to-moment impingements on her, and the particular impact the baby is having at the time. These things, taken together with the underlying factors concerning the mother, baby, and environment referred to earlier, make for a constantly shifting, subtle pattern in the flow of cognitive/emotional interaction (Shuttleworth, 1989). It is this level of interaction which seems to hold one of the keys to understanding the nature of the impact of early relationships and it is this level of interaction which infant observation and this particular research project is trying to follow, observe and describe.

2.1.3 The infant's experience of containment

The mother's capacity to respond to her baby's experience seems to be felt by the baby at first as a gathering together of his bodily sensations, engendering the beginnings of a sense of bodily integrity.

Winnicott (1960a; 1960b) describes the impact on the baby of the mother's early "holding" which, if the dimension of time is added, gives the baby an experience of "continuity of being". He describes a process of passive integration within the infant ("containment" in Bion's terms), which is made possible by the mother's active adaptation of the environment so that it meets the baby's needs. Winnicott distinguishes this from a situation in which the infant is left more unprotected

to experience "environmental impingements" to which he must actively respond. Bick (1968) writes of the infant's first psychological need as one of being held together physically and describes how this gives rise, within the baby, to a sense of having a skin. Where the mother's holding is not available, the infant is left to focus on non-human aspects of the environment (for example by staring at a light or a moving curtain). Or the baby may endeavour to hold itself together by using its own sensation of muscular tension. While all three modes of being "held together" are likely to be experienced or invoked by all infants at different times, Bick felt that too great a reliance by the infant on the latter two modes held deleterious implications for the development of the infant's sense of ego.

In terms of theories being described here, the baby's experience of states of being physically held and emotionally contained by the mother not only gives rise to a way of physically experiencing the world; but it also brings the baby into intimate, if primitive, contact with mental and emotional processes within the mother. These states within the mother and their impact on him become objects of intense concern and interest to the baby.

This sort of close relationship to the mother provides the setting in which the infant's capacity for mental and emotional experiences can develop. The quality of early experience thus has a crucial impact on the beginnings of mental and emotional life.

2.1.4 The internalisation of experience

The baby's dependence on this sort of containment by mother will eventually be replaced by the containment offered by the baby's sense of his own mind. But this development does not come about by a process of physical maturation or by "learning to be self-contained", but through repeated opportunities for taking in the experience of being held together by someone else

and being kept in their mind. Through this process, which is a concretely experienced phantasy Klein called **introjection**, the infant comes to feel the "containing mother" as a definite presence within him. He is now sometimes able to summon up, in his mother's absence, resources which originated in his contact with her. An external, visible aspect of this process of internalisation has been given wide currency through Winnicott's concept of a transitional object (Winnicott, 1951) and the use which the infant may make of a familiar physical object during his mother's absence. However, Winnicott makes it clear that he means this external relationship to a transitional object to be seen as dependent on, and arising out of, the child's relationship to his internalised mother. Later this process within the infant is taken further as he comes to feel **identified** with his "containing mother", in the sense that this experience becomes part of himself, part of the hidden internal structure of his personality. In other words, he becomes his own mother and thus learns to be independent from her. At this point, one might say that he has become self-contained and self-confident.

2.1.5 The symbolic meaning of food

For small babies, the feeding relationship is usually the centre of their waking experience, and for older babies feeding and being fed is usually a time of closeness with the mother or the caring adult. The feeding relationship seems to be the prototype for a capacity to take in goodness and to internalize the good qualities of another person. From the beginning, food acquires important psychological meaning for a child. Some use it as a substitute for love and others to keep frustrations in check. This process starts with the newborn. How often he is fed, the quality of his food, and the care with which he is fed, all take on meanings and influence his attitude towards food at later stages (Verny & Kelly, 1988).

The mother's nipple uniquely meets the needs of the baby both for food and for the physical comfort of rhythmic sucking. Yet the nature of this fit between what the baby is reaching out for and what the mother can provide is not a static phenomenon; it is intrinsically dynamic, providing the basis for a reciprocal interaction between mother and baby which contains within it the potential for increasingly complex exchanges (Winnicott, 1958).

Klein (1975) stresses that the infant's attitude towards food is fundamentally bound up with the relation to the mother and involves the whole of the infant's emotional life. The experience of weaning stirs up the infant's deepest emotions and anxieties. As the ego becomes more integrated it develops defences against these. Hence, anxieties, emotions, and defences enter into the infant's attitude towards food. Because of the love and closeness of the feeding situation, however, and its link with the baby's need for food in order to survive, the experience of having to wait for a feed, or having to accept a change to solid foods, and the gradual withdrawal of the much-loved breast or bottle, can all give rise to painful feelings. The baby has to experience his separateness from his mother and has to struggle with his inability to control her comings and goings. In other words, the baby has to come to terms with the loss of his sense of omnipotence and has to learn to soothe himself.

2.1.6 Dealing with distress and the development of concrete communication

Understandably, most of the research on mother-baby interaction has focused on the nature of the good experiences which the mother provides for the baby and the ways in which the baby is equipped to elicit these experiences and make use of them. Yet distress is a crucial experience in infancy and one which can by no means be avoided, nor one which necessarily militates against an intimate and creative contact between mother and

baby. What happens when the baby is distressed? What happens to the representations of "bad" experiences - a loud noise, the feed that does not come, stomach aches, an upset or shut-off look on the mother's face? As Hinde (1982) points out, a degree of conflict is inherent in the mother-infant relationship.

Sammons (1982) and Henry (1984) point out that all babies cry for a reason, just as adults do. Until a baby learns to talk, crying is his primary means of communication, through which he tries to express a range of very practical concerns. To read such messages, parents first must accept the basic notion that babies have feelings and needs that they can communicate if one is willing to listen. Listening to a baby is not a matter of reacting indiscriminately every time he screams; he needs appropriate responses. There is a real skill in deciphering those cries, an ability that is only developed through trial and error.

Bion felt that an infant who was overwhelmed by distress was in a state which could not of itself become a meaningful experience - rather there was a tendency for the baby's physical and psychic state to deteriorate and the baby's rudimentary capacity for a coherent sense of himself to be lost. The infant then requires the intervention of a more mature personality - an adult who could tolerate the feelings which the distressed baby arouses. Looked at in this way, the mother in comforting her baby, in addition to the conscious attempts to think about and remove possible sources of distress, is also allowing the baby's state of mind to make itself felt within her own mind without being overwhelmed, and through the largely unconscious activity of her mind, the distress is given a shape and meaning which renders it more tolerable to the baby.

This view of the process of comfort adds something to the ordinary commonsense conception of it. Comforting is not conceived solely in terms of the removal of the source of the

distress or the distraction of the baby's attention. It is conceived of in terms of the impulse within the baby to **project** his distress onto others and the mother's capacity to receive and tolerate his distress, so that the experience is available for the baby to reintroject in a modified form (Klein, 1975). The presence of his mother, and her mental activity and capacity for response, transform the situation by providing a receptacle for these bad experiences and so allow the formation of a primitive process of communication - called **projective identification**. Through projective identification the infant is brought into contact with his mother as a **container**, as an object with a space for the distress which he cannot tolerate, at the same time providing him with the opportunity for internalising a mother who has this capacity. The fact that his mother's capacities allow her not simply to register her baby's distress but to **think about it** (consciously or unconsciously) and respond in an **appropriate** way means that she is in a position to modify the demands made on the baby's psyche by distressing experiences and at the same time give the baby his first contact with the human capacity for bearing pain through thinking. In Bion's (cited in Anderson, 1992) view it is through projective identification that the mother gets to know her baby. She is getting to know the nature of her baby's psychosomatic states through their impact on her. As the baby comes to feel himself to be known in this way by his mother he becomes able to get to know his own psychic qualities and those of others. According to Klein (cited in Kagan, 1979), the sequence of pain - distress - crying - and being understood, is one that happens many times. The repetition of these experiences, when contained by the mother, gives rise, in the infant, to a capacity to tolerate both mental and physical pain.

2.1.7 The growth of a sense of ego

Through this contact with his mother's capacity for containment of mental states and their transformation into thought, the

basis is laid for the development of these same capacities within the infant, by means of internalisation and identification. Where the infant has had the opportunity to communicate his experience 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 his sense of himself can develop. A sense of self, which is based largely on identification with these internalised experiences (**introjective identification**) makes possible a degree of tolerance of, and openness to, experience, both internally and externally. This forms the basis of a capacity to learn from the emotional impact of life. This capacity will be sorely needed in the course of a lifetime. Where there is, for whatever reason, insufficient maternal containment the baby is forced to rely prematurely on his own resources.

As Bowlby suggests, ordinary "good enough" parents are able to notice, tolerate and digest some aspects of their baby's experience. Some aspects of the baby's experience might be accepted by the parents in the way that has been described above and so contribute to a helpful internal situation and the growth of the mind. Other aspects of the baby's experience, which have not been tolerable to the parents, do not disappear, but neither can they be easily accepted by the infant as a part of himself and brought into contact with his growing capacity for thought. Those parts of the infant's experience which have not been accepted by his parents may lead a split-off, repudiated existence on the edge of the mind, but with an undiminished, if not actually increased, potential for impact on the life of the individual.

A model of the relationship between the parent and child which is both social and psychological has been described. It is social in that everything is seen as developing through the complex and subtle interaction between parent and child. Yet it is also psychological in that it is processes internal to

each participant that are seen as essential materials in these interactions. The concern is not only with the development of the child's capacity for social experience but also the child's capacity to have mental/emotional experiences.

Such an internal structure for mental "digestion" starts to be laid down in the early months of the infant's life through internalisation and identification with his immediate caretakers. As development unfolds, internal processes increasingly take on a life and logic of their own. The infant comes to feel that he contains within himself a three-dimensional mental/emotional space which mirrors his sense of his mother containing such a space within her. As this space becomes filled with experiences it takes on the configuration of a world within him.

2.1.8 An internal world

a) Paranoid - schizoid position (0 - 3 months)

In Klein's model, the first step in the baby's development is the establishment of a satisfying relationship with aspects of his mother's care - her feeding, cleaning, gazing, holding, talking. Without such a sustaining centre, he does not thrive. The mental concomitant of this fundamental achievement is the establishment within the infant's mind of an image (or images) of this relationship, that is **itself** physically and emotionally satisfying and sustaining - what Klein called a **good internal (part-) object**. The infant **clings** to these satisfying moments and the objects associated with them because of the pleasurable, vitalising, integrating nature of their physical, emotional and, in terms of Bion's model and in the light of recent developmental research one would have to add, cognitive impact on him.

While Klein's view of the crucial nature of the establishment of a **good object** can now be linked with research findings about the importance of early mother-infant relationships, there is

another aspect of her account which goes beyond this. She held that when the infant seeks out and clings to his good experiences, one should not construe the remainder of his experience as just neutral events. Some of what remains is physically uncomfortable, even painful, and emotionally distressing; that is to say, there are infantile experiences as powerfully charged negatively as are the positive experiences. Klein gives both positive and negative experiences equal importance in her map of early development. She thought one had to pay detailed attention to the quality of bad experiences, arising both externally and internally, their impact on the baby, their transformation into internal representations and their subsequent vicissitudes in the baby's sense of himself and his world in the face of these (now internal) **bad objects**.

The infant must be able to deal with states of distress or discomfort in such a way that the memory of them does not interfere with his capacity to be alert and satisfied at other times. In other words, he must be able to cope with unsatisfactory aspects in such a way that they do not complicate and interfere with his perception of good experiences. She suggested that bad experiences are mentally split off and isolated in the infant's mind, so that they are held outside his "good" relationship to his mother. To survive, the infant needs to introject and identify with ideally good experiences, and the internal objects they give rise to, while making use of an inherent capacity of the human mind for **splitting and projection** to rid himself of bad experiences and their internal equivalents. In other words splitting and projection are seen as mechanisms essential for life.

These psychological capacities, namely introjection, splitting and projection, with which the infant approaches his environment, differ quite markedly between babies from birth onwards.

It seems, therefore, that the distinctive qualities of an individual's internal world are brought about by a complex interaction of the individual's innate physical and psychological constitution and his external experiences.

b) Depressive position (3 - 6 months)

For Klein, the next issue in development is how the infant comes to integrate separate experiences of mother and so perceive her as a whole and continuous person. She felt that this was on the part of a complex process which led to a sustained awareness, on the part of the infant, of his need for her and ultimately to a capacity to miss her when she was absent.

Being able to keep in mind and combine his different perspectives on his relationship enables the baby to fix mother's existence in time and space. The more he can grasp the range of his feelings for her, the more they can be perceived as being his feelings, rather than being part of a given state of the external world. Out of these two developments grows a sense of separateness from mother, an awareness of her capacity to transform his experience and a sense of dependence on her.

Klein's ideas about these integrative processes and how they might arise out of the earlier need for splitting and an idealised good object, are centred on the notion of mental pain. She thought that for the paranoid-schizoid position to give way to the depressive position, the baby was faced with

- (i) the painful loss of idealised relationships and
- (ii) the problem of what to do with bad experiences and the negative feelings they give rise to.

To recognise that bad experiences, such as being left with someone else or being weaned, come from the mother who, in other circumstances is a loved source of pleasure, renders the relationship more vulnerable and the mother a more equivocal figure. To feel rage towards his mother in these circumstances is an anxiety-provoking experience in which the baby must

either, in some sense, retain his anger as a feeling within himself or revert, albeit temporarily, to a paranoid-schizoid situation, in order to have a bad object to act as the source and recipient of distress. Although one might say that it is the baby's more realistic perception of his mother which enables him to give up the paranoid-schizoid position, Klein's view was that it is also being able to bear the anxieties and disappointments of a real relationship to his mother which enables the baby to see her more realistically.

As the baby's internal world becomes more integrated, a sense of internal continuity becomes possible. Around the middle of the first year, this process has developed and strengthened to a point where the infant can maintain an internal relationship with his mother in his mind while she is externally absent. It is this internal relationship which allows the mother to be missed.

Because the experience of separation is, in varying degrees, painful, there is a constant pressure towards transforming a sense of missing a good absent figure into a feeling of being abandoned by a bad unloving one. It is a struggle for the baby to maintain his bond to mother and he may not always be able to manage this. The capacity to struggle at all only develops over time as part of emotional nurturing and begins with the actual birth process. The need to keep hope, love and creativity alive in the face of the feelings stirred up by the external losses and disappointment is a continuing problem faced throughout adult life.

Where ordinary manageable separations are a relatively minor part of the infant's life, these "failures" in his environment allow him a space in which to struggle on his own for brief periods. Infants have the means to evade contact with the impact of such separations, but they also have the growing ability to make something of them.

In Bion's model, it is because of the absences of the external object (at first the breast, but later the mother as a whole person) that the infant is driven to generate mental images which can hold the impact of the experience of absence (thoughts), rather than continuing to be absorbed in the immediacy and sensuousness afforded by the presence of the object. In Winnicott's terms, when the mother is "good-enough", some degree of environmental failure stimulates the baby to make up the deficit imaginatively. The model is one in which the presence of a containing mother, the capacity to imagine and, on that foundation, a manageable amount of separation from her, are needed for the baby to develop. Manageable absences help to generate an awareness of separateness.

For separations to be experienced by the infant, rather than suffered in a way that severely disrupts his sense of being held together, they need to fall within his capacity to digest them.

By the middle of the first year, weaning, in the sense of a growing physical and mental separation from the mother, is an important part of the baby's life. It is part of a long process which will take the rest of childhood to achieve (Shuttleworth, 1989).

2.2 CONCLUSION

As has been shown emotional growth is not straightforward, inevitable and easy, like a flower unfolding. It is vitally important that the mother understand and internalise the baby's emotional experiences in order to make them bearable.

For the newborn only the actual presence of his mother (or committed regular care giver) can provide the continuity, attention and sensuous pleasure needed to call up the infant's rudimentary capacity to integrate his perceptions and set in motion the processes of mental development. When these needs

are sufficiently met, and when the infant is able to make use of what is offered, this absolute dependence on an external person diminishes during the first year. The familiarity and pattern derived from a few dependable care-givers will have begun to develop into the infant's sense of having pattern and continuity within himself: he will have a sense of being himself. His mother's attention to him will have enabled him to develop a capacity to attend to what is going on and to be increasingly curious about it. From his experience of being thought about by his mother he will become able to begin to reflect on his own experience. The legacy of his pleasure in being cared for seems to be found in his expectation of, and capacity for, enjoyment in an increasing range of relationships and activities which he is able to invest with meaning.

'An understanding mother may by her attitude diminish her baby's conflicts and thus in some measure help him to cope more effectively with his anxieties. A fuller and more general realisation of the young infant's anxieties and emotional needs will therefore lessen suffering in infancy and so prepare the ground for greater happiness and stability in later life' (Klein, 1975, p. 116-117).

Finally, Verny and Kelly (1988) eloquently assert that no one incident, however important, shapes one irrevocably. As children move through life they continue to change and grow. But events such as birth and weaning produce definite and long-lasting effects on the personality of the child. Winnicott (1957) emphasises that the conditions necessary for a child's individual growth are themselves not static, set, and fixed, but are in a state of qualitative and quantitative change relative to the infant's age and changing needs.

In view of this developmental understanding, various roles of the mother (both prior to and after the birthing process) were highlighted as a means for understanding an infant's sense of separation, emotional development and ego formation.

CHAPTER THREE

M E T H O D O L O G Y

The present investigation is predominantly phenomenological in nature, but allows certain themes, issues, and interactions to unfold within the context of infant observation.

3.1 OBSERVATION

The methodological tool used in this investigation is one of observational procedures through the use of a video camera. Robson (1993) describes the major advantage of observation as a technique as being its directness. One does not ask people about their views, feelings or attitudes; but rather watches what they do and listens to what they say. Furthermore, Robson (Ibid.) considers observation to be the appropriate technique for getting at "real life" in the "real world" as it facilitates authentic happenings. However a major issue concerns the extent to which the observer affects the situation under observation. This will be further elaborated upon during a discussion of the methodological limitations. There are many different observational techniques, although the participant observational approach has been preferred for this research.

3.1.1 Participant Observation

A key feature of participant observation, used in this research, is that the observer seeks to become some kind of member of the family group. This involves not only a physical presence and a sharing of life experiences, but also entry into the families social and "symbolic" world through learning their social conventions and habits, their use of language and non-verbal communication and so on. The observer also has to establish some role within the group.

The observer is the research instrument, and hence great sensitivity and personal skills are necessary for worthwhile data to be captured.

The observer makes it clear that s/he is an observer and tries to establish close relationships with family members from the start. This stance means that as well as observing through participating in activities, the observer can ask members to explain various aspects of what is going on. It is, therefore, important to get the trust of family members. Maintaining the dual role of observer and participant is not easy, and acceptance will be heavily dependent upon the unique interaction of the observer within the family system (Jorjenson, 1989). Variables such as age, class, gender and ethnic background can influence the quality of the interaction as well as affect the observation either positively or negatively. Infant observation is a branch of participant observation.

3.1.2 Infant Observation

The title "Infant Observation", defined by Bick (1963), is a jargon abbreviation of the fuller title, 'Observation of a nursing couple; mother with her infant from birth to the second year of life'. This study, however, only incorporates the infant's first year of life.

The observer's attention is focused primarily on the infant within the nursing couple. The observation generally takes place in the baby's home, lasting for about one hour, and begins with a meeting with the parents before the birth of the baby. Sidoli (1983) recommends that the observer assess, as far as possible, the family's emotional stability and reliability. She hopes that a fair estimate can be reached as to whether or not to engage in the observation of that particular family, and

to establish whether parents will be able to tolerate the observer's presence without too many destructive projections that could be damaging to the relationship between parent and baby.

The mother, the father, and all other members of the family appear in the observations in roles of greater or lesser importance: they are siblings, grandparents and various relatives and friends who happen to be present at the moment the observation takes place. The observer asks to be allowed to visit at feeding times and when bathing, changing the nappy, and when going to sleep or waking up takes place.

The three families described in this study have been chosen in order to describe a range of babies in differing circumstances. Although they all come from families where two parents are present in a household, they vary in their positions in their family, in social class, in ethnic background, and in their parents' attitudes, ideas, and preconceptions about child-rearing.

The emphasis of infant observation in this study is placed on the baby's growing relationships, capacities and activities, and the wish to watch the baby in his ordinary setting without any changes in the everyday pattern of family life in consequence of the observer's presence.

Generally, observers are invited into the intimacy of people's homes and come close to the care of a tiny infant. Watching the feeding, bathing, holding, and total responses of a mother to her new infant takes the observer to some of the most vulnerable moments in the lives of them both (Shuttleworth, 1989).

Infant observation affords an opportunity to study how the infant's object relations begin by the baby relating unintegrated parts of himself to parts of the mother. It brings

home the reality that emotions at the most primitive level are rooted in primitive states and that sensations located in particular parts of the body achieve meaning through the mother's emotional responses (Bick, 1963; Ekman, 1982; Sidoli, 1983).

3.2 ETHNOGRAPHIC FILM

Ethnographic film is film which endeavours to interpret the behaviour of people of one culture to persons of another culture by using shots of people doing precisely what they would have been doing if the camera were not there (Goldschmidt cited in Macdougall, 1975). Asch and Asch (1988) have defined ethnographic film as film of unrehearsed and unscripted human behaviour. Hence infant observation generally, and this research study particularly, is considered to be ethnographic film.

All ethnographic information has an element of subjectivity if only because it was selected as significant enough to record. Scherer and Ekman (1982) develop this theme further by highlighting that the videotape affords one the opportunity to "reverse" time so that actions separated in time, or not occurring chronologically, may be compared with another.

According to Asch and Asch (1988), the video camera differs from human perception on many dimensions. One is particularly significant: the capacity of human beings to ignore most stimuli and to pay attention to specific things of immediate interest, a capacity recording tools do not have. Unlike human beings, audiovisual tools are themselves not selective; they record whatever light rays or sound waves are received within their range.

The film-maker and sound person introduce selectivity: angling the camera, choosing the frame, focus, time, placement of microphone, and so on. What the camera describes is in large

measure determined by the film-maker - but not entirely. One can film things one did not intend to film, particularly when filming spontaneously occurring social interaction. Furthermore, the eye may be focusing on one aspect of an image and not realise that other things are within the frame. The very capacity of human beings to exclude enormous amounts of information in order to concentrate on certain things means film-makers will not necessarily be attending to the entire image being filmed. Bear in mind though that the same process of selection occurs when we look at film images. We read these "signs" through our individual and cultural biases (Ibid.).

So far the value of using film as an observational tool has been emphasised, but Asch and Asch (1988) suggest that it is both naive and misleading to assume that ethnographic film is a reflection of reality, rather than a creation by a unique human being, from a particular culture, who collected data at a specific moment in time and usually collected it to share with members of his or her own culture.

'Pictures are a way that we structure the world around us. They are not a picture of it' (Worth cited in Asch, 1988, p. 168).

A definite methodological limitation includes the fact that one's personal, theoretical and cultural biases influence the information collected, and shapes the analyses.

3.3 THE PROCESS OF ANALYSIS

Craig (1988) divided the process of analysis under five sub-headings. Each may be regarded as a step in this study's process. These are as follows:

- (i) Viewing of the tapes;
- (ii) Review of tapes;
- (iii) The production of and the re-review of a compiled tape;
- (iv) Applying thick description; and

(v) Providing an explanatory account.

(i) Viewing the tapes

In fixing an event on a video-recording, the analyst preserves that from life which is usually fleeting to the casual observer. This "viewing the tapes" involves stopping and starting the "reality" recorded and involves working towards building an interpretative network or building a "picture" of the data. This stage also consists of the analyst familiarizing him/herself with the data, beginning to ask questions about certain points of interest, and discussing emergent ideas and themes.

When a "slice of life" (Geertz cited in Craig, 1988) is recorded on videotape, behaviour ceases to be transient and represents pieces of life **fixed in time**.

From the first step in analysis when the tapes are viewed, the analyst constructs meanings of the actions and speculates about the intention of the "actors" to form an unordered blend.

(ii) Review of tapes

The second stage in the process of analysis involves the selection of illustrative extracts from the infant observation videotapes. The extracts are selected in order to illustrate crucial aspects regarding the (possible) intentions behind the actions, and the meaning which may be imposed on the actions.

**(iii) The production of and the re-review of a compiled
tape**

The third step starts when a videotape is compiled from the extracts selected in the previous stage of analysis. This compiled tape consists of all **illustrative extracts** which are then transcribed. The transcription conveys verbal and non-verbal actions of the parent and child, verbal and nonverbal transactions, and the context in which these actions and transactions occur (Craig, 1988). The tape is transcribed in

terms of context, actions and transactions.

(iv) Applying "thick description"

Geertz (In Craig, 1988) uses the term "thick description" to refer to the application of a coherent story to a "bit" of data. It requires the analyst to make the intellectual effort in order to make sense of the bits and pieces of information which need to be interpreted. The analyst must construct a coherent story of the data. The analyst draws on theory and data and the relation between these - part to whole - in order to construct a coherent account.

The analysis contains a mixture of interpretative elements, that is, speculation about intentions and the possible consequences of this, propositions about the meaning of actions and evaluations of appropriate goals in such a situation. At this fourth stage of the analysis, the meaning of the events is fixed for explanation.

(v) Explanatory account

The explanations of the analysis occur in two distinct manners, namely phenomenological and theoretical. In attempting to understand the experiences of the parent-child interaction from the individual's point of view (phenomenological account), the analyst enters the domain of reasons as causes of behaviour (Davidson, cited in Craig, 1988). The presumption of the theoretical position assumes that underlying the patterns of behaviour in the psychological domain of analysis are functional structures which produce action.

In conclusion, it is vital to highlight the one important move involving the transition from a description of actions, transactions and context as recorded on a video, to the reasons and intentions behind them and the meaning of actions, transactions and context (Craig, 1988).

The transition from a descriptive to a phenomenological account is complete when the analyst has constructed a conceptualised story of the intentions and meanings underlying the observed actions, transactions and context, from the family's point of view.

3.4 METHODOLOGICAL LIMITATIONS

Macdougall (1975) suggests that at times people behave more naturally while being filmed than in the presence of an ordinary observer. A person with a camera has an obvious job to do, which is to film. Family members understand this and leave the camera person to it. The cameraperson remains occupied, half-hidden behind the video camera, satisfied to be left alone. As an unencumbered visitor, they would need to be entertained, whether as a guest or a friend. In this lies both the strength and weakness of the infant observational method.

However, once the observed persons know that they are being observed, then the observer is to some extent a participant in the situation, and the observation becomes potentially reactive (i.e. potentially changing the thing observed). The two main strategies used to minimize such observer effects are **minimal interaction** and **habituation** of the group to the observer's presence. Minimal interaction is achieved through such obvious strategies as avoiding eye contact, the use of simple behavioural techniques such as not reinforcing attempts at interaction from the family, and planning one's position in the environment to be "out of the way". Habituation involves one's repeated presence in the setting so that, particularly when the observer is an unrewarding, minimal interactor, it is no longer noticed (Robson, 1993).

It is never logically possible to be completely sure that the observer's presence has not in some ways changed what one is seeking to observe, but there are several indications which provide some reassurance:

- The pattern of interaction stabilizes over sessions.
- Members of the group appear to accept the observer's presence to the extent that they do not seek interaction.
- Group members say that the observer's presence does not affect what is going on.

Participant observation is believed to lead to greater access into people's thoughts, behaviour, dreams and beliefs because through one's attempts to gain linguistic, social and technical competence one has greater and more varied contact with people and experience what it feels like to live in a particular social universe. However, when most observers write about their ethnographic experience they remove themselves and their participation from the account. Likewise, and in fact to an even greater degree, most ethnographic film-makers have eliminated from their films any evidence of their own presence or their participation in the scenes filmed.

Asch and Asch (1988) assume that whether film-makers are filmed or not, the presence of the observer/film-maker affects, to varying degrees, the social interaction of people observed. It is, therefore, even more important to try to assess the effects of filming and of the presence of the observers on the data when examining film for research.

Other limitations of this research include the fact that the sample consists of married, heterosexual, two-parent couples who planned the birth of their child. This research, therefore, cannot be generalised to single mothers, homosexual couples or to expectant women or couples of an unplanned pregnancy.

CHAPTER FOUR

T H E M A T I C A N A L Y S I S

4.1 APPLYING THICK DESCRIPTION

The present chapter integrates the theories highlighted in the literature review and the details and sequences observed in the infant observation itself. These theories help bring together configurations seen in the observational situation, and will guide the reader in recognising the similarity between the mother-infant relationship and the therapist-client relationship. In so doing, the transference phenomena in analytic work with children and adults will be highlighted, leading to an enriched understanding of both the mother-infant relationship and the therapist-client relationship.

The following sequences focus only on healthy interactions and developing communication patterns of the three families. In addition, this chapter aims to provide an illustration of the specific method for the study of child development as suggested by Bick (1963) and Sidoli (1989).

4.1.1 Introducing the babies and families

Aamonn, a baby boy, is the first child of a professional couple (both parents are university lecturers). They had been married for three years before Aamonn was born. Aamonn's mother went back to work when he was 3 months old, and structured her schedule so that she could return during feeding times. He was left with a trusted domestic worker to whom he has grown very attached.

Joel is the second child born to young parents who had been married for ten years. His sister, Rachel, is 2½ years older than him. Joel's father is a lecturer while his mother attends to the two children.

Megan, a little girl, is the first child born to a young couple who have been married for 15 months. Her mother looked after Megan until she was 11 months old, and now works mornings only. Megan's grandmother and a domestic servant, who has been in the family's employ for many years, look after Megan while her mother is at work.

4.1.2 Illustrative vignettes

I shall now give examples of these three children interacting within their families. The vignettes are taken from the first observation (when the infant was about one week old) through to the last observation (when the child is around a year old). These excerpts are given in the hope of conveying how a new born baby develops and matures from a vulnerable infant to an autonomous, self-contained, and self confident infant, since a healthy maturational process can only occur provided the baby's parenting and environment have been "good enough".

Basic parental functions constitute generating love, sustaining hope, promoting thinking, and containing depressive pain for their baby. The primary role of the mother is to carry her baby's pain (physical and emotional) by acting as a container for her child. In order for her to be "used" in this way, she needs to be supported by her husband. A father, even if he cannot be physically present as much as might be wished, may be able, by his help and understanding, to offer containment to the mother in her attempt to respond to the enlarged family and the infant's feelings. The following two examples demonstrate the father's role in relation to his wife and child.

At three days old, Aamonn and his mother were still in the hospital. Aamonn's father came to visit while Aamonn was sleeping in his cot. Gently he picked Aamonn up and held him for a while. Throughout this embrace, his father was humming and cooing to Aamonn. Aamonn was swaddled in his blanket, and

his father began to study Aamonn and touch and caress his face. Clearly, he was moved by this little miracle and was overcome with emotion. At this point, he reached out and took his wife's hand and tenderly stroked her arm. After having had a particularly exhausting night with Aamonn, she really appreciated this loving touch.

When Joel was a week old, his mother was preparing to bath him. His older sister, Rachel, was sitting on the compactum and his mother wanted to involve her in the bathing process. She handed Rachel a piece of cotton wool and asked her to wet it so that she could wash Baby Joel's face. Rachel refused to help and said that she, in fact, wanted a piece of cotton wool for herself. It seemed as if Rachel did not want to "grow up" and become the older sister by helping her mother, but rather wanted to remain the helpless little infant. Her father took over and gave Rachel some cotton wool, pampering her slightly and enjoying some "special time" with her. In so doing, he not only gave Rachel the time that she needed, but also gave mom the support and help by allowing her to bathe Joel free from distraction.

An older child needs major preparation for the arrival of a new sibling, the birthing process, and first few months of a new life in the family, as these are all major events for a small child. To some extent these children have been "displaced" as the baby of the family, and parents and professionals need to understand how intense the child's sense of pain and loss can be at times as they struggle with strong feelings of jealousy and of feeling left out. Through parent's understanding and support, an older child is enabled to come to terms with these feelings, and can make considerable strides forward as a result of the new experience.

The mother's ability and capacity to act as a "container" for her infant lays the foundation for her baby to be emotionally responsive throughout life. By acting as a container the mother

digests her baby's distress and responds to her infant with understanding and empathy. The baby can then internalise this transformation and extrapolate it to other similar experiences. Ordinary "good enough" mothering encompasses holding (identifying with), handling (physical), and object presenting (inviting the infant to relate to object). The infant experiences containment as providing continuity. Holding provides the baby with a constant, secure space and gives the child a sense of being held together. Containment, therefore, is both a physical and an emotional experience. If the mother (container) is unable to empathise with sensations and emotions which are unmanageable and overwhelming for the infant, they remain unprocessed, meaningless, and indigestible for the child.

In the following example, Megan (four months old) was playing on the floor. Her mother was very attuned to Megan's activities, but was allowing her the space to play alone. Megan had pillows propped against her back, to provide support and cushion an inevitable fall. Megan began to grumble slightly and her mother tried to take away the source of distress by trying to understand what was bothering her. She asked Megan if her gums were hurting her or if she was bored. During this interaction, Megan fell over and then struggled to roll over onto her stomach. Her mother did not pick her up, she rather helped Megan to help herself sit up. Initially, Megan's mother was acting as a container by trying to understand and put into words the source of Megan's distress. Later, she encouraged a sense of autonomy by allowing Megan to decide if she would like to remain on her back, turn onto her stomach, or sit up again. Some time later Megan fell over again -this time her mother caught her fall, and eased her gently onto the floor. Megan rolled over immediately and began to kick gleefully (almost as if she had landed up in the position that she wanted to be in). She found something else to play with and occupied herself for a few more minutes. Mother, in this situation, is already responding differently to Megan's needs. She is beginning to

instill in Megan that similar situations and experiences can have vastly different outcomes. Here mother physically contained Megan, whereas, before Megan fell over for the first time, Megan's mother was containing her discomfort emotionally.

During the second observation, Megan, who was one month old at the time was being undressed in preparation for a bath. She was lying naked on the compactum, and began to wriggle as she became disgruntled. Gently, but firmly her mother swaddled her in a towel, making sure that her arms and legs were securely tucked away. Megan stopped moving and seemed to wait to see what was going to happen next. She was soothed by her mother's voice and handling, but quietened immediately when wrapped up. When mother washed her face with a piece of cotton wool Megan began to wince and grimace. Her mother communicated that it was alright, that it is only water and that Megan was just surprised to feel something wet on her face. She explained to Megan that she was cleaning her face and that it would soon be over. Obviously, Megan did not understand her mother's words, but clearly her mother's soothing voice, relaxed attitude and caring touch put her at ease. Throughout the bathing process, her mother spoke to her and permitted her to experience the warmth of the water. She washed Megan's hair, while holding her securely in her left arm. She continuously explained to Megan what she was doing, and asked Megan if it felt nice. Throughout this entire bathing process, Megan stared intently into her mother's eyes. She bathed with some apprehension evident in her facial expression and rigid posture but did not cry, and was undoubtedly comforted by her mother's voice and touch. This pattern seems to suggest the working of intrapsychic defensive operations. However, this vignette also encompasses patterns of communication between mother and child, in which the mother's fundamental role of "holding" or "containing" can be observed.

In a very different way, this containment is apparent with Rachel at Joel's nine month observation. Mother, Rachel and

Joel were in the lounge, and Joel began to crawl out of the room. Mother tried to call him back, but he continued to crawl away. Instead of picking Joel up and placing him elsewhere, she hid behind a chair and enticed him to return and play "peek-a-boo" with her. Immediately Joel stopped to see what she was up to and came back into the lounge to investigate. Mother invited Rachel to join in their game, which she did. Rachel preferred to be on her mother's side, and the two of them (mother and daughter) worked together to keep Joel amused. Here one can see how Rachel felt more competent in her role as older sister, and she was no longer competing to be the baby of the family. Through her parent's containment of her anger, jealousy and possible hatred towards her younger brother, she had renegotiated her special place within the family.

These examples demonstrate that different mothers and babies vary in temperament. How much babies are able to do for themselves in the way of containing anxiety, and how well others may be able to convey their needs and to respond rewardingly when these are met, influence the mother-infant relationship enormously. These traits also bring out the latent mothering qualities in the mother. Containment by the mother will eventually be replaced by the containment offered by the baby's sense of his own mind. In other words, the baby becomes self-contained and self-confident. On the other hand, there are those babies who seem to have a difficult temperament from birth and tend to be discontented, exacting, and tyrannical in ways that require infinite thought and tolerance from a mother who may or may not learn to develop these qualities in herself.

Joel, at six months, was bathing with Rachel. He was sitting in his bath ring, while his mother's attention was pretty much taken up with discussing the events of the day with Rachel. Joel was quietly entertaining himself and keeping himself occupied with his bath toys. After some time, he began to moan and then started to cry. Mother immediately turned her attention to him by speaking to him and washing him with a face

cloth. His crying worsened and mother said "it's alright, it's alright". He was able to calm himself with just a little attention from his mother, and soon became involved with his toys again. While mother attended to Joel, Rachel, feeling more secure and self-assured, permitted mother and Joel some time together and was able to occupy herself. When Joel quietened down, the three of them began to interact together. This illustration highlights a growing internalised mother in both Rachel and Joel, with both children being able to tolerate their mother's attention to each other.

Through the above mentioned vignettes one notices how the good aspects of a baby's inner world are built up from his ability to take in, and identify with, his mother, her caring and concern for him, and her ability to understand and contain his fears and anxieties. Emotions, at the most primitive level are rooted in bodily states. These emotions can only achieve meaning through the mother's emotional responsiveness.

As mentioned in the literature review, food and the feeding relationship acquires significant psychological meaning for the baby and involves the infant's emotional world. Many of the mother-infant interactions demonstrated that the baby and mother shared a warm, loving relationship in the feeding and that the baby was taking in not just nourishment but also his mother's caring and love. The following extract demonstrates this point explicitly. At three months old, mother was bottle-feeding Aamonn. There was gentle music in the background. With the teat in his mouth, Aamonn's gaze was fixed on his mother's face - almost studying and learning about her. He looked at her, played with the teat in his mouth, sucked some milk, stroked her hand, and looked at her again. Neither were in any hurry, both seemed relaxed and allowed each other the space to explore, play, and enjoy the feed.

Feeding involves an entire process of social interaction, emotions and communications. At nine months, Megan was being

fed in her high chair. She was surrounded by toys and took great delight in banging and hitting them and generally making a lot of noise. Accidentally, a toy dropped to the floor - mother said "gone". Another toy dropped, again mother said "gone". Megan, having now invented a new game, began to throw her toys on the floor purposefully. Each time her mother said "gone", until she had thrown all her toys off her high chair and out of reach. Mother remarked "all gone - no more". Megan sat with a perplexed look on her face, ate a few more mouthfuls of food, and looked around the room at her displaced toys. After a while, she pulled herself up in her chair, began pointing at her toys and made some grumbling noises. Mother picked up a few toys for Megan and gave them to her saying that she could play with them, but must not throw them any more. This scene represents the beginnings of discipline with Megan being taught that actions have associated consequences.

Because of the love and closeness of the feeding situation, and its link with the baby's need for food in order to survive, the experiences of having to wait for a feed, having to accept a change to solid foods, and the gradual withdrawal of the much-loved breast or bottle, can all give rise to painful feelings. The baby has to experience his separateness from his mother and has to struggle with his inability to control her comings and goings.

Babies can do little about their bodily needs and discomforts; they have to suffer the pain of waiting until help comes. Their pain is relieved not only by their bodily needs being met, but through understanding, social contact, and love. A mother does not necessarily immediately understand the cause of her baby's crying; understanding may gradually evolve, perhaps mainly at an unconscious level. The repetition of pain - distress - crying - and being understood is a sequence that happens many times. These experiences, when contained by the mother, give rise, in the infant, to a capacity to tolerate both mental and physical pain.

When Aamonn was just a month old, he suffered terrible bouts of colic and his parent's could do little to ease his discomfort. The following scene depicts how his parents tried to understand, contain, and ease his cramps. Aamonn began to moan during his bath and mother was unable to pacify him through talking to him, playing with him, and stoking his tummy. She decided to continue bathing him as quickly as possible, even though his cries were getting louder. At one stage he fixated on a light which seemed to soothe him somewhat. He remained quieter but was still distressed. Having finished his bath, his mother wrapped him in a towel and placed him on the bed. When his father began to dry him with a towel, he started to wriggle and his father gave him a dummy. When Aamonn began to scream uncontrollably and was kicking his legs in rage, his dummy fell out of his mouth. Mother tried to help at this stage and again put his dummy back into his mouth. Aamonn sucked for a little stretch, and his crying subsided, but he was still disgruntled and discontented. Once dressed, mother picked Aamonn up and tried to breast feed. He latched onto her breast and fed hungrily, gulping in large mouthfuls of milk. Abruptly, he pushed her breast away and began to scream and cry again. Mother tried to get him to suck on her other breast, but he was crying too hard. Father put Aamonn over his shoulder and began to rub his back rather vigorously in an attempt to wind him. He settled slightly and gave a large burp. His body shook and he started to scream afresh. His father positioned the dummy back into his mouth, and he calmed down somewhat. Mother took Aamonn and attempted to feed him for the third time. This time he was able to have a good feed and settled into his mother's body. When he finished, he looked rather drained and his father rubbed his back, put his dummy back into his mouth, and Aamonn, sucking gently on his dummy, fell asleep. This feed was particularly gruesome, tiring and upsetting for all concerned. However, it was as if his parent's ability to remain unflustered, and yet gently concerned, through his desperate screams, had somehow "taken" his bad experiences and made them more tolerable. The overwhelming

anxiety gradually went, and he relaxed enough to feed. It was clear from the whole sequence of observations that mother and father had acted as "containers" for his (and each others) anxieties, and had managed to remain calm in the face of his screaming protests. Less secure parents might have experienced this as an attack, or as the baby "wanting his own way", and might have responded accordingly.

Where the infant has had the opportunity 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 his sense of himself can (and does) develop with "good enough" parenting. In accordance with Harris (1978), traumatic events throughout life, from whatever source, test the baby's capacity to hold new experiences with their inevitable pain and uncertainty, and to grow from them. This capacity must always, to some extent, be influenced by the nature of the infant's earliest relationships and in particular with the primary qualities of the containing mother. Receptive parents help an infant to have an experience of himself. Receptive identification with them helps him manage the conflicting emotions and impulses that will arise in the ordinary course of living. In other words, through containment of the baby's projective identifications, internalisation occurs and the baby begins to develop emotional resources and a solid sense of ego. The infant comes to feel self-contained, self-confident, and autonomous.

The next few examples show how Joel, Megan and Rachel developed some of their own emotional resources due to ordinary "good enough" parents who were more-or-less able to notice, tolerate, and digest some aspects of their children's experience.

Joel (nine months old) was sitting in his highchair and being fed by his mother. He ate what was offered to him, but seemed to be more interested in having a conversation with his mother.

She mirrored every utterance and copied his vocalisations in tone, pitch and volume. In an excited gesture, he raised his hand, and mom immediately raised her own hand and exclaimed "say hi, say hi". Joel began to laugh and kept lifting his hand for his mother to imitate - this developed into a game. He continued to eat throughout this interaction, and opened his mouth at all the right intervals until he had eaten his supper. Mother moved away to prepare supper for the rest of the family, and Joel remained seated in his high chair watching her. He became disgruntled and she spoke to him from a distance, but made no attempt to interact more intimately. He began to shout loudly, mother gave him a lid to play with, then moved away and continued with dinner. Joel, in anger, hit and banged the lid for some time making a huge racket. Eventually, he began to cry loudly. Mother remarked, "you are a very angry little boy but I'm busy and you will have to wait". He quietened down slightly, and continued (with an angry expression) to watch and follow his mother's movements. Resultantly, he put his hand into his mouth, sucked hard at first, but the sucking subsided substantially and he was able to calm himself. He continued to suck his hand quietly until his mother picked him up a little while later. Through a close and loving relationship, Joel is increasingly more able to sit with and contain his bad feelings. He used his hands to self-soothe and self-satisfy. In this way, his hands and fingers act as "transitional objects" and he was able to imaginatively make up for his mother's separateness (Winnicott, 1965).

The following two examples show Megan at nine months and at a year, and highlight her use of a transitional object that was developing at that time. The nine month observation captured Megan sitting quietly by herself in front of the television. She was holding her fluffy dog's ear in the one hand, and stroking the toy dog with the other hand. Here she was able to be alone as she has internalised aspects of her mother within herself, and within her toy that she carried around. During the following observation (three months later), Megan was playing

with her toys quietly on the floor. She spotted the observer, looked to her mother for reassurance, grabbed her fluffy toy dog and came to explore what the observer was doing. She tentatively walked towards the observer, turned around and ran back to her mother. Following this, she tried again. She walked up to the observer, toy dog in hand, and first looked at, then touched, the observer's leg.

As the baby's internal world becomes more integrated, a sense of internal continuity becomes possible. This process is developed and strengthened to a point where the infant can maintain an internal relationship to his mother in his mind, while she is externally absent. In Winnicott's terms, when the mother is "good enough", some degree of environmental failure stimulates the baby to make up the deficit imaginatively. If there is nothing to limit a baby's greedy impulses, then the baby is deprived of the chance to develop concern, or the sort of love that spares the object, and gives it the freedom to go. If a baby is allowed to cling to a belief in a world that is exclusively his, one that holds no frustration or loss, then a delusion of omnipotence is encouraged. This belief also hinders autonomy and a baby's chance to develop his own inner strength and his capacity to take in and develop goodness.

By the first year, all three babies in this study had developed their own styles, personalities and ways of relating with, and being active members in their own families.

This last illustration demonstrates how Rachel, by the age of three and a half, had learnt not only to contain her own distress, but also to empathise with and understand her younger brother's limitations. The family was preparing for a holiday and Rachel was busily packing her clothes in her room. She had folded many garments in a neat pile on the floor. Father and Joel came into her room and played together on the floor. Joel took some of Rachel's clothes, but she snatched them back and said "No Joel - you can't play with this". Unexpectedly, Joel

reached over and grabbed some more of her clothes. In so doing, he toppled her organised pile of clothes. Rachel began to scream and cry. Her father apologised and offered to help her tidy up. He said that Joel did not realise that this was her special pile. Rachel stopped crying so frantically, and tried to reorganise her clothes. Father said that he would try to keep Joel away from Rachel's special pile. Rachel shouted that "Joel is a terrible boy - he is a horrible, horrible little baby". Her father replied "He's not, he is a precious little boy". Noddingly, Rachel added "but sometimes he gets into mischief". Father agreed with this by saying "Yes, sometimes he does get into mischief". At this stage, Joel, sitting on father's lap, began to cry. Father said "Look how sad he is". Rachel admitted that "sometimes he doesn't know that we are packing up". Her father responded "That's right, he doesn't know. Maybe we should go do his clothes". Father took Joel out of the room and let Rachel finish. Initially, Rachel's parents were able to recognise her feelings of loss, of being left out and displaced, and could accept her intermittent jealousy of Joel; over the next months, as this example demonstrates, they were able to support Rachel sufficiently, and it was obvious that she felt a lot of pleasure and joy in her new sibling.

4.2 CONCLUSION

The preceding examples have been chosen, almost randomly, to demonstrate the emotional growth and development of the internal world of three different babies in three different families. The above illustrations have taken the reader through a developmental and maturational process. It is hoped that these cases enabled the reader to concentrate on the normal growth and functioning of intimate relationships. One can however, through infant observation, also see similarities to disturbed behaviour, but this thesis has not focused on these aspects due to ethical constraints.

Infant observation offers the observer and aspiring therapist an unique opportunity to observe the development of an infant from birth, in his home setting and in relation to his immediate family, and thus to find out for him/herself how these relations emerge and develop.

Paying attention to such observable details over a long period gives the observer the chance to see not only patterns but also changes in the patterns. H/She can see changes in the couple's mutual adaptation and the impressive capacity for growth and development in their relationship, i.e. the flexibility for using each other and developing a satisfactory mother-baby relationship.

Being in touch with how a baby relates to his mother can also help therapists understand the non-verbal communications of some clients. It is possible to see mental processes in a baby that form an unconscious, unrecognised undercurrent throughout life for most people, but which may be illuminated in therapeutic work with clients.

As will be discussed in the following chapter, the mother-infant relationship is the prototype for the therapist-client relationship. How the relationship is initiated, the way of relating, trust, being able to contain, think about, digest, internalise, and give back in modified form, are the foundation in relationships both between mother and child, and therapist and client.

One of the possible advantages of infant observation is that it sharpens the observer's capacity to observe infantile aspects in children of all ages even when they are elusive. In fact, it has been suggested by Henry (1984, p. 164) that the infantile aspects might be the most significant core of all individuals. 'We cannot generally see the roots of trees: but there is no live tree without roots'.



CHAPTER FIVE

D I S C U S S I O N

5.1 IMPLICATIONS FOR PSYCHOTHERAPY

Harris (1980), when referring to infant observation, compares the essential intimacy and nakedness of the therapist-client relationship, as being analogous to the mother-baby relationship. Winnicott (1965) takes this comparison a step further and highlights that the therapist becomes involved with a client, passes through a vulnerable phase (as the mother does) because of the involvement, identifies with the client who is temporarily dependent on the therapist, watches the shedding of the client's false self, and sees the new beginning of a true self - a true self with an ego that is strong because, like the mother with her infant, the therapist has been able to give ego support. Winnicott (ibid.) believes that if all goes well, therapists may find that an adult has emerged, a mature adult whose ego can organise its own defences against the anxieties that belong to id impulses and experiences. A "new" being is born, because of the therapeutic process and a real human becomes capable of independent living. Therapists, generally, attempt to imitate the natural process that characterizes the behaviour of any mother to her own infant.

Close observation of a mother and young baby is an emotional experience which requires mental work and is to be thought about rather than reacted to. In order to make the best of the situation, Winnicott (1965) posits that the observer/therapist must allow him/herself to feel, but needs to **think** about his/her feelings in order to restrain him/herself from acting on them. According to Harris (1980), the tendency to project one's own unconscious infantile desires and dreads into the situation between mother and baby is ubiquitous. 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. 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.

While observing infants, Bick (1963) highlights the necessity of observers to learn to watch and feel, and to learn to tolerate and appreciate how mothers care for their babies, and find their own solutions, before jumping in with theories. In this way, observers become more flexible about accepted principles of infant care. What is borne upon observers is the uniqueness of each couple, how each baby develops at its own pace and relates itself to its mother in its own way.

Being in touch with how a baby relates to his mother can help therapists understand client's non-verbal communications. Seeing how a baby struggles to cope with the ordinary anxieties and stresses that occur in the course of his day can help therapists think about defense mechanisms used by clients, and to some extent present in all of us, though inaccessible and unrecognised because they are deeply unconscious (Klein, 1975). Being able to see a baby in his family setting over a period of a whole year gives the observer an opportunity to see how problems occur, and are resolved. There is no one right way to go about bringing up a baby. What matters is how the particular mother-infant couple, and particular family, finds its way to resolve the problems.

Miller (1989) points out that the observer is liable to feel a range of strong emotions. Some of these will arise from his/her own personality and situations in life - anxieties about being an intruder, feelings of rivalry with this other mother, feelings of being excluded from a private, loving closeness between two other people, and many others. Other feelings may be evoked by something the mother or the baby (or

someone else in the household) does in connection with him/her.

Being able to think about him/herself in relation to these feelings, and recognising what belongs to him/her, and what on the other hand is put onto him/her by the baby or family, is not only a valuable experience that helps with similar situations with clients; it also offers the observer a chance to grow as a person. Gaining some insight into one's own motives and impulses, though painful, is essential in the therapeutic process and offers to enhance the therapist's capacity for insight and empathy.

According to Miller (1989), the feelings involved are often very powerful, and probably communicated on a pre-verbal basis, therefore the work on transference and countertransference is fundamental. Transference is connected with another valuable aspect of studying infants, namely, sensitivity to infant modes of communication which can, and do, develop. Therapists can learn to perceive normal projective identification, to understand some of the body language of infants, and to struggle towards a language for describing pre-linguistic experiences which will serve them well in work with patients if the infantile transference is to be tackled. Willingness to experience events without being able immediately to ascribe a meaning to them is an essential part of any therapeutic relationship.

A competent observer and clinician requires the space of mind where thoughts can begin to take shape and where confused experiences can be held in an inchoate form until their meaning becomes clearer. This kind of mental functioning requires a capacity to tolerate anxiety, uncertainty, discomfort, helplessness, and a sense of bombardment. It is the personal equipment needed by a psychoanalytic psychotherapist (Miller, 1989).

Finally, according to Winnicott (1965), the mother-infant couple teaches therapists the basic principles on which therapeutic work is based, when treating children or adults whose early mothering was "not good-enough", or was interrupted.

CHAPTER SIX

C O N C L U S I O N

The preceding chapters, and the accompanying video, have attempted to highlight early development in its natural setting as a way of studying beginning modes of mental functioning and the quality of infantile experiences. This research has aspired to observe, examine, understand, and illustrate human nature and emotional development through the study of the child in early infancy and childhood. The video, itself, is intended to make an impact on, and to educate, expectant parents in its own right, rather than to exemplify theoretical viewpoints.

The study has aimed to show that over time a picture emerges which embraces knowledge of the characteristic dynamics of family interaction. Aspects of the inner world of the family members, which underlie their personalities and relationships, become manifest. In particular, the creation of the infant's personality, the interaction between constitutional and temperamental factors in the baby, and the particular strengths and weaknesses of the holding environment was investigated. Infant observation serves as an important introduction into the study of early development of children, as well as to an understanding of family life. It looks at the earliest relationships of infancy and the processes these set up within the developing psyche.

The present research focused on the routine, everyday processes, and at the intensity and complexity of the development of children. It has aimed to highlight sequences between a mother and her baby which happen repeatedly in any "good enough" family, and in the course of ordinary development.

A model of the relationship between the parent and child which is both social and psychological has been described in this

research. It is social in that everything is seen as developing through the complex and subtle interaction between parent and child. Yet it is also psychological in that it is processes internal to each participant that are seen as essential materials in these interactions. The concern is not only with the development of the child's capacity for social experience but also the child's capacity to have mental/emotional experiences.

As development unfolds, the baby's internal processes increasingly take on a life and logic of their own, and the baby becomes both self-contained and self-confident. In Winnicott's terms, when the mother is "good-enough", some degree of environmental failure stimulates the baby to make up the deficit imaginatively. The Object Relations model is one in which the presence of a containing mother, the infant's capacity to imagine and, on that foundation, a manageable amount of separation from her, are needed for the baby to develop.

In other words, for the newborn, only the actual presence of his mother can provide the continuity, attention and sensuous pleasure needed to call up the infant's fundamental capacity to integrate his perceptions and set in motion the processes of mental/emotional development. When these needs are sufficiently met, and when the infant is able to make use of what is offered, the absolute dependence on his mother diminishes during the first year. The familiarity and pattern derived from a few dependable care-givers will have begun to develop into the infant's sense of having order and continuity within himself: he will have a sense of being himself. His mother's attention to him will have enabled him to develop a capacity to attend to what is going on and to be curious about it. From his experience of being thought about from his mother, he will have become able to reflect on his own experience. The history of his pleasure in being cared for seems to be found in his expectation of, and capacity for, enjoyment in an

increasing range of relationships and activities which he is able to invest in with meaning.

An essential part of infant observation for the observer, and for the therapist, is to learn to watch, feel, and internalise experiences, while simultaneously learning to tolerate and appreciate how mothers care for their babies, and find their own solutions. Infant observation teaches the observer and therapist to be sensitive to developing modes of infant communication. The experience of psychoanalytic clinical work with adults has long supported the conviction that adult clients' current ways of functioning have a complex history dating back to early childhood and, indeed, to infancy.

Infant observation is a vital tool which facilitates a fuller understanding of infant development, the family life cycle, family influences and therapy itself. It offers a unique opportunity to understand primitive defense mechanisms while simultaneously illuminating development, growth, and changes. The concepts raised in this study have wide political and social relevance. They add new dimensions to thinking about child care in all its aspects. Additionally, a fuller and more general realisation of the infant's anxieties and emotional needs will therefore lessen suffering in infancy and so prepare the ground for greater happiness and stability in later life. Clearly, further research needs to be done in this fascinating area, specifically in relation to different cultures and various forms of child care.

THE SECRET LIFE OF THE UNBORN CHILD

(Verny and Kelly, 1988, p. 182-183)

Be respectful. Don't make the mistake of thinking that what you do or say around your child will not matter until he is two or three. As we have seen, it matters a great deal from pregnancy onward. A child is very perceptive and, if he senses he is not being treated with respect, you may both end up later paying for that.

Enjoy your youngster. Don't try to raise a perfect child. You will only end up making everyone miserable. Despite claims to the contrary, there is no such thing as a perfect child-rearing technique. While it is important to learn as much as you can from books, authorities and friends, in the end you have to be your own expert. Do what feels right to you and your partner and ignore the rest.

Discipline. Too little is as bad as too much. Discipline should be moderate, appropriate and consistent. Don't punish your child for something you let him do the day before. If a behaviour or activity is placed off-limits, it should remain off-limits. Don't be afraid to show your feelings. If your youngster has made you angry, let him know it firmly, but avoid screaming. Also be sure the anger is legitimate. Don't take your frustrations out on him.

Encourage intimacy. Mothers generally need to be reminded of this less than fathers, especially fathers of sons. There is nothing unmanly about hugging, cuddling or kissing a son.

Be your own person. Self-abnegation does not translate into good parenting. Your life and your marriage are important too. They should not suffer just because you have become a parent. Moreover, it is easier to become a good parent if you are fulfilled and secure yourself. Otherwise, there is the temptation to live vicariously through your child, and I can't think of a more certain prescription for disaster than that.

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