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## **Infant Observation Research: What have we learned so far?<sup>1</sup>**

**Michael Rustin**

### **Introduction**

In this article, I review the development of psychoanalytic infant observation as a source of new knowledge, that is, as a method of research, taking account of the fact that it is only in recent years that this has been much thought of as a possibility. I consider the differences between clinical and observational methods in psychoanalysis, and what significance these may have from a research point of view. I suggest that although there are large overlaps, and continuing interactions, between clinical and observational perspectives, that nevertheless a distinctive heuristic 'object' of infant observational study has been emerging, giving rise to new understandings and insights different from those derived from clinical practice. Finally I identify a number of fields of interest in which infant observation is proving productive as a source of new knowledge.

### **Clinical Research In Psychoanalysis**

I have two primary points of reference for this paper. The first of these is the tradition of 'clinical research' in psychoanalysis itself, from which most of the discoveries of psychoanalysis have come, from Freud onwards. By 'clinical research' I mean the accumulation of knowledge and understanding achieved by psychoanalysis in the consulting room. I've argued elsewhere that psychoanalytic knowledge has been advanced, through reflection on problems and anomalies within its established theories, as these occur in

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<sup>1</sup> This paper was first presented at a conference on 'Tavistock Infant Observation: Link to Clinical Work and Research, at the Psychoanalytic Centre of California, Los Angeles, on June 25 2005, and subsequently at the Conference of Infant Observation Teachers at the Tavistock Clinic. I would like to thank Maria Rhode and Margaret Rustin for their helpful comments on the paper.

clinical experience. (Rustin 2001).<sup>2</sup> Gifted psychoanalytic thinkers have been able to develop new ideas by taking such clinical anomalies seriously, and through recognising that they make new theoretical departures both desirable and necessary.

The idea that psychoanalytic understanding has advanced through exploring 'problems' or 'puzzles' occurring within its own established theories makes psychoanalysis comparable with other kinds of organised knowledge-accumulation – that is to say with the sciences, understood in the broadest sense of that term. The particularities of psychoanalysis as a form of knowledge I attribute not to the unscientific, speculative, or irrational practices of analysts, as many of its critics do, but to the heuristic requirements of its chosen object of study, unconscious mental processes. Sociologists of science have established through empirical study of the practices of scientists that scientific fields differ in their methods according to their chosen objects of study (Galison and Stump 1996). An understanding of the range and diversity of actual scientific practices is necessary to begin to situate psychoanalysis on the map of knowledge-generating activities. It is particularly important to take note of some characteristic differences between the natural and the human sciences, since some of the key attributes of psychoanalysis – its interest in subjective meanings and their interpretation, in differences between individuals, and in forms of understanding which encourage agency and choice - are shared with other human sciences, even though the interest of psychoanalysts in the unconscious is distinctive.<sup>3</sup> Arguments are now being made for psychoanalytic research to reconstitute itself on a more 'scientific basis' – that is with methods more similar in the standardisation and replicability to those of other kinds of empirical psychology (Fonagy 2003). It is argued that unless and until this is done, psychoanalytic theories will lack a basis in 'research'. Although there are gains to be made from applying more conventional scientific methods to psychoanalytic practice (for example, in treatment outcome studies) I believe there is little fundamentally the matter

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<sup>2</sup> Judith M. Hughes (2004) makes a similar argument.

<sup>3</sup> It is common in critiques of the scientific claims of psychoanalysis to ignore the social sciences, even though one expects these to be more relevant for comparison than the natural sciences.

with established procedures of discovery and verification in psychoanalysis, and that this field should continue primarily to rely on the methods which have been so productive for it for a hundred years or so (Rustin 2001).

My second point of reference is the practice of psychoanalytic infant observation, as this has been developed over sixty or so years at the Tavistock Clinic, and subsequently in other centres of psychoanalytic training. In this journal, there is no need to say much to characterise this method. It consists of observations of infants and their mothers or other caregivers, in natural settings, usually the home, conducted on a regular basis, preferably for an hour in each week for the first two years of an infant's life. The procedure requires the writing-up of each observational session in terms which are as literal and descriptive as possible, with subsequent reflections on the observations taking place in a seminar group consisting of an experienced supervisor and some fellow-observers, preferably only five or so. The main purpose of this reflection is to identify and clarify the psychoanalytic significance of the situation observed, including the subjective experience of the observer. It was developed mainly as a means of training the skills and sensibilities of those who were or intended to be involved in work with children, whether as psychotherapists or in health, educational or social care work. It was not initially thought of as a method of research.

During the past twenty years or so, the practice of infant observation has been written about more extensively than it was during its earlier history. Several books about it were published, both in Britain and in other countries in Europe,<sup>4</sup> regular conferences began to be held, and this journal was founded in 1997 at the Tavistock Clinic. These developments coincided with the postgraduate academic accreditation of courses which had infant observation as their central core, bringing this area of psychoanalytic education within the university system, from which in Britain it had hitherto been largely excluded. These developments together led to the question,

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<sup>4</sup> These included Miller, L., Rustin, M.E. Rustin, M.J. and Shuttleworth, J. (eds) (1989), Reid, S. ed. (1997), Briggs, S. (1997), Briggs A. (ed) (2002), and Sternberg, J. (2005).

should infant observation be regarded not only as a form of education, but also, potentially at least, as a form of knowledge-generation, or research? One chapter (Rustin 1989) in Closely Observed Infants (Miller et al 1989) explored this issue. It proposed the development of a 'research agenda' for infant observation, on the basis of analogies between its procedures and, on the one hand, clinical research in psychoanalysis, and on the other hand the qualitative, 'ethnographic' approaches of some forms of anthropology and sociology.<sup>5</sup> The purpose of this paper is to review what has happened since this tentative idea of a research programme was put forward. A good deal of new publication in the field of infant observation has certainly taken place in the intervening years. The question is, what has been achieved by all this in terms of research? What have we learned so far?

Psychoanalytic infant observation is not of course the only kind of investigation of the development of infants which has been taking place during this period. In recent years there has been a major development of laboratory-based kinds of observation of infants and their care-givers, and these have proved extremely productive, in fact one of the most successful of contemporary research programmes in the human sciences. The use of video-technology has made it possible to investigate the minute subtleties of mother-baby interaction, from the earliest days of life. Valuable concepts like those of reciprocity and multi-modal atonement have been developed to explain these findings, by major human scientists such as Brazelton (Brazelton and Cramer 1991) Bruner, (Bruner et al.1966), Stern (1985) and Trevarthen (Trevarthen et al. 1998). The school of attachment theorists, inspired by John Bowlby, devised experimental measures (The Strange Situation Test for example, (Ainsworth et al.1978, Main et al 1985) which have enabled differences in patterns of relationship between baby and parents to be identified and classified. Generally it can be said that this large volume of research has confirmed and put on to an empirical foundation many of the earlier insights of psychoanalysts into the complexity and emotional

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<sup>5</sup> The goals and methods of infant observation research were further discussed in Rustin (1997 and 2002).

intensity of relationships between babies and their caregivers, and has added new dimensions to what had earlier been learned by interpretative methods.

### **Boundary Problems for Infant Observation Research**

Psychoanalytic infant observation considered as research is anomalous in comparison with both of its two neighbouring research fields, the experimental study of child development, and the psychoanalysis of children. Because infant observation has been impelled forward largely by the needs of education and training, it lacks accountable research procedures, in contrast to laboratory studies of child development which aim to accumulate new knowledge and which are methodologically explicit. Because their methods of inquiry are so different, there are problems of comparison and commensurability between the findings of these two genres of research.

There is a different boundary problem in relation to psychoanalytic clinical practice. Psychoanalysts recognise that clinical practice has always had a fundamental role in the generation of new psychoanalytic ideas. The idea that the psychoanalytic setting provides the best location for the investigation of unconscious mental phenomena, through the transference and counter-transference, is fundamental. The active role of the analyst in understanding and interpreting the mind of the patient means that 'hypothesis-generation' is continuous within clinical practice, in response to the particular case as it unfolds. Hypotheses arise in the analyst's mind, and are tested through further experience with the patient. Research in this sense is inherent in everyday psychoanalytic practice.

Mostly, of course, such consulting room research leads to better understanding of a particular patient, not to new concepts or theories. But sometimes the focus shifts, from the normal clinical task of trying to locate a patient within the existing lexicon of psychoanalytic descriptions, by reference to established theories or by analogy with other cases, to revisions of the theories and descriptions themselves. Sometimes clinical experience generates 'anomalies' or 'puzzles' for existing theories and a new theoretical

development is proposed to accommodate it.<sup>6</sup> The systematic development of psychoanalytic concepts and theories derived from clinical practice is well recorded in the literature of psychoanalysis, in reviews of theoretical developments like those of Spillius (1988a and 1988b) and dictionaries like those of Laplanche and Pontalis (1973) and Hinshelwood (1989).

### **Ontology and Epistemology**

One could say that for both laboratory studies of infancy, and psychoanalytic clinical research, ontology and epistemology are aligned with and consistent with one another. By ontology I refer to the objects of study, the entities which are deemed to exist and be available for investigation. By epistemology I refer to the modes of perception and understanding by which these objects of knowledge are perceived and described. The psychoanalytic 'object of study' is, essentially, the unconscious mind. It is apprehended through an epistemology based on the apprehension of transference and counter-transference phenomena in the consulting room, through the interpretation of actions and words deemed to hold more than one level of meaning, and attention to the interactions between patient and analyst. The particular object of knowledge of the psychoanalytic consulting room, unconscious mental processes, makes necessary its particular forms of perception and understanding.

Similarly, the 'object' of study of the laboratory scientists of infancy are behaviours, repertoires of expression, and patterns of interaction, which are susceptible to direct observation if the setting of observation remains constant, and if the pace of observation is slowed down through the study of comparable recorded episodes of interaction. Theoretical conjectures about 'hidden objects' ('internal working models', for example, which may be held responsible for observable effects on behaviours), are generally in this

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<sup>6</sup> The presentation by Melanie Klein of evidence the psychoanalytic treatment of children, and her consequent revision to Freud's account of the infant's development, are one classic instance of this procedure.<sup>6</sup> (King and Steiner 1991.)

tradition regarded with caution. In laboratory studies of child development, the main object of study is phenomena which are manifest and observable. A theoretical minimalism prevails.<sup>7</sup> By contrast, psychoanalytic methods presuppose the existence of complex 'internal' structures of mind, whose existence can only be indirectly inferred from observable phenomena such as dreams, or in child psychotherapy, play. Theoretical conjectures in psychoanalysis are elaborate.

What of the ontology and epistemology of infant observation research? How much do they differ from those of child analysis? Some psychoanalysts have taken the view that the object of study of infant observation - unconscious mental processes – is the same as that of psychoanalysis, but that its method of study is unavoidably less profound and less informative than the procedures of the consulting room. Ontology the same, epistemology weaker, therefore. This view probably accounts for the lack of interest so far shown by most psychoanalysts in the knowledge-generating potential of infant observation.

### **The Ontology of Infant Observation**

But while there are many similarities between the object of study of child analysts, and that of infant observers (they may be the same persons, after all) there are also significant differences, which may be important in the emerging research agenda of infant observation. In particular, infant observers are studying a relationship, between a baby and its mother and other significant figures, not an individual. Winnicott's well-known maxim, 'There is no such thing as a baby,' certainly applies to the infant observation setting.<sup>8</sup> Child psychotherapists (as most child analysts are called in the UK) study a child's internal and external relationships with its parents and siblings,

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<sup>7</sup> Peter Fonagy (2001) contrasts attachment theory and psychoanalysis in this respect, drawing attention to the strengths and limitations of each approach.

<sup>8</sup> 'If you show me a baby you certainly show me also someone caring for the baby, or at least a pram with someone's eyes and ears glued to it. One sees a 'nursing couple'. (Winnicott 1958, p 99)

but they study these connections as the child makes these visible in treatment. ..

An infant of under two years old is not yet an individual, isolable from the nexus of relationships from which individuality is born. The infant observer studies the process of individuation from its earliest days, not its outcome in childhood and adulthood. Infant observation is the study of the earliest formation of the psyche, not of the fully-formed developed psyche itself. The qualities of the relationship and interaction between mother and baby are therefore focal objects of study, as well as the various attributes of the baby himself.

We might therefore describe the ontology of infant observation - the state of being that it postulates and investigates – as the states of mind and feeling which permeate and shape the relationships of babies and their caregivers, and which also give rise to experiences 'in feeling' in observers and others within the infant's environment.

Psychoanalysts from Freud onwards have always been interested in the early development of the infant, and have set out theories about this. What infant observation has contributed, or made possible, is the direct investigation of these early months. It has provided a source of understanding which goes beyond the retrospective reconstruction of those experiences, in the consulting room, within which contact with the 'infantile parts' of the patient can be made.

Associated with infant observation is a particular conceptual field, that of 'containment', the theory which holds that the development of the infant mind depends on the receptive and emotion-processing capacities of the mother or primary care-giver. The processes of projection and introjection between mother and infant are held to be central to this. In her paper 'The Experience of the Skin in Early Object-Relations' (1968) Esther Bick drew both on an instance of infant observation, and on the psychoanalytic

treatment of three patients (two children and an adult) to set out her theory of the development of the infant psyche.<sup>9</sup>

*The thesis, she wrote, is that in its most primitive form the parts of the personality are felt to have no binding force amongst themselves and must therefore be held together in a way that is experienced by them passively, by the skin functioning as a boundary. But this internal function of containing the parts of the self is dependent initially on the introjection of an internal object, experienced as capable of fulfilling this function. Later, identification with this function of the object supersedes the unintegrated state and gives rise to the fantasy of internal and external spaces.*

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*The need for a containing object would seem, in the infantile unintegrated state, to produce a frantic search for an object - a light, a voice, a smell or other sensual object - which can hold the attention and thereby be experienced, momentarily at least, as holding the parts of the personality together. The optimal object is the nipple in the mouth, together with the holding and talking and familiar smelling mother.*

In the infant observational excerpt that followed, she described the emergence of the mother's pressure on the child to become excessively self-reliant, by a combination of deprivation of emotional contact with the baby, for example at night, and provoking it to aggressive displays, which she admired. *'The result, by six and a half months, was a hyperactive and aggressive little girl, whom mother called "a boxer" from her habit of pummelling people's faces. (What a Dickensian description this is!) We see here the formation of a muscular type of self-containment - "second skin" in place of a proper skin container.*

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<sup>9</sup> All four of Bick's published papers have been reprinted in Andrew Briggs (ed) Surviving Space (2002).

As this is one of the founding texts of Infant Observation, it is worth quoting it further. In the brief clinical fragment that followed, on the schizophrenic patient Mary, Bick made use of observational methods, as therapy with very young and disturbed children particularly needs to do. *She came in hunched, stiff-jointed, grotesque like a "sack of potatoes" as she later called herself, and emitting an explosive SSBICK for "Good morning, Mrs Bick". This "sack of potatoes" seemed in constant danger of spilling out its contents partly due to the continual picking of holes in her skin representing the "sack" skin of the object in which parts of herself, "the potatoes", were contained (projective identification). Improvement from the hunched posture to an erect one was achieved, along with a lessening of her general total dependence, more through the formation of a second skin based on her own muscularity than on identification with a containing object.*

In this case of severe disturbance, then, the 'second skin' formation represented an improvement. 'The second skin' has entered the clinical lexicon as a well-established description of one response in infants to failures of containment.

Published in the same period as Bick's paper was the more voluminous and influential body of writing of Bion (1962), and his interest in the development of the infant mind, and the role of the container-contained relationship in this process, has been fundamental to the development of psychoanalytic thought. Bion's insights seem to have been primarily based on his consulting room experience, and on his remarkable theoretical and poetic imagination. Reading Bion, it is possible to imagine that the theory of containment which he elaborated, and the attention it gave to the mother-infant relationship, developed quite independently of infant observation.

It seems possible, however, that his attention to the formation of the mind, and to the processes of identification (projective and later adhesive) and containment involved in this, were influenced by what was being learned at the time from the practice and supervision of infant observation, as well as

from the consulting room. This is certainly the case for the development and use of these ideas in child psychotherapy, and so far as Donald Meltzer's writing is concerned. My suggestion is that infant observation has contributed significantly to this broad mutation of psychoanalytic theory in the post-Kleinian tradition, with its emphasis on the relations of 'container and contained' even though its specific contributions to this development are difficult to trace. Child and adult analytic practice and infant observation experience interact with each other, often through teaching and supervision, making it difficult to differentiate between these contexts of discovery.

One might think of infant observation, by analogy with biological evolution, as an island, newly populated by psychoanalytic concepts which have started to work and evolve in their new environment. Mutations takes place, distinctive conceptual sub-species begin to emerge, but since the island remains connected with the psychoanalytic mainland, and flights of individuals between them are frequent, what we observe on both Observation Island and Clinical Mainland is a continuing process of hybridisation. It is therefore difficult to trace the exact origin of some certain key ideas such as those of containment.

There are commonalities between the objects of investigation of infant observers and their families, and those of child psychotherapists. The psychodynamics of parenting, or siblinghood, or indeed of transferences and counter-transferences affecting observers, are topics which are explored in psychotherapeutic as well as observational contexts. Child psychotherapists have often written about these shared sensibilities, pointing out that the fine-grained quality of perception learned in infant observation is an essential resource for understanding in many clinical settings. It is because there is much in common between the 'object of study' of infant observation, and that of the clinical setting especially of child psychotherapy that infant observation has become a widespread prequalification for clinical training.

But one cannot so easily locate a discrete domain of the 'unconscious' or the 'inner worldly' in observed infants as one can in children seen in psychotherapy. Since infant observations are by design intended to begin from the first days of life, the question of what is conscious and what is unconscious, of where the 'inner world' comes in, has itself been a topic of investigation for infant observers. Adults and siblings in the infant observation setting can be presupposed to have 'unconscious' states of mind, as can observers, which are susceptible to 'observation' as they would be in a clinical situation. But what of the infants themselves as the primary objects of study? When exactly is the unconscious deemed to begin its life, and at what stage of the infant's development? One of the most interesting topics of infant observation research, from Bick onwards, has been how the infant mind develops, how boundaries of psyche and soma are first established, how the 'inner world' becomes initially formed. It is the unique quality of psychoanalytic infant observation that it does permit the investigation in real-time of the earliest formation of infant psyche, emotions and mind, in the relational matrix of its primary family.

### **The Epistemology of Infant Observation Research**

The epistemology of infant observation research is both similar to and different from that of the psychoanalytic consulting room. The largely passive role of infant observers creates space for close observation, which does not have to be interrupted by the need to maintain active dialogue with patients. The observer is expected to take account of a situation in which she is not a major participant, though her presence does have some influence on the situation, and is something which may well need to be reflected on. When an observer is confronted with difficulties between mother and baby, for example over feeding, it is not her task to do anything about this, as it might be that of a therapist, though an observer may sometimes wish it were otherwise. Infant observation creates the possibility of giving sustained attention to the state of being of an infant, and the relational dynamics of a family, without having to take an active role in this, or to take account of the consequences of

deliberate interventions. This detached position might be thought to have some advantages from the point of view of research.

But there are also disadvantages in this role, by comparison with clinical practice. In clinical psychoanalytic research, interpretation is a resource of understanding, a way of formulating and testing hypotheses. Similarly the transference relationship in clinical practice is a crucial resource, giving unconscious mental life a shape which can be reflected on, as it develops over time. Some psychoanalysts are sceptical that much that is useful can be learned about unconscious mental life in the absence of the deliberately nurtured transference setting and interpretation, since these are so important in clinical practice.

André Green argued that it is the dream, not the investigation of infancy, which gives the primary access of psychoanalysis to the unconscious - its 'royal road.' From that perspective, the infant observation setting is an uninteresting one. In a public exchange a few years ago (Sandler 2000) the purist psychoanalyst Green and the laboratory investigator of infancy (though also an analyst) Daniel Stern, seemed to agree in holding psychoanalytic infant observation to be of little value. For Green, this was because the unconscious could not be studied outside the consulting room context of interpretation, for Stern it was because there was no unconscious to be observed in the first months of life, its emergence coming later, with the onset of repression and the beginnings of language. In that debate, psychoanalytic infant observation could scarcely get a hearing.<sup>10</sup>

But, there may be more similarities between the epistemological approaches of infant observation and clinical practice than meets the eye. Clinical practice is on the face of it a more problem-focused kind of investigation than infant observation, in that patients present with difficulties to which analysts expect to give their attention, however they may reformulate these. Although patients present the 'material' they do freely, and without overt constraint,

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<sup>10</sup> But see the interventions by Anne Alvarez and Irma Pick in Sandler et al. (ed) 2000.

analysts usually respond to their experience of this in a focused way, in terms of what they regard as significant, and their response will influence the state of mind and preoccupation of the patient, and what is then made manifest by him or her.

Infant observation might appear to be undirected and unfocused, by comparison, especially where infant observers are strongly enjoined to avoid interfering in the mother-infant relationship, even when they feel emotionally and morally pulled to do so. But I think the preoccupations of infant observers, and their supervision groups, are usually focused to a degree, on selected aspects of the situation which are deemed to be significant. In a learning situation, this will be what is heuristically significant, as the teacher sees it. But I think significance also has a normative dimension, that is related to the perceived well- or ill-being of the infant and his relationships. My conjecture about the distinctive 'conceptual environment' of infant observation is that a particular range of concepts and theories, especially those drawn from the 'containment' family of ideas, is more widely made use of than others. My second conjecture is that containment will be thought of in normative terms, in regard to whether in the form that it takes it facilitates development or not, and whether it involves emotional deficits or impositions, or not. Of course it is possible to be too normative and prescriptive in infant observation - one of the things observers have to learn to do is not to be carried away by their own views of right and wrong, or by their over-identification with baby, mother, or elder sibling. But then it is possible to be over-prescriptive and moralistic in clinical practice too.

It seems that infant observation in its routine practice does focus on specific 'normative' aspects of the mother-infant relationship, that these aspects are given particular attention in supervision, and that they feature prominently in the writing-up of observation reports. A further hypothesis is that the topics which become the focal aspects of an infant observation sometimes relate to issues which in other circumstances might become the focus of clinical attention in providing psychotherapeutic help to mothers and babies. The experienced supervisors of infant observation are, after all, largely child

psychotherapists or analysts, so it would be surprising if there were not some overlap between the issues of development or relationship which they find significant in their clinical practice, and those to which they give attention in infant observation. In fact one does find in most written-up infant observation reports a great concern for the well-being of the mother-baby couple, and a desire to understand its vicissitudes.

This normative dimension is attenuated by two things. On the one hand, families are chosen for infant observation for educational programmes in the UK on the basis that they are without known psychological problems. The sample is thus skewed towards the normal, and one might therefore expect grave concerns about mental health to arise relatively infrequently. And secondly, because observers are learning to reflect on their own ways of thinking and feeling, and are enjoined to refrain from action and intervention, and not act as advisers, helpers or clinicians. But this does not mean, I surmise, that normative concerns are absent. I therefore suggest that the infant observation setting has some attributes in common, in its modes of thought and understanding, with the clinical one.

### **Emerging Research Agendas in Infant Observation**

Whatever their place, actual or desirable, in the everyday 'formative' practice of infant observation, there is no doubt that normative dimensions have been important in developing its research agendas. I am going to identify five of these:

1. The development of the infant psyche and the integration of body and mind.
2. The study of containment and its disorders.
3. Therapeutic infant observation.
4. Neo-natal intensive care, and the extension of infant observational methods to other hospital contexts
5. Cross-cultural studies in infant observation.

I am going to suggest that valuable published work is emerging in all of these areas, that in all these it is guided by concerns about well-being and harm, and framed by normative conceptions of infant development. This selection of topics is intended to show the depth and range of what is being investigated, but does not claim to be complete.

The published literature of infant observation does not for the most part distinguish between 'research' and other kinds of writing, and there is little published discussion of infant observational research methods. Because most infant observations are undertaken for educational purposes, it is generally the case that most observers do only one observation, and that prior to their clinical training. Very little systematic comparison or accumulation of 'research findings' has been feasible in this context. Nor does infant observation yet have much sense of itself as a theoretical field, distinct from child psychotherapy or analysis itself. It is hard therefore for infant observational researchers at this point to locate their work within an explicit tradition of ideas and findings.

This is different from the situation of clinical research, where many discrete fields of clinical knowledge have evolved, and where ongoing, self-reflective accumulations of understanding take place. Such fields in child psychotherapy include work with severely deprived children, adoption and fostering, autism, childhood psychosis, and anorexia, among many others.<sup>11</sup> These are just a few of the topics in which one can locate coherent clusters of clinical research, sometimes organised through 'clinical workshops, and with a literature in which a field is marked out by citation and debate. This is a relatively recent evolution even in child psychotherapy, but one can now see a comparable developments in infant observation. In the last part of this paper I am going to draw attention to some of these.

## **Infant Observation Research Fields**

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<sup>11</sup> The titles of the Tavistock Clinic Book Series provide an expanding inventory of such fields of clinical research, in psychoanalytic and family therapy.

## 1. The Integration of the Infant Psyche

I have already quoted Esther Bick's pioneering 1968 paper 'The Experience of the Skin in Early Object Relations.' Bick's close observational attention to these earliest months of experience has been followed by other psychoanalytic observers. They have developed two connected areas of research, both linked with clinical practice in child psychotherapy. One of these is concerned with the earliest integration of the body and mind, and the part which the various parts of the body, and its organs and faculties (touch, hearing, mouth) play in this process of the gathering-together of the infant psyche. The other has given attention to difficulties and deficits in the earliest relationships between infants and their caregivers, to the processes of 'containment' and its variations. Genevieve Haag in France, Suzanne Maiello (1997, 2000) in Italy, and Sue Reid (1997a, 1997b, 1997c), Anne Alvarez (1992, 1997), and Maria Rhode (1997, 2003/4) in England, have been among the most significant of these contributors to knowledge. The study of autistic children, following Frances Tustin's work, and that of the child psychotherapists associated with Donald Meltzer, (Meltzer et al 1975) has been particularly important. In this, as in many fields of clinical understanding, a severe developmental problem or deficit has been the point of departure for investigations whose obverse face is the characterisation of the preconditions of normal development.

In the study of autistic children, infant observation and child psychoanalytic practice have come closely together, since the limits of expression and responsiveness of autistic children make infant observational methods, with their close attention to minute physical and gestural detail, absolutely necessary. Indeed it is the sensibilities learned through infant observation which have made it seem feasible for child psychotherapists to work with autistic children in conditions in which conventional kinds of child psychotherapy were not possible.

Thus one can link the writings of Alvarez, Haag, Rhode, and Maiello on the development of an integrated psychic function in the infant, as these all draw

on infant observational approaches, as well as on clinical experience with children with severely arrested development. Genevieve Haag (2000) has investigated the emerging experience of the body, in particular of its left and right sides and the integrative function of the spine, as a precondition of normal psychic development. Maria Rhode (2003/4) has described the differences between the experience of sounds, and the mouth, as merely tactile objects, and their use in the process of creating meaning, and interpreted some kinds of mutism as the outcome of a kind of 'concrete thinking' in which sounds and the voice were denuded of meaning. Suzanne Maiello (1995) has developed a theory of the 'sound object'. Connections have been made in this work with investigations of intra-uterine development, notably by Alessandra Piontelli (1992), in which continuities between data obtained through ultra-sound images of unborn babies, and through observation of their post-natal development, have provoked reflection and conjecture. There has been considerable cross-reference by infant observers to laboratory studies of early development, in which for example Daniel Stern's concept of multi-modal attunement (Stern 1985) describes the normal pattern of psychic integration in terms parallel to those in which analytic observers and clinicians investigate the meanings for the infant of the gathering-together of the modalities of sensory experience.

## **2. Containment and its Variations**

Attention to the qualities of the relationship between infant and its primary caregiver have also been a major focus of study, bringing together close scrutiny of the infant's bodily integration and expressive capacities, with attention to the qualities of its contact with its mother. Sue Reid's descriptions (Reid 1997a, 1997b, 1997c) of the observations of two babies at risk of autistic development, who she named Freddie and Georgie, showed mothers unable to tolerate emotional connection with their babies, and generally as a result avoiding eye-contact or intimate physical contact with them. She described a distressing practice whereby these mothers were observed to prefer to hold their babies on their laps in a 'facing outwards' mode, to holding their gaze or cuddling them with affection. She reported the eventual

response of withdrawal and despair of these infants, deprived of contact with a live maternal object.<sup>12</sup>

One can find in this literature descriptions of different forms of deficient containment. Bick situates her 'second skin' model on a spectrum of containment deficit less severe than autism itself, since a self with definite boundaries and an inside and an outside has at least evolved a coherent sense of self, compared with the one-dimensional fragmentation of the autistic state. Another form of container-contained relationship that has been investigated is that of intrusive, 'toxic' projections into the infant of intolerable psychic aspects of the mother's internal world. Gianna Williams' concept of 'the omega function' and the ensuing 'no-entry' syndrome (Williams 1997) was developed as a theory of such intrusive projections and of defences against them, whether by infants or later in anorexia. Stephen Briggs, in his Growth and Risk in Infancy, (1997) still one of the few books which systematically compares several infant observations, developed a model of concave, flat and convex forms of containment to map these different kinds of interrelationship between caregiver and infant. Juliet Hopkins' (1996) paper 'The dangers and deprivations of too-good mothering,' explored these issues from a Winnicottian perspective, bringing together an infant observation with later psychotherapy. Negative and intrusive forms of containment has been linked with the idea of the intergenerational transmission of psychic pain, as set out for example in Selma Fraiberg's Ghost in the Nursery paper (Fraiberg et al 1975). This idea has been taken up in infant mental health practice, linked closely to the therapeutic use of infant observation, with impressive clinical results. (Wattillon-Naveau 1999).<sup>13</sup>

### **3. Therapeutic Infant Observation**

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<sup>12</sup> Two other observations of infants with showing signs of autistic gaze-avoiding behaviour, though with evidence of recovery, have been described by Gwynedd Somerville (2000) and Kate Cowsill (2000).

<sup>13</sup> Indeed, interventions to support parenting should be added to these major fields of work which have been greatly influenced by infant observation. Dilys Daws (1985), Juliet Hopkins (1992) and Lisa Miller (1992) are among those who have contributed to this development. This work has been the subject of two special issues of *Infant Observation* (Vol 3, 1, 1999, and Vol. 3, 2, 2000). Infant observation has become a resource for infant mental health practice as this has developed.

The third area of work to which I wish to draw attention is the development of the practice of 'therapeutic observation', in particular by Didier Houzel (1999), Pierre Delion (2000), and Bianca Lechevalier (Lechevalier et al. 2000) in France. Because infant observation was initially developed primarily as a pre-clinical form of psychoanalytic learning, the normal presumption has been that observers should remain largely inactive in the family situation, and should avoid taking on, even when pressed by mothers to do so, additional roles as advisers, or, in more extreme cases, therapists. This policy of abstinence has made it possible for infant observation to be practiced with minimum risk in, by now, many hundreds of families.

In France, Houzel and his colleagues recognised that it might be possible to stretch the remit of the observer somewhat beyond that of a passive observer, and by this means brings some help to families where the quality of care of infants was at risk. He quoted Esther Bick (1964), who wrote

*Mothers have frequently indicated explicitly or implicitly how much they welcomed the fact of having someone come regularly into their home with whom they could talk about their baby and its development and their feelings about it.*

and explained that he had been *'using this method to treat dysfunctional interactions in the primary relationship between mother and infant'*.

Many children have by now been treated using this therapeutic framework, in response to difficulties of early childhood such as sleeping or feeding problems, or the more severe disorders of autism or early childhood psychosis. "The chosen method is to begin treatment with therapeutic observation, and at a later stage to add individual psychotherapy for the child, usually around the age of two." There are detailed reports available of some of these cases – it would be valuable for them to be translated into English.

It has long been recognised that the presence even of an observer careful to avoid undue involvement or intervention can be helpful to families, and this is explained by the idea of containment. The observer by visiting regularly and reliably, and through her consistent interest in the baby and its mother (and sometimes sibs) seems often to sustain mother's attention to her infant. She may also provides some additional temporal structure in a situation where boundaries may be lacking, where a mother may feel engulfed by her infant's needs, and/or her own. It was thought from the outset that even the sympathetic and watchful presence of an observer, on a reliable and regular basis, might be beneficial to families of infants. Bick thought their main contribution in this role was to be able to absorb projections into them, without reprisal, and perhaps also to represent a model of reflectiveness with which mothers could identify. This is an aspect of the observational role which often emerges in written reports of observations,

Rather than turning the infant observer into a therapist or adviser, the method of therapeutic observation tries instead to extend this 'containing' function of observation, giving an additional source of consistent attention to mother and baby, providing some additional resource of care when present, and supporting mother's own capacity to give attention. I heard a moving account at a child psychotherapists' conference in Brittany some years ago of one of these observations, in which a fragile young mother who had already had two babies removed from her care, was helped by an observer's presence to the belief that she and her partner were after all capable of caring for their infant. There was a moment in which it was the observer's expectation that father would be able to look after the baby, in contrast to the mother's visible anxiety about this, which enabled the mother to see that could indeed take this role. She came to see that the couple could support each other as parents instead of each undermining the other's capacity.

In France, the method of therapeutic observation seems now to be quite well advanced, with a system of training and supervision to support it. This is a

model that certainly needs to be developed in England and elsewhere.<sup>14</sup> But as well as consideration of the development of infant observation as a specialist supportive service, there may be scope to consider how even observations undertaken for educational purposes might be conceived in a somewhat more open-ended way, if a difficult family situation seems to call for this, and if the observer seems to have the capacity. There are some good examples of this shift being made successfully.<sup>15</sup>

#### **4. The Care of Babies and Children in Hospital**

A fourth area of work concerns the observation of babies in intensive-care units, and of children in hospital more generally. This is an area of application of infant observational methods in a specialised and high-risk setting, where there is often great suffering on the part of babies, their parents, and the nursing and medical staff who have responsibility for them. Observation in these contexts has not been undertaken primarily as an educational exercise, but with the aim of understanding the experience of the infants and children so as to enable caregivers to improve it.

What infant observation methods have contributed in these situations is a quality of attention to experience - to the phenomenology of the situation - which is rarely given in the activity-dominated situation of an intensive-care

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<sup>14</sup> For other examples of therapeutic observation, see Monica Cardenal (1998) and Romana Negri (1994) who reports the measurable effects on oxygen levels of infant observation in a neo-natal unit.

<sup>15</sup> Such a modification of aim will throw additional responsibility on to supervisors, and will raise difficult issues of technique. Should an observer visit more than once per week, should she agree to take some direct care of the baby or its siblings, should she be more active in offering some interpretations to the mother of what she might be feeling, are questions that will arise. In Britain, the convention has been to observe 'normal families' without known problems, and this has made it possible to maintain a passive approach to observation. It would be a departure from this practice to make space for referrals of families where GPs or others had concerns, and where the input of an observation might be considered as a resource.

unit, or even in the day-to-day life of hospitals.<sup>16</sup> It is unusual for any professional worker to be able to spend time with infant or child patients primarily in order to observe them, and offer them the comfort or containment of close attention.

This is however what a number of child psychotherapists, and nurses supervised by them, have been able to do, with remarkable results. Pamela Sorensen's paper 'Transition-Facilitating Behaviour' (2000) written about the care of premature babies, noted the attention to 'transitions' (from hot to cold, clothed to unclothed, held to upheld, of darkness and light, loudness and softness) which preoccupy mothers of small babies in normal favourable conditions for infant care, and contrasted this with what could and often did happen in the more procedure-dominated situation of the intensive care unit. She drew attention to the difference that could be made to the experience of babies, and those who care for them, if their sensitivity to 'transitions' of this kind was understood. Babies' primitive anxieties about disintegration, 'falling to pieces', being out of contact with an object, which Bick drew attention to in the earliest days of infant observation, have been integrated by this work into the understanding of what is needed in the nursing of infants. One can think of this work as an investigation of attachment at a micro-level. There is a link between Sorensen's idea of 'transition-facilitating behaviour', and Didier Houzel's concept of 'Precipitation anxiety' (1989, 1995), both ideas having been influenced by the practice of infant observation. This concept, like that of the 'second skin', can be regarded as a genuine theoretical innovation derived from infant observation methods.

Margaret Cohen's (2003) book Sent Before My Time: a Child Psychotherapist's View of Life on a Neo-Natal Intensive Care Unit describes observations and experiences of the same kind, from work she undertook as a child psychotherapist whose work was to 'be available to mothers, to fathers, extended families and to staff,' and to 'listen and try to understand

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<sup>16</sup> This is even apart from the additional diversions of emotional attention which arise from the 'unconscious defences against anxiety' in the hospital setting described first by Isabel Menzies Lyth (1967)

their feelings.' She describes the emotional life of the unit and its members, and how a space was provided in which painful experiences could be thought about.

The skills learned in infant observation are obviously of specific relevance to the care of babies in hospital. But they also have application to the hospital care of older children, as Alison Hall's (2004) paper 'Trauma and containment in children's cancer treatment' beautifully demonstrated. Hall, a nurse who had learned from infant observation, describes her work with children seriously ill with cancer, and having to suffer painful and invasive medical procedures. She describes her growing and painful awareness over time of the acute sufferings of the children, and of her own and others' defences against noticing it. There are moving descriptions of painful procedures sensitively administered, where a relationship with the child has been created within which painful situations can be managed with the child's brave co-operation. 'With such painful and intrusive treatments that last in some cases for years, should it not be mandatory that the emotional experience for both the child and the staff receives an equal amount of attention as the physical task,' she asks.

'I am optimistic,' she concludes, that observational studies can influence nursing practice. Hopefully, in the not-too-distant future, each children's ward will practice individualised patient care and have a written 'standard of psychological care' to address these issues.'

With these and other papers, infant observation research is making a significant contribution to the understanding of children's and their families' experience of illness and medical care, and providing resources for improving it.

## **5. Cross-Cultural Infant Observation**

There are a number of infant observations reported in the literature where observations have given access to different cultural and ethnic settings. Because the infant observation setting is often described in such detail, and because one might suppose the early mother-infant relationship to be a significant 'building block' of any social system, these situations seem to be potentially a new source of ethnographic knowledge. Even though infant observations in these different settings may be conducted with their normal psychoanalytical focus, cultural differences may still be evident, and indeed relevant to the primary relational object of study. So far, observational settings seem rarely to have been specifically chosen with this ethnographic purpose. This is another example in this field of where a more ordered research agenda, of deliberately selected samples and comparative studies, could well be constructed, but where for the moment we have to rely on reports that have emerged contingently.<sup>17</sup>

Among the most memorable of these is Suzanne Maiello's (2000) reported observation of a mother and baby living in a township in Cape Town, South Africa. This describes a pattern of continuous physical and emotional closeness between mother and baby which was quite unlike the conventional pattern of child-rearing in Europe, where from an early age baby and mother are physically separated for much of the day and night, though of course with much holding and touching happening in normal circumstances. It seems that individual separation and autonomy as a developmental norm sets in much earlier in the 'modern west' than in this African township family. Maiello felt warmth and admiration for the relationship she observed, which she did not see as a situation of deficit or difficulty. Her accounts show how infant observation can serve to broaden our awareness of the constraints of our own modes of child-rearing, and consider different possibilities from those which are normal in our own context.

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<sup>17</sup> An ESRC-funded research study into the formation of identity, in ethnically mixed communities, about to be conducted by Ann Phoenix, Cathy Urwin and Wendy Hollway, is to make use of infant observations as one of its research methods.

Clare Yu-hua Lin's (1997) report of observation of a Taiwanese Chinese family revealed another kind of cultural difference. The baby being observed was a girl. In this family, as she stated was quite common in this society, male children are often preferred. The observation report described the difficulties of the mother and baby, faced with this partial rejection of the baby by her family (grandmother repeatedly berated her daughter for holding her baby as if she were a pig) which in other circumstances could have had a more extreme outcome. This observation showed that differences in the value assigned to gender can be observed in their effects in early infancy, and opened up a field for potential further observational study.

Two other reported studies show the difficulties which can follow the translation of a set of expectations about the care of babies from one social system to another. In one case (Ellis 1997) [llis 1997](#)) of West African parents living in England, there was an expectation that grandparents would be available to take on a good part of the mothering role for the infant. But the grandparents had remained at home, in West Africa, and the mother and father had to take on the roles without help. It was a painful situation. In another case, of an Asian family (Grier 2002), once again a mother was isolated from her female relations (she seemed like a 'prisoner in a tower'), and without sufficient attention and concern being given to her, she found it difficult to give sufficient attention and concern to her baby. What we learn however from these two observations is less about differences between ethnic cultures, than about the problems that can follow from displacement or migration, when this leaves families exposed or isolated, especially in the period just after the birth of a child in which the parents might most, in their previous circumstances, expect to have received the support of a family network..

## **Conclusion**

There are many other settings in which infant observation and its extensions are proving to be productive sources of knowledge. The development of 'young child observation' as an offspring of the original infant observation

protocol has added to understanding of nursery and school settings. 'Work discussion', which has developed from infant observation and from other traditions (e.g. the 'Balint Groups' with GPs reflecting on their experience, [Balint 1993] ) has proved to have great educational value, and also has an as-yet undeveloped research potential. There is also now a development of observational methods in institutions. (Hinshelwood and Skokstad 2000).

It would be beneficial if the field of 'infant observational research' were to constitute itself more purposefully as an ongoing research programme. It might then be easier for investigations and reports to become cumulative, and to make more reference to one another, and for topics to be chosen through explicit principles of selection and comparison. It might then also be possible to give more attention to questions of method, to make procedures of data analysis more accountable, just as is happening in clinical psychoanalytic research.<sup>18</sup> However it is also important to safeguard the primary purpose of infant observation, which has been to further individuals' learning and self-development. This purpose will place proper limits on where and how infant observational research can be conducted.

But the impressive work that has been published in the last few years, and the contributions to psychoanalytic knowledge that it is making, surely shows that research in infant observation research now has a considerable potential.

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<sup>18</sup> For an important milestone in this latter development, see the Special 75<sup>th</sup> Issue (1994) of the *International Journal of Psychoanalysis* on Clinical Facts, edited by David Tuckett.

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