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Esther Bick's legacy of infant observation at the Tavistock—some reflections 60 years on

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This paper reviews the development of Infant Observation from its inception in 1948. It revisits Bick's original 1964 paper and explores current divergences from her original practice in the context of contemporary theories of psychoanalysis and adjacent disciplines and of relevant changes in society. It draws on the personal recollections of Bick's early students as well as the expanding published literature. It discusses seminar technique, the training of seminar leaders, and clinical and research applications of the observational method.

Keywords: child psychotherapy training; technique of observation; cultural context; preparation of teachers; clinical and research applications

Sixty years is a substantial period of time in psychoanalytic history and seems an appropriate moment to review some of the history of Esther Bick's remarkable invention, and to discuss some contemporary lines of development. Over the last, there has been a steady flow of significant publications about Bick and Infant Observation, and the impact of her delineation of a form of observation rooted in psychoanalysis continues to grow. International conferences provide a context for exploring the different ways in which child observational practice is located both culturally and institutionally, and the substantial numbers of people attending such conferences is impressive. This paper will start from the beginnings in London, and draw on the experience of past and present generations of Tavistock observers.

I am going to begin with what I am sure is a foundational text for everyone, Bick's 1964 paper. This was the first account in published form of the practice of Infant Observation, developed from 1948 onwards in the Tavistock child psychotherapy training that John Bowlby had invited her to organize, and later in 1960 also forming part of the Institute of Psychoanalysis training in London.

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I want to pick out some of her formulations and also comment on particular points from a present day perspective, while emphasizing how splendidly clear and authoritative an introduction to our field it remains. It is hardly surprising that the frequency of citation of this paper is extraordinarily high.

My first point is that it is absolutely evident how closely linked Bick's thinking about the function of Infant Observation was to her commitment to training psychoanalytic child psychotherapists. She wished it to give her students 'some practical experience of infants' to prepare them for clinical work with children, in which they will be attuned to the infantile elements in their patients' material. In similar vein, she refers to students 'interviewing the mother' about a child's history, implying how much they would be helped to understand what a mother has to say about a child in emotional difficulties if they have had the experience of longitudinal observation of a mother-infant pair, and can be readily in touch with maternal anxieties in the face of the vulnerabilities of tiny infants. It is interesting to reflect on her assumption that the account would be given by a mother, without the involvement of the child's father, which is a marker of the change in beliefs about family life and family responsibilities over the last 50 years. Nowadays I think most of us would very much hope that both parents could be involved in initial clinical exploration, and make efforts to bring this about. Bick's expectation in this matter contrasts with her discussion of the observer's place in the family home, in which she explicitly refers to both parents in describing the subtle and often agonizing process of the observer finding an appropriate position during observational visits. One can see that Bick has in mind the ordinary comings and goings and complexities of any family, and the observer's need to be open to the fluidity of who will be present on any particular occasion. Although the central observational emphasis is indeed going to be on the baby's and mother's experience, the privileged visitor has to find a way to relate to all the members of the household without, as she puts it, 'acting out a role' amongst those which may be offered to her, consciously or unconsciously, by the family, or those pressures towards enactment stirred within herself as a consequence of the internal infantile disturbance she will be struggling to contain in the face of the encounter with the overwhelming intimacy of the early months.

Sometimes Bick's method of Infant Observation has been inaccurately portrayed as impossibly rigid in its approach, and it is delightful to remind ourselves that in this first publication of her ideas she makes it clear that the observer may indeed respond to invitations to hold the baby and give small gifts on special occasions as part of her developing relationship to the family.

The guiding principle she wanted to get across is the importance of resisting acting out a role which involves infantile transferences between observer and family members, in either direction, while being present in the moment as fully as possible, open to perceiving as much as possible. The 'free-floating attention' familiar in psychoanalytic practice which Bick wants observers to achieve is what will potentially give access to adequate remembered detail on the one hand, and

access to the observer's own emotional responses on the other—both those recollected subsequently by the observer and those emerging in the later seminar discussion. This, of course, is why from the start she did not want people to take notes during the observation since such activity would prevent the student from 'responding easily to the emotional demands of the mother'. This makes one think about the vital importance of face-to-face contact between mother and infant and the echo of this in all later relationships where intimacy and understanding is involved. The observer's observing eyes and sustained focus on mother and baby are what are indeed essential to establishing a relationship with each. While in adult psychoanalysis the main focus in terms of perceptual apparatus is on what is heard and spoken, in infant observation and analytic work with children, the visual field is much more central, and anxieties about seeing and being seen are widespread and unavoidable—eyes that look with kindness, interest, and stay 'in the question' and by contrast the evil eye, the voyeuristic eye, eyes green with envy and so on, the whole range of ways of looking which involve the eye as an organ of projection rather than of receptivity (Rustin, 1989).

Bick was preoccupied with how to gather 'objective' observations, and her technical proposals addressed this point. Two things strike me particularly. The first is her warning that observers must bear limitations to their curiosity—the unknowable, the mysterious, can, she suggests, 'intrigue too much'. Rather like Bion (1962), in his more or less contemporaneous emphasis on putting up with not-knowing as an essential component in genuine psychoanalytic exploration (for patient and analyst), Bick was alert to the need to ally our curiosity about each other, which is so much stimulated by Infant Observation with awareness of the risks of intrusiveness and of premature certainties. Her way of conducting seminars was very much to describe possible hypotheses about states of mind, interactions and unconscious communications, and to remind everyone that further observations over time will be the proper basis for confirming or refuting the line of interpretation being developed. The evidence is always limited, and only repeated observation of similar patterns is a basis for more confident claims about the relationships taking shape and the internal worlds of the individuals in the family. The second point is that Bick wrote with the assumption that all observers were in personal analysis throughout the observation and she could therefore rely on analytic scrutiny of observers' countertransference reactions alongside her seminar supervision of the observations. This was consistent with the training function of Infant Observation, which was undertaken at the beginning of both child psychotherapy and psychoanalytic training.

Now here we come to a very important disjunction with more recent practice, and before going on to discuss some of the detailed observational examples in Bick's paper I would like to address this. There are two kinds of divergence to be noted. First of all, there is the fact that outside the UK, Infant Observation is very often practised by qualified psychoanalysts interested to use this methodology as a way of studying early mental development and early object

relationships, that is, of researching the beginnings of mental life and parent/child relationships (Sowa, 2002). There has also been growing interest in exploring the clinical potential of applied Infant Observation in early interventions (e.g. Boyer & Sorensen, 1999). When observation is part of post-qualification professional development, concurrent analysis is not to be expected. The assumption is that the combination of self-analytic capacity and the Infant Observation seminar group do the necessary work to deal with countertransference disturbance in the observer.

In the Tavistock tradition, a different divergence from Bick's practice has evolved. In the 1970s, Martha Harris, Bick's immensely gifted student, who had taken over the running of the Tavistock child psychotherapy training from her, experimented with the idea that a much wider group of professionals working with children and adolescents could benefit from an observationally-based introduction to a psychoanalytic frame of reference (Harris, 1987). She believed their work would be enriched, and that a broader psychoanalytic culture could grow in the community to the benefit of children and families. She developed an expanded version of what had been the pre-clinical component of the child psychotherapy training, and this became the course later led for many years by Gianna Polacco Williams. It involved not only two years of infant observation and a year of young child observation, using very similar methodology, but also the study of psychoanalytic theory and child development, and two years of Work Discussion, in which the students presented detailed descriptions of their work in many contexts for exploration (children's homes, nurseries, schools, special education, hospitals, clinics, etc.). These seminars drew on the methods of clinical supervision and of Infant Observation to create a new form of learning (Rustin & Bradley, 2008).

This bold endeavour involved the recognition that a considerable number of potentially suitable applicants for such a course would not have had any personal analysis, nor would they have the financial resources to begin analysis, as many were in very poorly paid professions. But beyond these pragmatics, Martha Harris believed that the decision to enter analysis was often optimally a consequence of being able to begin to recognize the importance of infantile elements in our adult lives, an event often brought into being by the exposure to Infant Observation and psychoanalytic thinking and its potential for creative disturbance of complacency.

This change involved taking responsibility for the possible risks inherent in the widening of the scope of Infant Observation teaching. Considerable thought went into this. There were two obvious issues to tackle—firstly the vulnerability of observers and families to the distress which could arise from an observation which ran into difficulties, and secondly the matter of the training of a wider pool of infant observation seminar leaders. To protect students, a combination of adequate personal support and some firm guidelines about when it was appropriate for someone to begin an observation was required. Support was provided by a personal tutor system for each student, but was of course also in

part supplied through the expanded integrated and intellectually coherent seminar programme of the course. Students were attending at least two seminars a week in small groups of five (Infant Observation and Work Discussion) as well as larger theoretical seminars. They were also part of an institution with an excellent library, a fairly large group of senior child psychotherapists who combined clinical work with teaching on the Observation course and the Child Psychotherapy clinical training. The question of suitability as an observer was not often problematic since people who came on the course had had personal interviews and were all working with children or adolescents professionally as a pre-requisite for application. (Nowadays they all have to have police checks in addition, in our more regulated world, where anxiety about adults doing harm to children has become of such public concern.) However, from time to time there were problematic individuals. The way of dealing with a seminar's leader's concern that a given student was not a suitable observer (either for the sake of the student's perceived vulnerability or because of concerns about the impact he or she might have on the family) was to impose a delay. The student could attend seminars and the matter would be kept under review. Occasionally this led to someone never undertaking an Observation. More often, after a year's experience of the seminar and tutorial help, when some individual personal therapy could be proposed to the student as a necessary way forward, it was then possible for the student to begin an Observation. Circumstances when a delay was proposed included observers who had very recently had babies of their own and students from abroad with rather limited linguistic fluency as well as those where personality difficulties were a concern. It is notable that in the hundreds of Infant Observations undertaken from the Tavistock course over the years, there have been very few where one would feel that the observer's limitations gave rise to difficulties for the family. In my 21 years as head of child psychotherapy at the Tavistock, I only once had to deal with a complaint from a family about their experience of being observed.

I would like to return later to the question about the training of seminar leaders, and at this point take you back to Bick's paper. Her wonderfully evocative account of two Observations is introduced by her statement that she will focus on her surprise at the strength of maternal depressive trends, after an initial state of manic elation. Here she is referring to elements of regression to part-object relations, a collapse of more integrated functioning, and depressive trends in the sense of Klein's theory of anxieties characteristic of the depressive position (Klein, 1935). She describes two features, which could become significant pressures on the observer, the first to 'augment the vitality' of the depressed mother, and the other to 'identify with the baby's resentment'. Here is the characteristic double pressure of the observer's responsiveness both to the mother's state of mind and to the baby's.

In Bick's first example, she tries to tease out the observer's problem of feeling pulled 'into a dependent role'. This she defines as arising from feeling bounced between identification with mother and baby and thus losing any sense of an

independent position, a position from which the objective observations Bick seeks can be made. Only when one becomes aware of the subjective pressures (being 'nudged' into 'acting in' as we might now put it) rescues the possibility of properly establishing the observational role. This points to the enormous importance of the seminar and seminar leader's role.

Bick's second example explores the impact of maternal depression on the observer. In this more extended example, she underlines the importance of consecutive observations to clarify patterns of behaviour and changes in pattern. She discusses the baby's differential relationship to the two breasts and the meaning of baby's intense crying when undressed. She describes two forms of communication between mother and baby, visual/vocal contact as the fulcrum of happiness, and kinaesthetic activity by a baby who was very quiet but who frequently reached for and touched mother and later the bottle. We get a sense of actually being in Bick's seminar in reading this material, and I think this is characteristic of the best writing about Infant Observation, as, for example in Martha Harris's recently published supervision of Romana Negri's observation (Negri & Harris, 2007).

Bick's aim is to gather a wide array of Observations which give a picture of overall behaviour and trends. Her emphasis on building up a picture over time and taking account of a mass of detail reminds me of Joseph's later concept of the 'total transference' (Joseph, 1989). In fact, the Infant Observation seminar's work over two years often does enable a gradual integration of elements of the observational experience. The papers written by Tavistock students in the second year of the baby's life usually have a convincing narrative to tell of the baby's developing relationships, in which the observer's subjective experience has been processed to contribute to the understanding achieved. The increasing body of publications about Infant Observation in the *Infant Observation Journal* and elsewhere is a consequence, I think, of the confidence we now have in the reliability of our method of work and also the improved quality of the written accounts of Infant Observation students provide since the course became accredited at Masters level by the University of East London (Briggs, 2002; Reid, 1997; Sternberg, 2005).

In reviewing what Bick says about her method, I have had access to three very interesting sources of information outside the published material. Mary Boston was one of the members of the first ever Infant Observation seminar in 1948 and she has described to me the way in which Bick's ideas evolved. The story is fascinating evidence of her openness to evolution. She started her three students off observing babies placed in nursery care, not at that time having imagined the possibility of observers negotiating a place in an ordinary family home. All the students were very nervous, aware of Bick's exacting expectation of detail, but all became intensely involved with her in following the development of the infants they observed. Shirley Hoxter has told me that just a few years later, when Observation in family homes was the expectation, Mrs. Bick arranged the family in which Shirley was to observe. In fact, the professional links between Mrs. Bick

and the family were a source of anxiety for Shirley, and it is clear that in the early days of Infant Observation, as of child psychoanalysis, boundary conventions were different. At the point where Dilys Daws, whose material features in the 1964 paper, did her Infant Observation, Mrs. Bick taught the seminar for the first year of the observation and John Bowlby took over for the second. Their perspectives were very different, since while she was intensely focussed on the internal developments and on unconscious phantasy, he was much more attentive to external events, attachment precursors (he was beginning his work on that) and child development at a behavioural level. It must have been quite an experience for the students! They apparently argued with Bowlby, as they were tremendously committed to Bick's psychoanalytic frame of reference and did not understand his ideas! (D. Daws, personal communication, June 10, 2008) Later, his teaching on the course was done separately from the Infant Observation seminar.

Dilys Daws kindly lent me some detailed notes of a seminar discussion held in about 1960 in which Mrs. Bick reviewed the development of Sam, one of the babies being observed in the seminar group of five. She began with some broad reflections on method—the fact that the continuity of visits partially offsets the limitations of one hour per week of observation; that the observer needs to be meticulous in recording behaviour and in not inferring the feelings of the baby too quickly and thus losing the evidence on which the interpretation was based; that the observer's comments can enrich or distort the material, and need to be subject to careful inquiry. She also suggested that while one can learn much from comparing one baby's behaviour in many different situations, familiarity with many babies opens one's eyes to the very wide range of individual differences as well as to the common experiences of infancy.

They then moved on to thinking about 10-month-old Sam, described as a very placid baby. Bick's view of his placidity was striking—she saw him as failing to reach out to other people, or towards the different parts of his own body. She linked this with his mother's difficulty in the first three months in really letting the baby have an impact on her. Sam seemed quite inhibited in his arm movements and Bick thought that he demonstrated a low capacity for enjoying life. In noting Sam's absence of ordinary infantile physical symptoms, she suggested that this was evidence of his failure to register and struggle with his experience, a tendency to bypass difficulties.

Sam avoided close eye contact, and Bick proposed that his eyes were the organs of greatest importance to him, used both to drink in his environment and also to express his aggression which had been split off from his musculature and mouth. These comments give a vivid impression of her way of thinking and come in the form of a dialogue with seminar members, which has a very open quality.

Later (in the year I started Infant Observation) Martha Harris took over the seminar from Mrs. Bick, and others began to teach too, according to the model she had established at the Tavistock. Meanwhile, two other developments were

in progress. One was the one-year Infant Observation established in the psychoanalytic training course in London, and the other was Bick's supervision of people coming from abroad to learn her observation and clinical methods.

This brings us back to the question of the preparation of Infant Observation teachers. The well-known seminar described in Magagna's 1987 paper was the result of a request by a group of qualified child psychotherapists, who had all themselves completed a two-year Observation as part of their training, for her to run an Infant Observation seminar, one of whose purposes was to help them feel better equipped as teachers. Magagna's paper describes important variations in method—only one Observation was presented, although at least two had initially been planned (perhaps because the group was much too large for the normal method to work). Furthermore, summaries of the previous seminar's discussion were reviewed, which was a new idea. This practice is now used by some but not all Infant Observation teachers in traditional small seminar groups. The baby was referred to as 'baby', not by name, creating an archetypal atmosphere. Even more striking is that the seminar members were described as mostly mute—one might speculate that this was because everyone knew that this was the last seminar Bick would conduct and felt they wanted to hear every word she might say. The lone observer's feeling of exposure was intensified, because she presented every week and her work was the total focus of the group. Magagna wrote about being acutely aware of the role she occupied in the family as variously critic, outsider, intruder and competitive expert with the mother, and of her vulnerability to identification with the baby, including becoming ill in sympathy.

How should we think about preparing new teachers at this point in time? At the Tavistock, we have had several different ways of tackling this. Martha Harris offered supervisory discussion to anxious first-time teachers and also the opportunity to sit in on her seminars and observe the seminar process as well as being part of it. She also ran an Infant Observation seminar for a group of people doing a second Infant Observation as a precursor to becoming teachers. Similar arrangements have continued to be developed in different places, and our more recent addition has been a seminar for new teachers at which the material brought to their seminar is brought alongside their own written account of the seminar process. This has proved a fascinating learning experience and we are able to use a video-conference link to open the seminar to others teaching outside London.

I now want to turn to some other important issues and will group my reflections on more recent developments under four headings. First, the changes in the observational setting related to social changes over the last 60 years. The families which Bick's early generations of observers visited were all intact two-parent families, mostly comfortable middle class but also including some secure working class families. Current observers are exposed to a much wider range of experience. London has become a multi-ethnic and multi-cultural city, with high proportions of immigrants in some areas. This introduces us to observing in

families in which English is a second language, and may not be fluently spoken or ordinarily spoken at home, at least by the older members of the family. For example, children from families from the Indian sub-continent often first learn English at school with mothers not necessarily learning English at all. Observers have to negotiate subtle complexities in establishing themselves in families which may have very different ways of organising family life from those they are familiar with. The research project jointly led by Cathy Urwin which uses Infant Observation as part of an investigation of the experience of first-time mothers in different ethnic groups in East London has provided interesting detailed material exploring this territory (Urwin, 2007).

We had noticed for some time that the proportion of families keen to have observers who were recent arrivals in London was quite high, and hypothesised that the absence of family support for mothers far from home was a significant factor. Observers who would make a long-term regular commitment to visiting and taking a close interest in the growth of a baby seemed perhaps to partly replace the missing extended family, bringing a new and challenging dimension to the transference to the observer. Some of these families seemed especially vulnerable, and Stephen Briggs' 1997 study investigated this, making use of Gianna Williams' theory of flat, convex and concave containment as an elaboration of the phenomenon of failures in early maternal containment.

Other social changes include a high proportion of single mothers in British cities, a much greater involvement of fathers in infant care, and an expanded use of nannies and nurseries among middle class professionals where the expectation and often financial necessity is for mothers to return to employment after maternity leave. Assisted pregnancies and adoption have also made it possible for lesbian and homosexual couples to bring up babies. All these realities come to be represented over time in the range of Observations undertaken. Seminar leaders often have quite difficult decisions to make in advising students about how to set up an Observation, since individuals can sometimes have a strong preference for settling on a particular sort of family, which may be too closely linked to their own values, beliefs or anxieties. The sociological lens offered by the range of observational material in a typical contemporary seminar is fascinating as an adjunct to the psychoanalytic study of the interior of the family, and is of course one of the sources of increasing interdisciplinary interest in Bick's methodology (Hollway, 2007).

The second area I want to touch on briefly is the issue of changes in the technique of the seminar leader. This is a large theme, and examples which have interested me include offering role-play at the start of a seminar to help students prepare for an initial meeting with parents or to imagine how to deal with the presence of a needy toddler alongside the new baby. In settings in which Infant Observation is quite unknown or where it proves difficult for observers to find a family, seminar leaders sometimes present their own material in initial seminars, to give people a first taste of the emotional impact of the experience. Others have used published texts, though this seems to have the great disadvantage of

introducing students to already-theorised material, rather than the unprocessed messier data of observational notes. The expansion of empirical laboratory-based child development and attachment research (Stern, 1985), and neuro-science, evolutionary psychology and anthropology (Panksepp, 1998; Hrdy, 2000) has led to some teachers making links to theories derived from these disciplines. I think this has similar disadvantages to the premature introduction of explicit psychoanalytic theory, though we have to be aware that our responses to Infant Observational material are in fact shaped by powerful underlying theoretical conceptions. Without an understanding of containment, projective identification, splitting, unconscious phantasy, autistic phenomena, and so on, our interpretative activity would be impossible.

A major area of creative development is the clinical application of Observation, especially in early interventions. These span participative adaptations of classical Observation to respond to major difficulties between mother and baby and research-oriented work using more active forms of Observation to build links between mother and infant in their own home (Gretton, 2006). The levels of mental pain and mindlessness that observers have to be capable of tolerating in visiting profoundly compromised mother-baby couples is immense, and the need for individual supervision is obvious. These highly specialised interventions are, of course, only appropriate for trained clinicians who have prior experience of ordinary Observations. The clinical relevance of Infant Observation in brief work with mothers and babies struggling with ordinary developmental difficulties has been widely recognised and is well represented in the published literature (Emanuel & Bradley, 2008). Similarly well known is the use made of Observation in clinical work with autistic children and their families. This includes extended family assessments (Alvarez & Reid, 1999) as well as child psychotherapy with non-speaking autistic children in which close Observation is the main resource of the clinician. Bick's later development of the theory of the Second Skin (Bick, 1968) has been found widely applicable to the many children now seen by child psychotherapists with neglected or maltreated early histories, and both Tustin's and Meltzer's theories about autism derive in major ways from her understanding of infancy.

Aware that this journal's readership is more used to detailed material than to the overview I have provided, I would like to include here just one example of initial intervention with a toddler adopted at 17 months and his parents. I first met them when Ted was aged 20 months. The parents were overwhelmed, desperately unhappy, and distraught about the future. Ted was hyper-active and extremely aggressive, threw things constantly, hit and bit unpredictably, and could only utter high-pitched screams which they described as animal-like. Their older adopted son, aged three and a half, was terrified of him. He slept little and the crisis his arrival had precipitated included both parents falling ill with pneumonia. The parents felt they had allowed into their family a monster, not a little boy, and thought he was psychopathic or autistic. In my initial consultation, Ted's behaviour was indeed wild and toys were used as missiles.

He required constant adult vigilance, but both parents felt rejected rather than related to because of his frequent violence. However, he allowed himself to rest for a moment lying on his father's lap on the floor to drink from his bottle. I felt I had established contact with Ted by talking about his interest in the door, his wish to be followed and kept safe, and his idea that he had to make Mummy and Daddy and myself know how afraid he was. I had thus been describing his behaviour as if it had meaning, which the parents doubted, and I now decided to intervene. I put the soft baby doll on my lap and made her watch Ted drinking and then say that she was hungry and wanted a drink too. To the parents' amazement, Ted came over and proffered her an imaginary drink from the toy teacups I had put out on a low table in front of me. Some ordinary toddler pretend-play was possible at this point, and I think this allowed the parents to perceive Ted as a child with a mind and as someone who could be understood. This revival of hope was a very important first step in my work with this family.

The opportunity to intervene in the difficulties occurring in the complex situations which are now the norm among adoptions in Britain also interest a number of my colleagues, and clinical research projects planned include Observations of babies placed in foster care whose futures are uncertain. The hope is both to provide support for the foster mothers to become able to be more closely involved with the babies, and also offer consultation to social workers about future planning for the children, many of whom stay in foster care for years because of uncertainties about possible return to birth parents. The children's underlying difficulties currently tend only to become apparent when they start school at age five, when their incapacities to learn, play and relate to other children become painfully evident.

One other recent venture I should mention finally is that when the BBC made six television programmes about the work of the Tavistock, they were keen to include one about Infant Observation. This led to a lot of thought about how we should respond and we ultimately arranged two Observations negotiated on the basis of weekly filming over the period of one year's observation, and also agreed to the filming of the seminars at which these two observations were presented. Thus some awareness of Infant Observation reached a wide television audience in Britain and we were subsequently able to use parts of the BBC film to make an educational film of our own, *Observation Observed* (Rustin & Miller, 2002), now available on DVD, which combines an account of the fundamental ideas of Infant Observation with excerpts from the two Observations.

Conclusion

This has inevitably been a selective overview of Bick's inheritance to which much could be added by my colleagues at the Tavistock and in the many other settings across the world in which Infant Observation is now practised. I think she would be utterly astonished by the spread of interest in her creation. What I hope I have conveyed is the sense of discovery at the heart of her enterprise, both the

discovery of facts about early development, and of a psychoanalytically-based methodology for investigating it. For Bick, this went in parallel with her clinical work with children and adults, and the numbers of people involved with Infant Observation in her lifetime remained quite small. However, her ambition to expand the understanding of early infantile life was built on Klein's theories as she always made clear to me in the clinical supervision I had with her. The second case on which she supervised me was a psychotic young child born prematurely whose experience of bodily persecution was intense. Mrs. Bick's way of helping me enter into the strange world my patient inhabited often took the form of her showing me, using her hands, the bizarre ways in which my patient attempted to protect herself from primitive fears of annihilation. The terror of endless falling, which she understood as part of a normal small baby's fears, still dominated my patient's life. Bick's work was undertaken at the same time as Bion was writing about the early development of the capacity to think. These developments in the psychoanalytic paradigm were part of a period of immense fertility in British psychoanalysis. Her passionate conviction in the human relevance of the insights gained from Infant Observation was profound, and that is what seems to have travelled so impressively across the world and continues to inspire.

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