

On: 17 November 2011, At: 05:11

Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Infant Observation

Publication details, including instructions for authors and subscription information:

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

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Louise Allnutt

Available online: 09 Mar 2011

To cite this article: Louise Allnutt (2011): A conversation with Isca Wittenberg, *Infant Observation*, 14:1, 5-13

To link to this article: <http://dx.doi.org/10.1080/13698036.2011.552593>

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A conversation with Isca Wittenberg

Louise Allnutt*

This paper, based on a conversation with Isca Wittenberg, summarises the dialogue between her and the author and highlights the main points of their discussion, including the observational method, the role of the observer and the influence on clinical practice.

Keywords: infant observation; teaching; role of observer; Isca Wittenberg; clinical practice

Introduction

Isca Wittenberg was born in Germany. After many struggles and traumas, her family were eventually able to flee the Nazi persecution and come to England. She was one of the early child psychotherapists to train, and she has taught and supervised for many years. With a keen interest in teaching and learning, she was organising tutor for the Tavistock course for counsellors in education and she wrote and edited a book in 1987 on the subject, 'The emotional experience of learning and teaching.' Her first book, 'Psycho-analytic insights and relationships: A Kleinian perspective', was first published in 1970. Her experience of lecturing and of running large groups is extensive. She has had a particular interest in the emotional experience of beginnings and endings. Many Tavistock courses have integrated group events into their training that focus particularly on these times as a result of her thoughts and ideas. She has been a senior and influential figure at the Tavistock for many years: based in the Adolescent Department, she was also Chair of the Clinic.

The idea to interview Isca Wittenberg arose out of a discussion about developments in the journal. While it is always fascinating to hear about new applications and new developments, we thought it might also be interesting for our readers to return to the roots of our method and practice and also for our newer readers to hear about the method from the heart of our tradition. We were delighted when Isca Wittenberg agreed to our discussion. Taught at the Tavistock by Esther Bick in the 1950s, Isca Wittenberg has now been teaching infant observation for the last 50 years in both the UK and internationally.

*E-mail: LAllnutt@tavi-port.nhs.uk

Prior to the interview IW was sent four general questions for us to think about. We were particularly interested in how Infant observation may have changed over the years, and what the role of the observer is in Bick's method. We also thought it would be interesting to hear about what IW thought were the ways infant observation influenced clinical practice as well as what it may be able to tell us about ourselves. She and I agreed that our meeting was to be a discussion rather than an interview.

On the morning that we were due to meet, IW telephoned to let me know that she had some concerns about the questions. In particular, she worried that she would not be the right person to respond to the question regarding how Infant Observation had changed – as she wondered if it had, 'perhaps we should be asking other teachers with more recent experience.' I said I was as interested in her thoughts as much as whether or not it had actually changed. I began to wonder if I had in fact asked the right questions as clearly I had not conveyed how it was the view and experience of Isca Wittenberg in particular, rather than the relevant answers to the questions that I was interested in. In retrospect it seems that in the course of setting up our meeting we had encountered similar anxieties and tensions that emerge when setting up an Infant Observation. As is so often the case, both the observer and observed are faced with a variety of anxieties about their potential relationship. Perhaps for observers these anxieties are precipitated by the idea of opening themselves to the unknown of this particular baby in this particular setting, and for the observed the anxiety of not being able to provide that which they believe the observer is there to see.

During the course of our discussion I learned that Isca Wittenberg had been teaching infant observation since the 1960s. Her first encounter with teaching was when she was asked to take over Mrs Bick's seminar. From our conversation it was clear that despite such far reaching experience, IW was very open to the possibility that she does not have all the answers. She had been teaching infant observation continuously since Bick's seminar until two months prior to our conversation. It was sad to hear that her most recent seminar had been cut due to funding problems. While the growth of infant observation since those early years has been on a wide and international scale, it nevertheless remains at the fringes of the human sciences. The nuts and bolts of our observation method may not be changing but the environment in which it has grown and been lovingly cultivated is – financial pressures alongside the complex research agenda are contributing to the development of a different atmosphere in all of the psychoanalytic settings that infant observation is currently taught. Infant observation is being asked to provide both an income and an evidence base. Thankfully our conversation largely centred on the nuts and bolts.

The method

We began where our telephone conversation had left off – if and how infant observation had changed. We pondered this question for a short while and initially IW said she thought that while there had been a few environmental changes such as the presence of fathers, fundamentally she felt the essentials of the method had remained the same. This she thought had largely been achieved through the teaching process. IW described how the development of infant observation has arisen out of the small group seminar, but that from these intimate settings the teaching of infant observation had developed on an international scale. The method, she said,

Is firmly in our minds . . . it has been passed on through the generations from Mrs Bick, certainly within the Tavistock, through Tavistock trained teachers. The teacher-student relationship has been central to the method, across the generations . . . Those of us who had been taught by Mrs Bick are dying out. For those of us who were taught by her, the method has been passed on in its purest form. A lot of this generation went on to take infant observation to other countries and people we have taught there have taken on Bick's method of observation. Firstly, Gianna (Williams) took infant observation to Italy and I was involved in that and taught infant observation in Rome – students in these seminars have become outstanding teachers and clinicians such as, for instance, Suzanne Maiello . . . she was in my first seminar in Italy . . . Since then she and other people, including myself, have developed Infant Observation in many other countries.

I wondered about the nature of the method – if she was to define it in a few sentences, what would she say were its fundamental components? IW went on to give a hugely detailed and insightful account of her view of the method. While fundamentally she is referring to infant observation, I feel it also gets to the heart of what it is to be an observer and how this ultimately develops a state of mind essential for the practice of psychoanalysis and child psychotherapy.

This lies in the role of the observer. It is quite difficult – how you get people to be a real observer not just a fly on the wall. To be the kind of observer who is totally there emotionally and taking in what is going on without giving advice, without initiating activities. This doesn't mean that she doesn't respond to the baby and the mother, but being natural enough without introducing something from oneself and really being a recipient, observing, taking in and being receptive. Like in an analysis, but of course you do not interpret. This is where it is important. To observe oneself as an observer and notice how easy it is to be drawn in, become absorbed by the family; this has got to be watched. One has to resist being drawn in and say to oneself, "No I am here to learn something about relationships", which does not mean you do not experience those relationships. It is to see what the transference is to you, but first of all to see what is happening between mother and baby.

IW wanted to emphasise that while she thought there was a pure method, she did not mean therefore an observer should undertake an observation with a stiff and formal approach. She in fact emphasised throughout that an observer was *not* a fly on the wall, but needed to be open and flexible. She did not like the idea that students might be encouraged not to talk or interact in an ordinary way with families, but rather that they needed to be supported not to initiate conversation or react without thought to their emotional environment, indeed a far more difficult task than remaining silent, stiff and supposedly neutral. It is perhaps important to note that Mrs Bick herself advocated such an approach to the method saying that, ‘... it was felt to important that the observer should feel himself sufficiently inside the family to experience the emotional impact, but not committed to act out any roles thrust upon him, such as giving advice or registering approval or disapproval. This would not seem to exclude him being helpful as a particular situation arose – by holding the baby, or bringing it an occasional gift. In other words, he would be a privileged and therefore a grateful participant observer’ (1987, p. 241).

Now and again in our conversation the question of whether or not the method had changed arose. This slightly nagging preoccupation was not without discomfort but also provided a focus for some important thoughts and ideas about where change had emerged. Perhaps in contrast to Bick’s emphasis that infant observation was not a ‘research tool’, but a method that supports the training of psychoanalysts and psychotherapists, more recently infant observation has been viewed as a very important tool for research, which has deepened our understanding of early processes and patterns of development. One such piece of research has been Piontelli’s twin studies (1992) and observation of intrauterine life. This research has undoubtedly deepened our understanding of emotional life and development pre-birth.

I want to go back to the question about how it has changed. We are now emphasising more – because of all of the observations that have been done pre-birth – we are much more aware of pre-birth transference to the baby. Mothers, fathers and those clinicians who do the ultrasound imaging of the baby make comments, that ‘he is this or that’. As an observer it is important to pay more attention to what the pregnancy was like and what the expectations of mother and father are before the baby is born – what their hopes and fears were.

I reflected on my own experience of having an ultrasound and being faced with a 12-week-old foetus seemingly boxing in his amniotic sac. With technological advances we now have the capacity to peer in to the world of pre-birth life. Upon these projected images we project our own phantasies and questions – what does it mean to have a boxer? While ultimately correct, what did it mean for my husband and me to expect a rather lively boy? With all of that which we bring to the beginning of the new life, IW and I reflected on how the beginning arouses a great deal of anxiety for both the family and of course any

observer. For a recent example of a paper that has looked at this phenomenon, see Caron, Cardoso da Fonseca, & Sobreira Lopes, 2008.

The beginning

In her paper, 'Beginnings: the family, the observer and the infant observation group', Isca Wittenberg describes the emotional moment a baby arrives and family life is changed forever:

Whatever the preparation, the actual birth of a baby is a momentous event, a matter of life and death, of terror and fulfilment, of relief and joy. Nothing will ever be the same as it was before for any member of the family. The baby is exposed to a totally unfamiliar environment: limited bounded space being replaced by boundaryless-ness; connectedness to life sustaining supplies replaced by separateness from the source of food, warmth and safety, and the infant's senses bombarded by powerful, sensual impressions. (1997, p. 23)

'Whatever the preparation . . .' struck me, and my mind again turned to the preparations for our meeting as well as the preparation the observer makes in planning their observation. What do we carry in our minds to prepare us? Are they idealised babies, mothers, families or teachers? Can we bear the disappointment, surprise, wonderment, when we are faced with the unexpected? And if not, then what begins to emerge, how does it interfere with our task as an observer, as parents, as students and teachers? Does the baby have expectations too? How are these expectations adapted, changed, mediated?

With reference to Bion's concept of preconception IW described how the baby comes with expectations while at the same time rendered utterly helpless at first by the process of birth and separation from its mother:

The baby does come with some expectations from its time inside having all its needs met, what's new is that it is separate and what the mother needs to do is ease the transition by being available to the baby and be able to contain the anxieties caused by the separateness. All the questions of holding, containing, need for it, is really to allow this to be a transition that makes being here like being inside as much as possible. Also like animals there is an innate preconception, biological turning to the mother. But, even with all of this that doesn't mean that it doesn't come with a huge amount of anxiety, particularly for human beings as they come out incredibly immature. Human beings have more anxiety – we are born totally helpless. That's where Bion's idea of catastrophic anxiety comes in. And therefore I try as hard as possible to get people to go before birth and as soon as the mother will allow it after birth, because if you miss the first few weeks you will miss so much of what we have been talking about.

I wonder about mother's preparations and expectation. She has prepared herself for the birth of the baby and has some expectations, but we agree, nothing prepares you for the baby who is handed to you at the moment of the birth.

Both mother and baby enter a process of getting to know and developing a relationship, “So over the course of the first few weeks mother and baby find a rhythm together. Expectations that have prepared mother for the birth translate into adaptations. Nothing prepares you for the birth of a baby. Mother adapts to what she finds,” IW went on to reflect for a moment on Mrs Bick’s deep understanding about this process and when it can overwhelm a new mother, ‘Mrs Bick talks about mother’s depression, she has lost the union with the baby, but she also has to find a new way of being.’

The observer

Like mother’s new role, the role of observer also involves a new way of being; something IW spends a great deal of time helping her students to think about. Rather uniquely I believe, IW asks her seminar group of observers to role play their first meeting with a family at the beginning of every new seminar.

Firstly, I get people to role play their first interview with the parents – some teachers have taken that on, some haven’t. It begins to give the students a feel of what it is like – to find out that what they say effects the parents and how the way the parents respond – what will you be doing with the observation etc, effects the observer. We are already into a psychoanalytic observation. The observer often hasn’t had any experience of this sort of observation and the role play offers them an opportunity. Another aspect of this new way of being is a non-judgemental state of mind. The observer should go without prejudice – without idealisation of baby and idealisation of what a mother should be. You’ve got to change when you’re an observer. You have got to be open to all that is going on. It takes time and it is very difficult for most people – to really learn what Mrs Bick wanted an observer to be like.

IW reflected on how influential Mrs Bick was and while some of what she had to say about observation was written down, most of her influence was felt in her teaching.

She was most reluctant to commit herself to pen and paper because she didn’t think she was eloquent enough to express all that. She was a fantastic teacher, who was incredibly in touch with what the baby experienced. She would say, ‘Don’t talk about a baby’s feelings’ – because it is in the body and felt concretely. The word ‘feeling’ is not adequate to what one is talking about; the baby’s experience of being dropped or fear of being dropped. Mrs Bick had an unbelievable concept of what it is like for the baby to come into the world and this is very difficult for the observer to experience.

This insight into Mrs Bick the teacher, is a valuable reminder of how the process of observation and learning is far more about emotional experience than about what one can read in books. We are indebted to Mrs Bick for being so profoundly in touch with an infant’s emotional life. Her observations and understanding of the deeply felt and terrifying experience of holding on for

dear life in the face of falling forever has had a hugely influential impact on the work of many child psychotherapists and psychoanalysts. These kinds of insights are, I believe, what the development of infant observation has offered the classroom and the training of psychotherapists and psychoanalysts more than anything else. IW acknowledges this as central to the observation and the seminar group.

Certain emotional experiences are taking place, regardless of what is taking place on the surface. Openness to the emotional experience is what observers have to learn. To free themselves from what Bion described as ‘memory and desire’. And that is where the seminar comes in, as a place where thinking can take place and be containing to the observer as he or she opens herself to primitive anxieties.

With this in mind, we went on to discuss one of the questions that had particularly interested me, ‘What can infant observation tell us about ourselves?’

Being open to those primitive anxieties can put you in touch with something in yourself. It can tell us about our own prejudices, how we idealise babyhood. We can be shocked by the great anxieties we encounter in infants, we can be shocked by the mothers’ anxieties. We see things in the raw and this can be unsettling. For some observers, observing a baby with a mother can stir of jealousy and envy and this can be very painful. It can stir up competition – ‘I could do much better.’ I can think of more than one example where the observer felt what she was seeing was so much better than her own experience that she felt she needed analysis.

Again we were reminded of how important the seminar group is in providing containment and a space for thinking for the observer.

Some of the emotions that get stirred up can be intolerable and the seminar can help to contain and think about what’s going on without jumping in and changing it – this is very good for the clinical training too. It can be painful – the seminar helps the observer to stay with the feelings rather than interfering. A lot of trainings are one year and I can think of observers who can struggle in their first year but then really develop in the second year. It takes time to develop as an observer. Most observations outside of the Tavistock are only for one year and this seems too short to me.

Clinical developments

As child psychotherapists we are constantly reminded of the importance of infant observation and its influence in our work. Some psychoanalysts share this appreciation for infant observation and perhaps some feel it is not as valuable to their clinical practice. The link between infant observation and clinical practice has been hotly debated (see Green and Stern controversy in Sandler, Sandler, & Davies, 2000), but perhaps, even for those of us who feel the influence deep into our work it is always worth re-visiting the interrelationship between the two and its importance – as IW points out:

I want to come to your question – do we still value the observation? And what is its impact on clinical practice? I have never stopped doing it since the 1960s and you keep on learning. This is the first two months of my not teaching. I am dying to get back to it. Each mother-baby relationship and father-baby relationship is different, so you go on learning. I think people's clinical work is totally changed by doing observation. Freud said nothing is lost to the unconscious. Well, your infancy is never lost to the unconscious either. So you have that experience to bring to your clinical work. You are much more sensitive to the infantile experiences of your child patients and of your adult patients. I think it completely alters your perspective. If you really want to go to the root of anxiety, being in the body as well, you have to have an experience of that, from infant observation. Well in a way this can't be right as Bion never did an infant observation (laughter), nor did Meltzer (laughter). What I want to say I suppose that while there has been an interchange between the theory and our practice, the idea of containment for example has really changed our thinking and I think new theoretical knowledge, including new neurological knowledge has influenced our thinking. What I think hasn't been taken note of is how much infant observation has affected psychoanalytic thinking. I mean it has come from the child psychotherapists, the projection of the mother into the baby. This was not thought about to such an extent before and has developed our understanding of problems with feeding and eating disorders for instance. Also our awareness of the importance of the projection of love into the baby and hope into the baby come from infant observation and influences psychoanalytic thinking. It has not been sufficiently emphasised, even in our own papers. Alvarez has got it in terms of the liveliness of the mother, but I think not enough has been written about love. For instance, even with these very premature babies we see how much the mother's belief in the survival of her baby actually has an effect on the baby. I think we haven't talked enough about the love aspect in the parent-baby relationship. I think we have been so frightened and analysts have been so frightened to talk about loving their patients. But you see it in the baby. And it is part of what the analyst does, he projects hope by being able to contain and being able to deal with destructiveness.

In response to this I wondered if sometimes we use the experience of counter-transference, in its strictest sense, to keep a patient at arm's length. There are of course always transference aspects in the relationship, but there are also essential and fundamental feelings one has in the 'parent role' of the analyst or therapist. What IW said about love and belief made me think about how hard it might be to talk about this aspect of our clinical practice in the 'services' in which we work. It is perhaps a good reminder that working with people, if done truthfully, will always involve the heart. It is hard to think about the kind of clinical work we do as a 'service' when it involves such human care. I suppose similarly in infant observation – you are not just opening yourself up to the less than ideal aspects of a baby and her family, but you are also opening yourself up to caring deeply about a baby and their family and this too can frighten and overwhelm the observer. Infant observation is incredibly helpful in developing the state of

mind of a clinician who is able both to care deeply about their patient while at the same time work in the transference. As IW went on to remind us:

If we believe so much about the mother having such an effect on the baby, then we must also acknowledge the effect we have as therapists and analysts – in terms of what sort of person we are. It is the human being that comes through our clinical work. We've underestimated how much our mental and emotional state at any point may have an affect on the person we treat. Just as an extreme example, a therapist from abroad who I know told me that on a particular day when she was worried about her partner who was having a brain operation, every single one of her patients talked about death. I think we are unaware of how much our emotional state affects the patient. The person we are and our internal preoccupations have an enormous effect on our clinical work. This is something we learn from infant observation. The mother's, the analyst's and the psychotherapist's state of mind has an impact on their baby or their patient. I am so glad you have mentioned the humanness – it is apparently possible to be a good analyst or therapist without being like it in your personal life, but I somehow feel this is not how it should be.

As I am sure you will all agree it has been a great pleasure hearing from Isca Wittenberg in this fascinating discussion, which has given us some profound and important food for thought for all of our practice and learning. I want to personally thank her for sharing her thoughts in this way.

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