

**Title**

Observing infants together: long-term experiences of observers and families

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**Word count:** 7,318

## **Abstract**

Infant observation is a key component of many psychotherapy and psychoanalysis training programs. Observers and families have described the intensity of this unique experience. However there has been limited investigation of the subsequent experiences of infant observation on observers and on families who had taken part. In the present study, experiences of observers and families several years following the infant observation period were investigated. We recruited a total of 10 participants, consisting of 7 observers (mean age 53.7 years) and 3 parents (mean age 51.7 years). The length of time since the infant observation was an average of 10.0 years (range 2-16 years). Semi-structured interviews were conducted, and the overarching themes and subthemes were explored using thematic analysis. Both observers and families were able to vividly reflect on the infant observation period. All participants reported developing their observation and reflective skills, which observers who work as psychotherapists described as being crucial to their current practices. Participants keenly felt the loss the observation period, with some parents feeling a more unresolved loss. In summary, the experience remains present and impactful for both observers and parents for years following the infant observation period.

## **Key words**

infant observation, observers, parents, carers, thematic analysis, endings, long term, psychotherapy, psychoanalysis

## **Introduction**

Infant observation was initiated by Esther Bick at the Tavistock Clinic in 1948 as part of the new National Health Service (NHS) training in child psychotherapy (Bick, 2002; Rustin, 2003; Waddell, 2013). Infant observation has since become a requirement of many clinical training programs in child and adult psychoanalytic psychotherapy and psychoanalysis, both nationally and internationally. The structure consists of an observer who observes the interactions between a parent (carer) and their infant in regular weekly visits. The Tavistock model involves an observation period from birth to the age of two years, and observation lengths in different training institutes can be 12, 18 or 24 months.

Bick (2002) describes the following aims: to understand the experience of the infant, to develop insight into non-verbal communication and play, and to learn about infant development and family dynamics. Observers learn how to notice, take in and reflect on the potential meaning of moment-by-moment experiences and interactions between the infant and carer and states created within themselves (Carabine, 2013; Esther Bick, 1964). Weekly seminars provide an opportunity to engage in the accounts of other trainees under supervision. The term 'infant observation' is a succinct though partial summation of the experience, which involves the infant as well as their carers and surroundings (Miller et al., 1989; Waddell, 2013).

In support, observers describe how they developed a greater capacity for reflection, an increased ability to hold multiple perspectives in mind and awareness of how feelings are communicated, as well as an understanding of infant development (Midgley & Kennedy, 2007; Sternberg, 2005; Trowell et al., 1998). Trowell and colleagues (1998) reported benefits in the professional development in observers in their ability to observe, to maintain role boundaries, and in learning about infant development and behaviour. Sternberg (2005) noted how the capacities of trainees were deepened and how their proximity to infantile experiences during

the observation could initiate or catalyse processes in their development. This was a seminal study consisting of 8 observers at the start and after a year of their infant, interviewed in two focus groups based on training centre (Sternberg, 2005).

Likewise, parents have highlighted the powerful impact of the observation, and many have further described a mixture of feelings (Bekos, 2007; Diem-Wille, 2013; Perez et al., 2018; M. E. Rustin, 1989; Watillon-Naveau, 2008). Watillon-Naveau (2008) had interviewed over 70 mothers who had taken part in an 18-month infant observation; Bekos (2007) had interviewed 3 mothers, applying a thematic analysis, and Perez and colleagues (Perez et al., 2018) 12 parents, who were all mothers, applying an interpretative phenomenological analysis. The complexity of the mothers' motivations in taking part and the intensity and mixture of their experiences of the observation were evident in the expressed themes (Bekos, 2007; Perez et al., 2018), and feelings of loss at the end of the observation, which were unresolved for many parents, was reported as a prominent theme (Bekos 2007).

The studies to date have explored the experiences of observers and parents shortly after the parent-infant observation. However, the longstanding impact of those experiences several years following the infant observation period have not been as well studied. We sought to explore the abiding impact of parent-infant observation on observers and families. Semi-structured interviews were developed with open-ended questions and responses were explored using thematic analysis. As we were including both observers and families, we applied a thematic analysis, which is used to investigate experiences and perceptions in small (6-10 participants) to medium (10-20 participants) sized samples, while interpretative phenomenological analysis is usually recommended for smaller samples who share common characteristics (Braun & Clarke, 2013).

## **Materials and methods**

### ***Participants***

Ethical approval was obtained from University of East London Research Ethics Committee. All participants provided written informed consent. Observers and carers who had taken part in infant observation were recruited from training institutes through mailing lists and poster boards, children's centres, social media forums, and in collaboration with healthcare workers. As an additional recruitment strategy, 'snowballing' was employed, with participants recommending other candidates to take part in the study (Robinson, 2014; Shorten & Moorley, 2014).

A total of 10 participants were recruited which consisted of both observers and parents. There were 7 observers (5 women), mean age 53.7 years (standard deviation (SD) 8.0 years, range 37 – 61 years), and 3 parents (all women), mean age 51.7 years (SD 9.2 years, range 41 - 57 years). All participants were of White British or White Other ethnic background.

Two observers had observed parents with infants from same-sex couples, and three observers had observed parents with infants from other-sex couples. The length of the infant observation ranged from 12 to 24 months, being either 12 (3 cases), 18 (4 cases) or 24 (3 cases) months. The observed infants were 7 boys and 3 girls, and one of the infants had severe learning disabilities.

The time since the observation period was a mean of 10.0 years for observers (SD 6.8 years, range 2 – 16 years) and a mean of 13.0 years for parents (SD 5.0 years, range 8 - 18 years). All observers were practising psychotherapists or senior trainee psychotherapists at the time of the interviews.

Observers were from four training establishments: John Bowlby Centre Psychotherapy, British Psychotherapy Foundation, Irish Institute of Child and Adolescent Psychotherapy, and Tavistock and Portman NHS Foundation Trust. All the observers were practising Psychotherapists at the time of the interview.

### ***Data acquisition***

Individual semi-structured interviews were conducted with each participant by the author (VP). The interview consisted of general prompts and open-ended questions regarding several topics for both observers and parents: previous experience, motivation, expectations, experience of the infant observation, what was gained, what was challenging, and feelings about the end of the infant observation. How they have experienced the observation in the long term was queried for both observers and parents, with an additional question on any impacts on their clinical practice for observers, and consideration of any additional discussions (Appendices A and B). Interviews were conducted in person or by phone. Interviews were audio-recorded and transcribed verbatim. Transcripts for each interview were reviewed by both authors.

### ***Data analysis***

Transcripts were analysed in both description and interpretation using thematic analysis, a qualitative form of analysis which identifies and describes patterns in data (Braun & Clarke, 2006). As participants were experts in the topic, we sought to honour their perspectives without merely reporting their accounts and at the same time imposing meaning based on our theoretical formulations (Willig & Stainton-Rogers, 2008).

Thematic analysis involves six phases: 1) reviewing and making notations in transcripts; 2) producing initial codes, using software (NVivo, QSR International Pty Ltd., 2020) in both 'data-driven' codes from transcripts and 'researcher-derived' codes reflecting latent meaning; 3) delineating patterns and themes by collating generated codes and creating a mind map, exploring data, codes and themes from multiple perspectives and their relationships with each other; 4) reviewing and refining overarching themes and subthemes in a thematic map; 5) creating detailed descriptions of each theme and subthemes, reflecting on overall narrative and research questions; 6) selecting extracts to provide evidence for the generated themes, to illustrate the narrative of the data analysis and to support for the interpretative claims (Braun & Clarke, 2006, 2013; Fereday & Muir-Cochrane, 2006; Joffe, 2012).

Transcripts from each participant were first individually assessed. We explored themes within each group and then sought to explore patterns, similarities and differences in the experiences of both observers and families using qualitative comparative analysis, which is a systematic exploration that seeks to discover patterns and to further support the development of richer themes which reflect the interconnected and complex aspects of the infant observation experience by including multiple perspectives.

## **Results**

Four overarching themes were evident from the interviews: 1) starting an infant observation: finding a family for participation, 2) learning to observe and to be observed, 3) ending of infant observation period, and 4) long term personal and professional impact of infant observation.

### **Overarching Theme 1: Starting an infant observation**

The first overarching theme encompassed the initiation of an infant observation. For observers, this process begins well before they meet their families, and similarly for families, their wishes, feelings, and fantasies, begin before they meet their observer.

Within the overarching theme, there were three main themes: i) for observers, finding a family for participation, ii) reasons for taking part in infant observation, and iii) for families, do I trust you enough to agree to do this? Within the third theme, a subtheme about particular experiences for male observers was also identified: do I feel comfortable being observed by a man?

#### ***Theme: Finding a family for participation***

Many observers described their difficulties in finding a family who would agree to be observed. Most were facilitated by a recommendation from a professional who the family trusted.

#### ***Theme: Reasons for taking part***

Many observers described how they recognised that taking part in a lengthy infant observation was not a priority for families in their infant's early life. Often parents who were willing to take part were regarded with some curiosity about their motivation; and few observers described having to decline families for whom it seemed that they were expecting something different to what they could offer:

*“it was bit difficult. I had a few sorts of stops and starts ... I found another mother who was (...) ... I felt too depressed. I think she needed a therapist which is why she wanted the infant observation and ... she wanted a report which is something we don't do. And I erm ... felt immediately that (...) ... she did not want what I was offering.”* [Observer F, female]

Parents discussed their consideration in deciding to take part in the observation, having personal reasons, such as being familiar with the training through friends and families as well as altruistic reasons:

*“my [family member] was doing a counselling course and she had to do an infant observation (...) ... while I was pregnant, and she had been telling me about how difficult it was to find somebody and obviously she wasn't able to do it with me because I was a family member (...) but it meant that I did know what it was and then sort of knew (...) it was difficult for people. So, when I saw this advert, I thought (...) ‘Oh, I know what that is and I could do it’ and ... felt that somehow I might be (...) ... helping just in general. ... I would meet some other people with babies, and ... be able to say ... (...) ‘Oh, I'm doing it myself, and it's fine’ (...) ... it's not too weird ((laughs)).”* [Parent B, female]

When parents' expectations and what observers were able to offer were aligned, recruitment was successful.

***Theme: Do I trust you enough to agree to this?***

Parents and observers described trust being a key determinant of whether or not a family would agree to the observation or not.



Many parents discussed their expectations of the infant observation before they had started, how they were worried about potentially being judged and whether they could trust the observer:

*“I don’t know if I would have done it with the first one. I don’t know if I would have been as ((pause)) I probably would have felt a lot more insecure about what I was doing and letting somebody else watch might have felt like.”* [Parent B, female]

Most observers described putting forward considerable efforts to establish credibility and to gain parents’ trust and confidence including going through a trusted professional.

***Subtheme: Do I feel comfortable being observed by a man?***

The male observers spent a significant amount of time looking for families and reported being turned down multiple times:

*“what I realised was that it is not easy to find a family when you are a man. ... It is more difficult if you are a man ((pause)) ... I think there is a certain (.) ... probably guardedness (.) allowing a man to be present in some very intimate moments (.) ... how did I go about find one? I mean there is no, there is pretty much no support for the organisation as such ... it’s up to you how you do it.”* [Observer E, male]

Both male observers in this study were recommended to families by professionals working in healthcare settings. The observed mother was also a health professional which may have contributed to being understanding of his request:

*“So, [mother] would have understood the project absolutely ... They’ve all been in the world of having their own therapy at some point or another (.) so the task I was doing (.) they got, and they were gonna be helpful with that.”* [Observer B, male]

The other male observed recommended by an antenatal professional; described a sense of rivalry between him and the father.

*“What my own place was there as an observer who is a man, who is observing something very intimate. ... And I think most of the time, you can only say (.) erm, ... on the basis on your own countertransference. 'Cause I could sense in me (.) for example, when the dad was around (.) I could sense in me rivalry, erm, and that you know (.) part of it maybe me, but at the same time (.) I don't think it was just me ((pause)) there was something being reflected in from the family dynamic.” [Observer E, male]*

### **Overarching Theme 2: Learning to observe and to be observed**

The second overarching theme reflected the process of observation, both for observers and for families being observed. The observers and families learned how to accommodate each other, how to find what worked for both, and learn from each other. Three themes were evident within the overarching theme: i) worrying about being judged and overcoming anxieties, ii) learning to how to be an observer and to be observed, and iii) tolerating difficult emotions.

#### ***Theme: Worrying about being judged and overcoming anxieties***

Many parents reported anxieties about being judged for doing the wrong thing with their baby or being seen as ‘neglectful’ parents. Even though observers had explained to the families that they were not going to judge them, parents saw this an unavoidable natural human tendency to judge and evaluate, and experienced secrecy around the observation notes taken following visits:

*“they tell you they are watching in a non-judgemental way. They're just, sort of, information gathering (.) but also you know as human beings were always making judgments and valuations and comparisons and so on, aren't we? (.) ... I think she told me as well that she would, like, go home and write notes and things (.) She didn't write them while we were there, because that would have been even weirder ((laughs)) ... she'd say, 'I will go home and write about it', so...like a diary (.) ... 'When he did this, she did that, when he did this, she didn't notice because she was too busy, blah, blah, blah' ((laughs))” [Parent B, female]*

Many observers reported being worried about being seen by their training centre as being 'bad' students, that parents might see them as unemotional or unfriendly or even rude, and feeling bad for not being able to give back to the families. Over time, observers reported feeling more confident and that their presence was valued.

*“you matter, that to me means that it mattered, and that they found it helpful (.) Because, I thought, in the beginning I thought, it is me who doing the taking (.) what on earth can they get out of it?”* [Observer F, female]

***Theme: Learning how to observe and to be observed***

Infant observation exposed observers to new and unfamiliar roles and tasks:

*“So, my expectations were that I would have this wonderful opportunity; but at the same time, I was worried about my ability to stay focused and not get carried away chatting and realise, oh gosh I missed looking at the baby for half an hour doing something interesting.”* [Observer A, female]

Majority of the observers reported having to find a balance between being friendly and maintaining their observation role:

*“You can’t hold the baby! ... That is really then going to be like giving the baby a blank screen, and therefore it is nice to be sitting somewhere away from the baby’s eye line (.) so that they don’t feel disappointed by the lack of engagement (.) By the time my baby was old enough, if he came up to me with a toy (.) I was not going to sit there completely blank (.) I would engage with him (.) ... I did not initiate the engagement.”* [Observer A, female]

Both observers and parents required an adjustment period, trying to work out their role and how to relate to each other. It was difficult to adjust mainly because observers and parents were respectful and sensitive of each other’s feelings and wanted to be helpful. Not having a specific reference point

for this new form of working relationship, and feeling anxious with regards to meeting the training requirements, many observers focused initially on putting boundaries and avoided initiating a friendship with the family as that could be considered a violation of that boundary:

*“as a student, you've got that sort of ‘I must be an observer. I have to follow ((pause))’ ... there's that anxiety about doing it wrong, you know (.) ... just being a bit more relaxed and trusting ... that you do respond to the parent when they speak to you. You don't give them advice, but you are sympathetic, you know, you are just ordinary.”* [Observer D, female]

Alongside, parents were also trying to develop a common language and adjust to having someone observe them at home and know how to act in their presence.

*“it took me a while to get the hang of the fact that it's not really like having a guest in your home (.) I would offer her a drink and if she needed to use the bathroom, that's fine (.) but ... You're supposed to be going about what you're doing. Not ignoring them (.) but you don't have to be saying, ‘And, how are you?’ (.) ...I did find that quite difficult (.) ... and she was very skilful at making it be a one-sided conversation without saying (.) ‘you can't ask me that, or I'm not going to tell you that’ (.) ... it took me a few weeks ... to clock how it was ... supposed to be (.) ... Just watching ((laughs)) ... I liked it when she came, especially if like he could do something new (.) ‘Watch this! He can do this now!’ ((laughs)).”* [Parent B, female]

In order to develop this common language, both parents and observers talked about having to learn what worked for them both. What felt reassuring to the parents was possibly that the observer was also unfamiliar and uncomfortable with this situation and this meant they could co-construct a new way of relating within the boundaries of the training:

*“I think the difficult thing was probably that it was not like a relationship that you would normally have somebody (.) ... It wasn't a friend or family member ... or a colleague, ... I think, she only did one infant observation, so that's it, we each only got one experience of it*

*(.) so I suppose there's not really a right way or a wrong way, you just have to find the way that it's going to be between the two of you."* [Parent B, female]

Majority of observers also commented on the fact that they felt the parents were making an effort too, and that they were working on this new relationship together:

*"The mother is a very kind of calm lady; she wasn't going to be chatty or get in my way. She is very boundaried and we worked together in a very boundaried way, when we were working together. She knew what I was there for."* [Observer B, male]

Most of the observers talked about how it was more challenging with the infants themselves, and it was harder to negotiate the boundaries with them:

*"when [infant] started crawling around and demanding a bit more attention. Because it would have been so easy just to play with her. And I didn't, entirely, completely. I did not let myself behave as I might have, if I had just been visiting (.) ... I was a bit conflicted about what I wanted in the observation. Because, I kind of wanted to stay an observer."* [Observer B, male]

Another occasion where some observers encountered a challenge in working out the balance between the expectations of the course and what the families needed, was when parents were struggling and perhaps asking for support:

*"is rather strange (.) ... a sort of artificial situation. And of course, I tried to make it as relaxing as possible (.) ... I think sometimes ... she did welcome a bit of moral support; even though I've obviously wasn't there to give her any advice or, or support; in any sort of practical way (.) just visit and sit with her; when she found it quite hard."* [Observer G, female]

***Subtheme: Unlearning previous ways of being***

Some observers described feeling deskilled at the start of the training, especially since they were mature students with a previous established professional role and career. Many observers had been psychotherapists or health professionals and were now trainees learning new skills.

*“I was a ... therapist (.) So, I was used to spending chunks of time with people (.) ... it did have this kind of boundary around it yet (.) ... getting used to sitting on my hands as my first supervisor used to call it.” [Observer B, male]*

### **Theme: Managing difficult emotions**

To stay in the boundaries of the role, observers reported having to manage intense and difficult emotions without acting on them. They had to learn to ‘sit’ with difficult feelings engendered by the observations and find new ways of managing their emotions without acting to reduce their discomfort., which were seen in the context of preparatory work for their training in psychotherapy.

*“the intensity of the emotions sometimes, ((pause)) erm, especially, you know, talking about negative emotions (.) ... The baby crying ... which goes together with the inability to do something was also challenging (.) ... it was a good learning process (.) ... being more aware of action as a discharge of something painful (.) ... in order to avoid sticking with something painful, and thinking about it, action as something that is getting rid of it or that. So that was a good learning process.”*

*“... not being able to intervene or not wanting to say something, ... how do you process difficult emotions in you without acting, which is part of being a therapist as well.” [Observer E, male]*

### **Overarching Theme 3: Managing the end of our relationship**

All the families spoke about a personal relationship developing through allowing an observer to be part of their everyday life. When the training came to an end observers and parents described a loss that was experienced slightly differently by observers and families.

All observers discussed the loss that they had experienced when the infant observation came to end. They had developed a bond with the family and the infant who they had been observing:

*“it is a loss and it is a very odd sort of relationship to ... even if you've experienced an ending before (.) it's such an odd relationship, it's a very unique kind of experience and a very different sort of ending (.) 'cause you're part of their life and you're not ... and it's very hard to process it (.) in your own mind.”* [Observer G, female]

Many observers found it hard to end the relationship and wondered about the baby after the observation ended, some wishing they could continue the observation. Thinking about this from a professional development perspective made it easier for observers process the loss in terms of learning how to process endings in relationships with clients in psychotherapy:

*“one of the things that I would mention is the end of the observation. I really missed the baby (.) I missed going there (.) I did not like the idea that he would be carrying on being a baby and I would not be part of his life anymore. And I think about him a lot, 'I wonder what you are doing now (.) ... that's hard, but it is what happens with our clients as well (.) We see them every week, form an attachment. (.) ... I did not feel ready to say goodbye to him; but I had to (.) ... I did not think I would miss him quite as much as I did. ... I still think about him, but not as much. It taught me about a loss ((pause)) ... there was a bond, even if it was just a bond of looking at the same baby every week (.) ... I did not expect to affect me quite as much (.) You think, 'oh, no, I am just going there to observe, I am not going to get involved' (.) ... And yet, you are being involved in something (.) ... it is a loss for the therapist and maybe a loss for the parents as well.”* [Observer A, female]

Parents similarly express sadness and feeling the loss of a relationship. For some parents it was possible to keep in touch with the observer, for others due to training guidelines this was not an option. Even though observers had explained at the start the guidelines imposed by the training centres, when the end came, some parents were not equally prepared as the observers had been.

All observers had been working towards an ending prepared by their training centres in seminar groups and personal psychotherapy, but parents did not have the same support. Parents expressed sadness and hurt about the end of the relationship. Some felt unprepared and that the relationship had ended abruptly.

*“it actually felt a bit weird when it stopped (.) because I’d actually felt used to having somebody come around who was interested and who showed an interest and (.) ... who was obviously was a very good listener (.) ... and when it stopped I was like (.) ‘That’s a bit weird then’... and she had told me beforehand (.) ‘because I am doing this for my course and because it’s sort of a professional thing for me (.) ... we don’t get to stay in touch’ (.) but I was a bit like (.) she was there, she saw [infant] (.) very few other people apart from my husband and I saw so much of him really (.) when he was that little and then suddenly she was just gone (.) ... Oh, well, maybe she just didn’t want to” [Parent B, female]*

A parent who was able stay in touch with the observer as the training centre permitted this, felt that they had benefited greatly from having this ongoing relationship with the observer which then changed to a friendship.

*“Well with my [infant’s] observer we stayed in touch ... we realised that they had formed a really good bond; because obviously she was coming every week once a week and he got to know her and would look forward to her coming.” [Parent A, female]*

***Overarching theme 4: Still using what I’ve learned in my personal and professional life***



All observers highlighted how much they learned from the experience and that this continues to inform their practice as psychotherapists. Despite it being an intensive period, observers expressed what they had gained professionally, individually and in their relationships with their own families.

Experiential learning was privileged in observers accounts as an effective way of learning:

*“you learn about the family relationships and the power of those and importance of those for the infant (.) ... learning from experience and not just reading about it in a book. You have that ... and as a child psychotherapist, and even as an adult psychotherapist.”* [Observer D, female]

All interviewed parents described the overall experience as very positive and vividly recalled specific experiences many years following the observation period.

***Theme: Becoming more reflective and self-aware in everyday life***

A common benefit for both observers and parents was a sustained development of self-awareness, which led them to become more active participants in their own lives.

All observers talked about how learning to observe in an active and non-judgmental manner, led to the development of skills which they applied in their professional and family life. Some observers specifically talked about how they became more reflective and mindful at home with their own family:

*“I applied all my understandings and insights and experiences of course immediately to my own children ((laughs)) and thought (.) ‘was it like this, was it like that, what did this child ... how did the breastfeeding go between us?’ I kind of relived it all; and (.) ... found myself ... much more sort of keenly noticing and observing my own interactions even though my children were a little bit older.”* [Observer G, female]

*“being a father now ...I don't know what it would have be like if had not done this (.) ... I found myself being able ... ((pause)) become an observer of my own family (.) ... and have this sort*

*of third space (.) ... I have this sort of triangle in mind of you know, a mother and baby unit and father and then an observer (.) ... So, how can I observe our family dynamics ... so far, that's being quite useful for me."* [Observer E, male]

Infant observation as well as being in personal therapy had profound effects on a personal level as well for the observers:

*"it undoubtedly changes you (.) ... in a way that is hard to really say. You have an insight into this very primitive early world ((pause)) ... in my analysis at the time (.) ... the infant observation ... stirred up some perhaps difficult questions for me, about what life was really like (.) for me (.) as an infant, in the context of my family (.) ... a deepening of understanding which contributes to who you are."* [Observer D, female]

***Subtheme: Observers' interest leads to participation and developing a shared interest***

The parents reported feeling more reflective during the visits, taking an interest in what the observer was interested in, namely observing their infant, and becoming more observing their infant themselves. Parents' participation led to the development of an interest in what they were participating in.

*"it was nice, to sort of have that every week (.) and to be able to (.) ... think, 'what is he doing now that he wasn't doing last week?' (.) ... prompted me to ... notice his development (.) ... it's easy not to when you're really busy (.) ... it gave me the opportunity to reflect and pause (.) ... And the regular nature of it, as well, is really (.) like, 'Gosh! Was that a whole week ago!?' (.) if one of us was on holiday, if she didn't come for two weeks or something, and then, it's even more of a change (.) ... you become more of an active participant in your life, I suppose, rather than it all being swept along by it."* [Parent B, female]

For a parent whose baby had a rare genetic disorder, the parent noted how the observer maintained their focus on her baby as an individual and not on the condition, which was otherwise difficult to maintain with the appointments that were required and developmental goals set by professionals:

*“I liked the fact that she was there [observer] (.) I felt that I was going by in a blur for me and I liked the fact it might be nice to think that I might be able to ask the observer what she thought (.) what she saw (.) ... At that time, it was all going passed in a blur, doctors’ appointments and therapy targets.” [Parent C, female]*

The majority of observers also mentioned the effect of joined attention, commenting how their interest in the infant was transferred to the parent who became also curious and wanted to see what it was that the observer was interested in:

*“there is someone there, who is interested in the baby and myself and the interaction between us, and what happens to the baby (.) ... in a sort of, non-practical, solution-focused type of way (.)... creates a reflective capacity for the mother (.) ... there must be something going on there, if this guy is in it. Do you see what I mean?” [Observer E, male]*

***Theme: Using the skills learned during infant observation in my work as a psychotherapist***

The observers reported that the training helped them observe in great detail, as they could take in the primitive experiences of the infant without over-identifying with their experience. Observers explained that insight in those early formative years enhanced their ability for empathy and understanding in their clinical practice. They could imagine their clients’ early years’ experiences and struggles to access and communicate their thoughts and feelings:

*“it has enabled me (.) ... to empathise in a different way (.) ... it is not unusual if a client of mine now talking about their childhood (.) ... the idea of painting a picture of what his experience might have been like, in some ways it's made easier because of this ((pause)) By having that observation (.) ... [I] have more appreciation of what it's like for a youngster before*

*they are able to use words to communicate (.) ...more compassion and acceptance that quite often clients will not have words for quite a lot of the experience.” [Observer C, female]*

***Subtheme: Learning from seeing theories coming to life gives me a sense of conviction***

Many observers noted how infant observation helped them learn more about psychoanalytic theories. Seeing these theories coming to life through observing infants with their families strengthened their conviction in the training and theoretical model and increased their commitment to the training and psychotherapy profession. So much so that the significant financial and time commitments of the training were not mentioned.

*“I gained a real sense of conviction from the experience of the (.) ... powerfulness of early emotional experience in terms of the self, forming, and seeing the self, beginning to form ((pause)) and the sense of conviction about emotional communication between the infant and their carer (.) which we sort of take for granted (.) ... as professionals.” [Observer D, female]*

Gaining a sense of conviction from the experience about the theories was also mentioned, in understanding theory in practice and gained a sense of conviction:

*“learning wise (.) I think it’s one of the most important things I did to understand attachment therapy (.) to make it less theoretical and really real (.) ... It made it all very real and those ideas of what secure attachment might be and how it develops and why it’s more important than food and comfort ((pause)) ... (.) ‘cause there’s a bit of science in there and I come from the more neurosciency background.” [Observer B, male]*

**Discussion**

What is striking about the findings is how present the infant observation experience remains many years following the end of the observation period. Both observers and families were able to vividly

reflect on the infant observation period with the multitude of feelings that were generated, which have persisted in the years since. Observers and families discussed their anticipation and worries about starting and how they learned how to accommodate each other and their own expectations in the process. Additional concerns about being accepted into the family and possible issues of rivalry seemed to come up more for male observers. Consistent with the literature suggesting that male observers experienced some hostility by fathers (Miller et al., 1989). The ending of the observation period was a loss for both observers and families, a loss that that often seemed unresolved for the parents. In the future, observers, with the support of their training institutes, can consider facilitating the ending with the families. The enduring value of infant observation was described by observers who highlighted how the experience brought alive and substantiated their theoretical training and how they continue to use the skills they had learned. Such as skills in 'evenly suspended attention' (Strachey, 2001, p. 111) that Freud advised practitioners to maintain that develop during the infant observation training through understanding and application of transference and countertransference, by being able to attend to the family in a non-judgemental way, also referred to as self-reflexivity in Infant Observation literature (Diem-Wille et al., 2006).

The first overarching theme revealed the importance of establishing trust and credibility at the start as the request to observe was considered 'odd' and 'not a priority' for the families of infants. In particular, male observers reported often being met with greater mistrust, having to spend a significant amount of time looking for families, and some were turned down several times (Hindle & Klauber, 2006). Having the recommendation of professional who the family trusted was pivotal for many observers. When parents' expectations and what observers offered were aligned, recruitment was successful. For example, one of the parents had agreed to the infant observation because a close relative had found it difficult to recruit in their infant observation course. The parent wanted to indirectly help as the parent could not be the participant family for their relative. Another parent had plans to train as a psychotherapist and felt that their participation as a family would offer a connection.

When expectations did not align, observers reported having to decline a family or that the families were not interested in taking part.

The second overarching theme, learning how to observe and how to be observed, support previous findings with observers (Miller et al., 1989) and families (Bekos, 2007; Diem-Wille, 2013; Perez et al., 2018; Margaret Rustin, 1988; Watillon-Naveau, 2008). Infant observation provides a live experience of the developing interactions between an infant and their carers, which form the foundations of psychic development (Michael Rustin, 2013). Observers come into contact with the most primitive states of mind (Waddell, 2006), learning about their infants and families as well as themselves through the inherent relationships and involvement with each member and in the resonances with their individual experiences (Miller et al., 1989; Michael Rustin, 2013).

For families, Watillon-Naveau (2008) described how initial discomforts to the inherent intrusiveness of an unknown observer were accepted by reporting a wish to please the referrer, who was known to the parents, and by hopes of being helpful to trainees, which were understood as attempts to defend the intrusive features of the initial visits in object related as well as narcissistic domains. The form of responses seemed to change with later interviews which were thought to reflect concomitant changes in society affecting the attitudes of parents and observers (Watillon-Naveau, 2008).

Diem-Wille (2013) studied the felt experience of parents being observed with their infant. Experiences of four observed first born male and female infants and their families were explored from observation notes and follow up interviews two to three years afterwards. The families reported finding the experience of being observed strange, expecting the observers to become much more involved with the infant and them and feeling somewhat of a showcase at times, though also expressed feelings of fondness towards the observers (Diem-Wille, 2013). Parents in the present study similarly expressed strong feelings of fondness towards the observer as well

as noticing how they became more attentive and reflective as active participants with their infants and in their lives through increased awareness.

The loss of the relationship was the third overarching theme. The infant observation is a professional as well as a personal relationship, which comes to an end as the observation period is completed. In a study on mothering and identity, Urwin (2007) noted how painful the ending of the observation was for observers and how they missed the reassurance of knowing the baby's continued development in a 12-month relative to 24-month observation period. Bekos (2007) reported that parents experienced a loss and a sense of abandonment at the end of the observation, missing the observer and the routine of the observation, and some expressed a wish to remain in touch with the observer following the observation. Similarly, our findings revealed that some families did not feel well prepared for the ending and have maintained a longstanding sense of loss. Understanding the impact of the ending on families, we hope, can lead to careful consideration and exploration of the kind of support that would benefit families as they approach the end of the observation.

The fourth overarching theme highlighted the continued impact of the infant observation on both observers and families, which emerged through the vivid accounts of all participants. Observers described how the skills they learned in infant observation training became the foundation of their psychotherapist skills and how they were able to draw this link years following the training. Infant observation prepares psychotherapists and trainees for work with clients and aids in developing skills used in psychotherapy (M. E. Rustin, 1989; Sternberg, 2005), which are richly present years afterwards. Some participants also spoke about how the skills they learned during infant observation they were able to also apply them in their personal life and relationships. One observer gave the example of 'learning from experience' (Bion, 1984) about the importance of relationships and emotions. Our findings show the long lasting impact of experiential learning which is evident immediately following the infant observation period (Sternberg, 2005). Observers reflected on how they utilise the infant observation when conducting clinical assessments and learning how to 'sit' with

difficult feelings engendered by the observations and to find ways of managing difficult emotions (Trowell et al., 1998), which has helped them throughout their careers as psychotherapist working with families and individuals in distress.

The infant observation helped observers and parents begin to develop a third space, similar to Britton's 'third position' (2004), the ability to observe oneself when interacting with others and be able to regard our own and the other's view from an observer's perspective; a frame of mind which can tolerate uncertainty that is essential in psychoanalytic psychotherapy and psychoanalysis (Michael Rustin, 2013; Waddell, 2006). We had expected to find these skills being developed in observers (Trowell et al., 1998; Sternberg, 2005). What was unique in the present study was that the parents also reported feeling more reflective during the visits, taking an interest in what the observer was interested in, in this case the infant, and therefore becoming more attentive. This led to being able to pause and reflect, which helped parents to become more active participants in their lives.

Limitations include the sample size and ethnicity of participants. There were a total of ten observers and carers from four training centres, and all were of White British or White Other ethnicity. We had sought to recruit a sample that would offer sufficient power to generate locatable themes and detailed analysis of each case (Robinson, 2014; Sandelowski, 1995). As the sample consisted of both observers and carers as well as different training centres, this supports the validity and generalisability of the findings (Robinson, 2014). However, greater exploration of themes of diversity could be investigated in future studies with larger samples as well as the potential impact of different training centres (Sternberg, 2005).

In summary, both observers and families were able to vividly reflect on the infant observation, and the experience has remained present and impactful many years following the infant observation period.



## **Acknowledgements**

We would like to thank all the participants who have generously volunteered to take part in this study.

## **Declarations of interest**

None.

## **Financial disclosures**

The authors declare no conflicts of interest.

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## **Appendix A: Interview Schedule for Observers**

### **Questions:**

1. How did you decide to do an Infant Observation course? Where did you study for your course? When did you complete your course?
2. How did you find your observation family? Can you tell me a bit more about the process? [Age of infant, duration of observation].
3. What were your expectations before starting the infant observation?
4. What was it like during the infant observation? How did you experience observing the infant and their family?
5. What did you gain from this experience? What did you enjoy in the infant observation?
6. Were there any things that you found challenging?
7. How has doing the infant observation course affected your practice?
8. Do you feel there have been any effects on a personal level?
9. Is there anything else you feel we have not touched upon that you would like to mention?

### **General prompts to facilitate discussion:**

- Can you remember any worries, concerns, challenges that you had during this time?
- Was this infant observation experience different from your expectations?
- How much do you feel your expectations were met?
- What would you have liked to have been different? How?
- Were there any changes in you that you were not expecting?

## **Appendix B: Interview Schedule for Parents/Carers**

### **Questions:**

1. How did you decide to take part an Infant Observation course? How did you find out about it? When did you take part?
2. How old was your child when you started? And when you ended?
3. What was your experience with children beforehand? Was this your first child? And were there any other children at home at the time?
4. What were your expectations before starting the infant observation?
5. What was it like during the infant observation for you and your family?
6. How did you experience having someone observing yourself and your infant?
7. What did you gain from this experience? What did you enjoy in taking part?
8. Were there any things that you found challenging? What did you find most difficult about taking part?
9. How was the transition to parenthood (if first child) once the baby was born and did the infant observation help with that? In what ways?
10. How were things after the infant observation came to an end? Were there any longer-term things that you noticed?
11. Is there anything else you feel we have not touched upon that you would like to mention?

### **General prompts to facilitate discussion:**

- Can you remember any worries, concerns, challenges that you had during this time?
- Was this infant observation experience different from your expectations?
- How much do you feel your expectations were met?
- What would you have liked to have been different? How?
- Were there any changes in you, or your baby/child, that you were not expecting?
- Did either you or your baby/child experience any distress or difficulties during that time?



## Appendix C: Themes, subthemes, descriptions and examples

FIRST OVERARCHING THEME	DESCRIPTION	
<b>Starting an infant observation</b>	<i>How observers recruited the families, the process and challenges and opportunities stemming from this process.</i>	
<i>Themes &amp; Subthemes</i>	<i>Description</i>	<i>Illustrative Examples</i>
<b>Finding a family for participation</b>	Parents and observers described being a recommended by a professional the family trusted as key to successful recruitment.	And then the last, the family I finally met, was through a midwife, who was a friend of a secretary in an NHS post..I had [...] it was a very very good route to go through a midwife. ... also, the midwife had done the infant observation herself when she was pregnant, and she felt that was very positive, so she talked to the mother about it." [Observer F, female]
<b>Reasons for taking part</b>	When the expectations and motivations of parents were aligned with what observers were offering, then recruitment was successful.	"I contacted the local ... NCT class and spoke to the teacher of that class and she was very keen to help me, she had a couple of people in mind in her class that she thought, might have the sort of personality as a mother, who wouldn't mind or might be interested in that. And so, she approached somebody in the class who agreed." [Observer D, female]
<b>Do I trust you enough to agree to this?</b>	Parents and observers described being able to establish an initial trust which enabled families to agree to taking part in infant observation.	"one of the people I spoke to, was somebody I had done a previous ... counselling training with, many years ago, and the person that they put me in touch with, was actually a neighbour of theirs. ... "And mum was quite open about that (.) ... she trusts an animal's instincts." [Observer C, female]
<b>Do I feel comfortable being observed by a man?</b>	Male observers spent a significant amount in the recruitment phase, more so that their female counterparts.	"I have already been told that, what I realised was that it is not easy to find a family when you are a man. ... I contacted things like ... local Children's Centres ... in the end, I was in touch with an antenatal professional ... she had a background in psychotherapies. So, she made two recommendations; the first family, who in the end did not want to volunteer, and she then recommended someone else ... in the end I found one. ... but you know after a while I was getting a bit hopeless; that I won't be able to find one." [Observer E, male]

<b>SECOND OVERARCHING THEME</b>	<b>DESCRIPTION</b>	
<b>Learning to observer and to be observed</b>	<i>Observers reported some anxieties and worries about their role as observers and staying in the role of observers. And knowing how to react as observers when the observations were triggering strong emotions. For families it was also a process of getting used to having someone observing.</i>	
<i>Themes &amp; Subthemes</i>	<i>Description</i>	<i>Illustrative Examples</i>
<b>Worrying about being judged and overcoming anxieties</b>	Parents were worried about being judged; observers were also worrying about being judged by the parents.	“there is a bit of a pressure (.) ... you don't want to ... seem neglectful ... not that I would, I try not to behave any differently (.) but, then I'm thinking, 'I must make sure he's got clean clothes on today, you know' ((laughs)) ... if he's sort of ... got breakfast spilled on him or (.) ... I might have got him changed when I might otherwise wouldn't have done (.) ... because ... somebody's in your house and ... you want to put on your best face.” [Parent B, female]
<b>Learning how to observe and be observed.</b>	Both parents and observers felt that it was tempting to have casual conversations, observers had to hold the observer position and families to adjust to this way of being with an observer.	“as a student, you've got that sort of 'I must be an observer. I have to follow ((pause))' ... there's that anxiety about doing it wrong, you know (.) ... just being a bit more relaxed and trusting ... that you do respond to the parent when they speak to you. You don't give them advice, but you are sympathetic, you know, you are just ordinary” [Observer D, female]
<b>Subtheme - Unlearning previous ways of being</b>	Some observers who were professionals in a different field, found that they had to unlearn old ways of responding to situations.	“I needed to practice; I am not your friend. I am not here as a friend. I have been a journalist before; I am not here to get the story.” [Observer A, female]
<b>Managing difficult emotions and getting used to sitting on my hands</b>	Observers also noted that it was important to stay with difficult feelings that arose during the observations.	“I was a ... therapist (.) So, I was used to spending chunks of time with people (.) ... And it was kind of that fifteen minutes and it did have this kind of boundary around it yet (.) ... [instead of giving advice] getting used to sitting on my hands as my first supervisor used to call it. [Observer B, male]

<b>THIRD OVERARCHING THEME</b>	<b>DESCRIPTION</b>	
<b><i>Managing the end of our working relationship</i></b>	<i>Both parents and observers spoke about the impact of the ending on them, how they felt and how they managed coming to the end of the infant observation.</i>	
<i>Themes &amp; Subthemes</i>	<i>Description</i>	<i>Illustrative Examples</i>
<b>Observers</b>	Observers talked about the loss they experienced when the observation came to an end. Some had mixed feelings about the ending too.	“it is a loss and it is a very odd sort of relationship to ... even if you've experienced an ending before (.) it's such an odd relationship, it's a very unique kind of experience and a very different sort of ending (.) 'cause you're part of their life and you're not ... and it's very hard to process it (.) in your own mind.” [Observer G, female]
<b>Parents</b>	Parents experienced a loss of the relationship when the observation came to an end. Some observers had the option to stay in touch with the families and others not. For those who did not, some experienced the ending as loss and a sense of rejection.	“it actually felt a bit weird when it stopped (.) because I'd actually felt used to having somebody come around who was interested and who showed an interest and (.) ... who was obviously was a very good listener (.) ... and when it stopped I was like (.) 'That's a bit weird then'... and she had told me beforehand that (.)but I was a bit like (.) she saw [infant] ... very few other people apart from my husband and I saw so much of him really (.) when he was that little and then suddenly she was just gone (.) ... Oh, well, maybe she just didn't want to.” [Parent B, female]

<b>FOURTH OVERARCHING THEME</b>	<b>DESCRIPTION</b>	
<b><i>Still using what I've learned in my personal and professional life</i></b>	<i>Both parents and observers spoke about the impact of the infant observation on their professional and personal life even years after the observation ended.</i>	
<i>Themes &amp; Subthemes</i>	<i>Description</i>	<i>Illustrative Examples</i>
<b>Becoming more reflective and self-aware in everyday life</b>	Both parents and observers discussed how they were able to observe in a non-judgemental manner helped them become reflective in their professional and personal life.	“It does make you an observer, and actually observing minute mood changes in atmosphere, ... that you ... can just observe and not say anything. You do not have to be with a patient constantly talking, constantly responding, you learn actually to take a step back and just see what's happening. [Observer F, female]
<b>Subtheme – Observers' interest leads to participation and developing a shared interest</b>	Observers showing an interest in the baby and observing lead to asking parents to participate in infant observation which in turn led parent develop an interest through participation.	“I liked the fact that she was there [observer] (.) I felt that I was going by in a blur for me and I liked the fact it might be nice to think that I might be able to ask the observer what she thought (.) what she saw (.) ... At that time, it was all going passed in a blur; doctors' appointments and therapy targets” [Parent C, female]
<b>Using the skills learned during infant observation in my work as a psychotherapist</b>	Observers discussed how the infant observation helped them acquire the necessary psychotherapeutic skills and how this experience continues to inform their practice even years later.	“The other thing that really helped; and it is still in my practice, I suppose, is when I am asking about the early developmental history [...] I think without the infant observation I wouldn't have that level of interest or understanding about how important events and detail is from that stage of life.” [Observer D, female]
<b>Subtheme – Learning from seeing theories coming to life gives me a sense of conviction</b>	Observers, through the observation, saw the psychoanalytic theories they learned, coming to life. This helped them, during their early stages of their training develop a strong conviction about their chosen path of training as a psychotherapist.	“I think fundamentally, as well, you learn about the family relationships and the power of those and importance of those for the infant; ... going back to a sense of the conviction about it, learning from experience and not just reading about it in a book. You have that ... as a child psychotherapist, and even as an adult psychotherapist, [the] idea of the family life. [Observer D, female]