

Supervision with Esther Bick 1973–1974¹

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The author revisits her experience of supervision with Esther Bick, which took place over thirty years ago. The patient discussed was a seven year old boy whose disturbance dated from the very beginning of his life. His difficulties had severe implications for the development of his capacity to feel emotionally contained and for the development of a capacity to think. The supervision and the therapy with this child remain alive in the therapist's mind, in part because of Esther Bick's unique and original understanding of the patient's distress and disturbance and its relation to the concrete experience of primitive anxiety, fear of annihilation and death. Esther Bick's teaching has become the backbone of the therapist's clinical understanding. [Ann Cebon]

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¹ First published in the *Journal of Child Psychotherapy* (2007), vol. 33 (2), pp. 221-238. Ann Cebon is a Tavistock-trained psychoanalytic psychotherapist in Melbourne, Australia, where she continues to teach the uses and application of infant observation.

Michel Haag whether I would recount the year of supervision which I had had with Esther Bick, I immediately felt interested. I then thought, what could I remember of the details of a supervision which, after all, had been in 1973-1974? I recalled that I still had some of my notes and that I had written about this case elsewhere (Cebon, 1982). But that was also over twenty years ago. It is an indication of Mrs Bick's incredible gifts as a clinician and teacher, her enthusiasm and her love of the work that made my memory of her so much clearer than I would ever have imagined after 30 years. Both how she taught me and what she taught me remains accessible because it is intrinsic to my work. It forms the fabric that I use daily in my clinical work with children and adults. Mrs Bick's supervision was intrinsically linked to the experience of Infant Observation I had had with Mrs Martha Harris as part of my training in child psychotherapy. Both observation and the clinical training have their roots in the same careful observation, the work to understand phantasy, conscious and unconscious, understanding of the transference and countertransference, and the importance of good boundaries when under pressure to act.

Introduction

Supervision with Mrs Bick came about two years after I had completed my training at the Tavistock Clinic in 1971. In 1973 I knew I had one year left in the UK before I would move to Australia. I asked Mrs Martha Harris, who had been the organizing tutor of my course, how I might best use the remaining time in London to prepare myself for my future professional life. Mrs Harris knew how much I had valued and enjoyed the two year Infant Observation seminar, which she had led, as part of our child psychotherapy clinical training. Without reservation she recommended that the best thing I could do was to have a year's supervision with Esther Bick, which she successfully negotiated for me.

Before describing the content of the supervision, I would like to share an anecdote about arriving for supervision with Mrs

Esther Bick. Her reputation preceded her, not only for her gifts, but for her inclination to express her strong opinions. I don't think it would be an exaggeration to say that I was excited but terrified as I arrived with my carefully prepared notes. I climbed the stairs to her second floor flat and rang the bell. Mrs Bick took me into a sitting room filled with plants by the windows, and sat me down. Before we began she gave me coffee and a generous slice of her home made Apfelstrudel.

When she continued to offer coffee and Apfelstrudel at the beginning of each supervision session, I eventually ventured to decline the weekly high calorie offering, delicious as it was. She nodded and took away the strudel. The following week she went to the kitchen to get the coffee and came back with the same tray but this time with a bowl. "You will eat soup," she declared. And I did. It was a delicious hearty soup, and so, I was fed, in body and mind. I should add that supervision took place in the morning. I remember because later Bick asked me to bring up the bottle of milk, which was left at the front door two flights down. She was probably in her early seventies by then. She often asked about my plans in Melbourne and enthusiastically suggested professional contacts for me in Australia. Her interest and generosity notwithstanding she was also keen to turn to "our patient" as she called him.

Mrs Bick said that she would have preferred to begin with a new case, but as I was leaving London, I was no longer taking on new long-term cases. We settled on a case I had recently begun to see twice a week at a Child Guidance Clinic in outer London. I chose this case because of the serious difficulties this child had had at the beginning of his life, and the implications of these difficulties for his capacity to experience emotional containment and the development of thought. I shall describe some of the child's history and material from his sessions, including material from the paper I wrote in 1982. I intersperse descriptions of session material with what I recall of Mrs Bick's comments and insights as the work progressed.

Referral

Edward, as I shall call him, was seven years old when we began. The clinic referral came when his mother went to the headmaster of his school after Edward had attacked his brother with a poker. She said that he had also tried to break into a neighbour's house. He had cut the main electricity wires to the neighbour's burglar alarm and had broken drain pipes and stuffed mud into them. The headmaster referred the family to the clinic. In the referral, the headmaster said Edward was disruptive and hyperactive. He was very energetic and could be annoying to the other children but he could also be lively and cooperative. His exuberance could be overpowering. He showed "extensive imaginative contribution" but could also cause "spontaneous disruption."

Edward's first contacts at the clinic were with the psychiatrist and the educational psychologist. To them, Edward painted an alarming picture of himself as a ruthless individual. When the psychiatrist asked him why he thought he had come to the clinic, Edward said, "I don't like people and I want to kill myself." He described his attacks on his brother and the neighbours. Interestingly, he said that when he grew up he wanted to have an ice cream van so that he could eat all the ice cream himself; failing that, he might be a policeman but had gone off the idea of being a fireman. He spoke of robberies, murders and other cold blooded acts of aggression. Asked what he did during play time at school, he said he occupied himself with spoiling other children's games. The Educational Psychologist at the Clinic assessed him with an IQ over 140. Like the psychiatrist, the psychologist commented on how likeable Edward was. She also noted his teeth were in need of attention; this alluded to his unhappy infancy, when he had been placated with dummies dipped in syrup.

Edward was an attractive and intense child. He was very agile, highly alert, and moved, quick as a flash. He had a small, compact build with big eyes and a large head of curly brown hair. He spoke readily. He usually looked directly at the person to whom he was speaking and his precocious use of language was striking. Esther

Bick sat listening as I described my patient. She imagined that he held himself together with the use of his muscles and his words—a second skin organization.

Family history

The family history was significant. He was the first of three children. His young mother reported that she herself had had an unhappy childhood, as the second of four girls. She said her sisters were brighter and prettier than she was. She had gone to the local Grammar School but received no encouragement and left. When she was seventeen years old her parents' unhappy marriage ended with the death of her mother from cancer, after which she kept house for her father until he remarried. She then, herself, married.

The psychiatric social worker who worked with Edward's mother once a week, while I saw Edward twice weekly, described her as "all mind." A grim picture came across. She began by presenting a list of unmitigated complaints against Edward, conveying an underlying feeling of chaos about herself as well. She said that, like Edward, she had no friends, but that unlike Edward, she did not mind. Later she said that when Edward cried about his friendlessness she wanted to cry with him.

Edward's father was rather child-like, a bigger version of Edward. He was a skilled tradesman whose work projects took him away from his family for extended periods, between which he spent periods at home. His mother had also died when he was young, when he was fourteen years old. When I asked him about Edward he told me about his own childhood, in a rather rambling, unstructured way. Edward's mother felt she was more intelligent than her husband.

Edward's early history

Edward's mother reported that she had wanted a baby and that the pregnancy had been "nice" but, the labour hard. It took 24 hours, and had ended with a forceps delivery. Her husband's work had taken him overseas at the time of the birth. Edward's mother had

not felt prepared for the arrival of the baby. When she left hospital after ten days, she was alone with Edward who slept only one or two hours at a time and cried incessantly. Significantly, his screaming made her feel that he was always trying to get away from her. She could not breastfeed. The health visitor had suggested that the baby was crying because he was hungry and it was a relief to her when he was bottle fed because she knew that he had had enough to eat.

Later in the mother's therapy the full horror and trauma of their early history emerged. It transpired that mother was discharged from the hospital on a Sunday. She was unprepared and dazed, with her husband away. Amazingly she said she had no bottle with which to feed her baby. She was so isolated that she felt that there was no one available to help. She arrived home and felt so helpless that she put Edward in a room and closed the door. It was Sunday in London in the 1960's and all the shops were closed. She left him, she said, with no feed for 24 hours, until Monday. She said that for those 24 hours, Edward screamed without stopping but when she bought a bottle, and formula, on Monday, he had all the four feeds he had missed, one after another, and then slept so deeply that she thought he was dead. After that, she could not enjoy giving him his bottle and gave him as few bottles as possible. She began to feed him solids. When he cried she gave him a dummy with syrup although she knew it was not good for him.

Edward's mother had difficulty bringing Edward regularly for his second weekly session, and her therapist thought it would help if her own therapy sessions increased from once to twice weekly. It was only then that she had been able to tell her therapist about this most traumatic beginning of Edward's life and their relationship. Mrs Bick commented that the mother's infantile needs both then, and in the here-and-now, (expressed in being able to bring him for treatment after she was offered more time herself), competed very strongly with Edward's. It seemed that just as she found it difficult to feed him when he was an infant, she found it equally difficult for him to have more intensive therapy when she had so little.

Esther Bick asked me why Edward was only seen twice weekly

for therapy. Of course he would have benefited from more but his mother would have found the demands of a third train and bus journey with a young family persecuting rather than helpful. I never felt that Bick was critical of the mother; such criticism, is, of course, a pitfall of the identification with the child patient by the child's therapist. I always felt she understood the mother's plight, her suffering and unhappiness. Bick's perspective derived, I feel sure, from her view of the mother through the infant observation process. She understood the infantile need within the mother.

Returning to my initial interview with Edward's parents, mother reported that Edward took solids enthusiastically. He had a great appetite as a baby and as a seven-year-old, it remained. "He eats and eats," said his mother. He had never readily shown affection and did not like being held by her. As a toddler he was very active and independent. He tended to wander away. When he was eighteen months old his brother was born. The baby was dangerously ill at birth, required oxygen, but survived. Mother (again, I think) suffered from post-natal depression.

In the preliminary interview, she said that Edward was babyish and cried a lot when he wasn't being destructive. He tormented his little brother. She thought that this tormenting had "caused" his brother to have asthma. Edward had broken whatever toys he was given. His mother wanted me to understand that she loved and enjoyed Edward's brother and the third child, a girl. She always had. From the beginning it was different with those two. In contrast, she felt terribly irritated by Edward and this made her feel guilty. She was unhappy to see him so miserable. He told her, "Nobody loves me; no one will play with me. I'd rather be dead."

At the end of the interview, mother said she was terrified of being alone in the house at night. She heard noises in the pipes and this made her panic. Her husband told her she was ridiculous. The impression that she gave me at that time was of a tense, phobic woman with a feeling of chaos quite close to the surface. Her husband provided very little information and gave no evidence of active support to his wife, though she seemed to be very emotionally dependent on him.

The beginning of the treatment

As I told Esther Bick, when the supervision began, some months after the beginning of the treatment, he had *plunged* into therapy.

First Session

He came into the playroom, surveyed the contents and pronounced “What a good room! What good toys! So many things! I’ll have to stay here for the rest of my life!” When I suggested he might also be anxious, being with me, a stranger, and in a strange room, he answered, “I’ve been here various times before. I saw Dr...”, and then he paused and explained that the doctor had not told Edward his name. He went on, “He sat in that chair and I sat a bit away.” Then he looked in his box, took out an alligator toy and said, “This is my favourite animal,” and started to build cages for the animals out of interlocking fences. I asked him if he called himself Edward and he said “Yes — some people call me other things — names. There’s a boy down the road ... I take my giant stick and wallop him on the shoulders and run. I like it. I feel best being naughty.”

With that, he decided to paint. He set up the water and the brushes, and when he saw the sheets of paper, he exclaimed, “Ooh! Big! Good” but then he folded the sheet of paper and said, “Too big to begin with.” I interpreted this as expressing his anxiety as to whether he would prove to be too big for me or whether I would be able to set limits on him or contain him. When I said it was time to stop, Edward asked me, “Will you let me go on now?” I said “No” to which he replied, “Good.” Then he asked, “Can I go back down alone? That’s one thing I know”. I asked what and he said, “The waiting room.” I felt Edward had moved in, with enormous audacity.

Second Session

I was three minutes late. Edward ran upstairs and said to me, “I have been expecting you every minute”. Pleased to see his things, he went straight to the painting-table and said, “I’ll finish painting what I have begun.” When I said he had been expecting me and I had been late, he said, “This clock must be fast; we started five minutes late; can we go on five minutes

more 'til five minutes to four instead of ten minutes to four?" I said, "Yes." He said, "I have been waiting all week to come today." I asked "Which part?" and he said, "The painting — to finish it ... I said to mum in the waiting room, I've been waiting for the lady who stops me, who won't let me go over". This again showed Edward's clear need and eagerness for limits. When he finished painting he said, "What shall I do now?". And looking into his box of toys he said, "A rubber. Oh good! At school I do my nut because there's no rubber." He explained it's because he makes mistakes and without a rubber he cannot correct them. Nor does he have a rubber at home, he said.

Here we can see that Edward already saw the therapy situation as different from home or school. And it made me wonder about the positive aspects of treatment, as Edward saw them. Perhaps he saw therapy as an opportunity to correct the mistakes. Perhaps this would be a place where there would be space for his problems, where there would be enough for him. I did not put these thoughts to him at this time.

Later in the session he went to the sink to rinse his brushes. He observed the flow of water in a reflective manner and left the tap running. He then filled his squeeze bottle, turned off the tap and said to me, "You know, there's a water shortage in this area." When I linked this to Edward's feelings that there was a time shortage in our area together, Edward replied: "I need all the time in the world." Then he said if there wasn't a water shortage he would play with water. He then added, hopefully, "Maybe there'll be a mighty downpour within the week." He said that he had a huge thirst and filled up all his cups, bowls and bottles with water. He explained: "I drink a lot; this week all the milk I drank added up to fifty pints". Edward then began an "experiment" to reduce the amount to two cups for, in reality, it was much too much for him to drink. I felt this play beautifully expressed how very easily and frequently Edward could be overcome by his fear of annihilation through starvation. Through his early trauma, his fear of death was embedded in the structure of his mind and played out again and again. He then defended himself against this with his omnipotence. His concern with supplies continued as an important theme.

Three weeks later

When I took a little girl back to the waiting room ten minutes before Edward's session, he was already there, and saw us. He said, "Look!" to show me what he was doing. Ten minutes later on the stairs, he said to me, "I know. Do you have ten minutes between patients so you can clear up?" I asked if that was what he thought and he said yes. In the room Edward announced, "Well, first I'll play with water, I'll have a drink." He filled the squeeze bottle and said, "I've been waiting anxiously every minute this week for this drink. You'll never run out of water here, because you have a water tank in the attic and you have pipes going to it, to feed it". When I again interpreted his feelings that he drinks so much, and his fear that there would be a drought in this area and that I wouldn't have enough for him, he denied this and said, "No. I never drink much". This was after he'd said three weeks before that he drank fifty pints a week.

He walked around the playroom and said, "Old windows. I can tell because of the double glazing. To keep the noise out, but it can get in today". The window was open. I wondered if he felt the windows were old but strong. He bragged he could get in: "Simple, easy-peasy. Just throw stones and break the windows." I said perhaps a part of him wanted to break into the room and break into me when he'd been waiting and waiting every minute. I linked this with his curiosity and jealousy about my other patients. He said, "I wouldn't because you're my friend." Then he got a roll of string out of his box and said "I can tie things up. I am going to tie things up completely."

Bick felt that his initial denial of his greed in that session was related to his seeing the other patient. He attempted at first to inhibit himself (he said "I never drink much") but then the violence of his possessiveness came through (the stones through the windows, "Easy-peasy") and his desire to occupy me completely, to keep me tied up completely. I return to the session material.

Edward cut various lengths of string and tied one toy truck by its back bumper to the table leg. He then tied the front bumper to the other end of the table. He tied up another truck but did not tie the two trucks together. He cut a piece of paper, and tied

it to the other end of the string, which he then glued, at first to the table and then, changing his mind, to the painting he had done the week before. As he worked, there was a long period of quiet. After some time he said, "There! It's all tied up—now to tie it all down." Then he said thoughtfully, "Water never goes mouldy or bad—not like milk which can go off—it goes sour." I thought he was so possessive of me, tying me up and tying me down as well, that seeing the other patient had soured what I fed him in the therapy, and I interpreted this to him.

When I talked about his drinking water here, he said that he wouldn't break into my place, my attic, my water supply because I was his friend. I said that he did want to keep me tied up completely, that is, to have me all for himself, not to share me with the other patients, as he had had to share mother when his brother was born. It went bad, it went sour when his brother was born. He replied "Yes, it was rather like that." Then he said, "Kerosene doesn't go off, but petrol does; it explodes." I interpreted how his burning attacks turn the milk into petrol, which explodes. "Well, that takes care of that," he said, nonchalantly, referring, ostensibly, to the fact that all the cars were now tied down, but separated. I said that I thought this expressed his wish that there should be no new babies to sour our relationship, or blow it up, and his wish to keep me, the clinic mummy, separate from the clinic daddy, and prevent any other patients. Now he became anxious about his mother and said, "I wonder if Mummy is still waiting in the waiting room?" I was relieved to see this show of anxiety, that he could be a little boy, and that there was not only a violent attitude towards his mother but also a caring attitude towards her and a desire to be with her. I said that perhaps he was worried that what he felt and did when he was feeling unfriendly would push Mummy away. He seemed to relax at that.

Then he turned to the dolls' house on the table. "Does it have an attic?" He lifted the roof. "Does it have a front? Oh yes." (He noticed it was facing the wall). "Do the windows open? Doors? Doors are very important. Windows are the most important things of all." I asked "Why?" "Keeps people out and in". He continued: "The furniture is all in a muddle". "Someone has stuffed paper in the cupboard," and he emptied it into the bin, indignantly. I said I thought perhaps the dolls' house stood for me, used by the others, as he had discovered.

He discovered the used paper in the dolls' house, and he discovered me with the other patient. Edward continued, "What's this? ...A table... Well that's no good... Broken leg... Won't do anyone any good... I'll put it in the attic". He worked very hard. "Now it is arranged better; this room is a hopeless muddle; the first thing it needs is a meal table."

Esther Bick later said, he felt that the first thing was to establish a place to feed.

He then discovered half a plastic toilet. "What was it before?...a kettle?...no, put it in the attic." When I asked about the attic Edward said "It's the place for storing things which are broken or things which I am not sure what they are." First I thought of what he had said about my water supply coming from the attic, then I wondered if the attic was my mind and I interpreted his doubt whether I can store his confusion, his mess and muddles, in my mind.

Edward was working elbow-deep in the dolls' house and a door fell over. He picked it up and tried again and it fell again and he said, "Oh well, we don't need any doors in this house." I said to him that as he gets deeper into the dolls' house, into me, in his mind, he doesn't want any doors, any stops to prevent going from room to room. He looked at the clock. "Oh dear—there's only ten minutes...what shall I do?" I think I'll have a go with the table—no I won't...I'll have a drink...I need that more." Edward always needed a drink in times of stress.

He moved to the sand-box and was working away furiously when I said it was time to stop. He carried on. I said to him, "You don't want to stop but..." and he interrupted: "No I don't—I'm going to take up your clearing-up time." I interpreted, "When you feel I will let you go over your time, break into my time, and into other patients' time like no doors, then the problem is..." But he interrupted me again and finished my sentence, "...then, the next time they will break into mine." I stood up. Edward said, "It'll take ages to clear this up". So he wanted the next patient's time to be broken into. I said he must stop now. He asked if he could wash his hands, which he did, commenting: "Nice slippery soap suds." I felt he was being slippery by stalling and when I said so, he said, "Yes." He dried his hands, hung up the towel saying: "I never leave

things in a mess, I always clear up". He said, "I can find my own way down," but as usual, I followed, and he glanced behind as he went. It seemed to me that Edward felt he was pulling me downstairs.

As his sessions went on, Edward took to filling up every available container with water. He said he wanted it "on tap". He called the Ascot water-heater which was on the wall above the water trough, a "milk machine". His material was genuinely poignant, yet my dilemma was that interpretation appeared not to touch him. As Edward became more in touch with his need, greed and dependence on me, the transference changed radically from positive to negative. His attacks on me and the room became ruthless. He swore and spat and kicked everything, including me. He tried to throw furniture and slammed everything: doors, furniture and me. When I set very firm limits on him, he turned to other techniques to express his feelings. With effort, instead of spitting at me, he collected a lot of his own saliva in a cup, added glue, then water, then paint and sand, and smeared this on the washable furniture, onto the floor and the walls. In later sessions he smeared it on sheets of paper, left it to dry and used it as "sandpaper".

What did Esther Bick understand of this initial phase of the therapy? She showed me how, through making the "sandpaper", (which he made with such effort out of his spittle, glue, water, paint and sand), Edward was trying, through abrasiveness, to shape and smooth a world to contain and restrain him, as he forced me, in therapy, into restraining and containing him physically. I brought my dilemma; I felt the material was so vivid and powerful, yet the process was particularly difficult and delicate, because my attempts to verbalise, to help him understand, were felt by Edward as anything but helpful. Interpretations simply drove him frantic and he became wilder and more destructive. Bick told me with a sense of certainty that, akin to a mother with a young baby, my function was to understand the areas of confusion for myself, in order not to be utterly overwhelmed by Edward's assaults on my capacity to think. Unlike his mother, who had indeed been utterly unable to think or act when he was a new born baby, my task

was to go-on-thinking and go-on-being. She showed me, that my attempts to understand him were perceived by him in three ways:

1. As mutual mudslinging. When I spoke, Edward felt I was sadistically slinging his helplessness at him and doing to him what he did to his objects.
2. As a confirmation of his anxiety. He felt his destructiveness was really too much for me, and that I was forced by him to retaliate in kind. He felt that I was stuffing the interpretations down his throat in the same way that he stuffed the mud into the neighbour's pipes.
3. Most importantly, he eroticised our contact. The sandpaper quickly got "tickly". He forced me to restrain him physically and responded to my restraint by erotic actions such as jumping against me and wrapping his legs around my waist and squeezing himself against me. But then he would quickly get very upset and feel that he had ruined everything and become afraid.

Emotional separations, violence and collapse, and the containment of supervision

Seven months after the treatment began, on the approach of the Christmas holiday, Edward forced all the knobs off the window-catches and hoarding them, constructed for himself a cocoon made out of the covers of the couch and a pillow. Holding the knobs he crawled into the cocoon, head first, and then fell asleep. He woke shortly after, very distressed and sobbing, and went on a rampage around the room.

Esther Bick said cocooning himself and falling asleep, was his attempt to prevent me leaving him for the break. He fashioned for himself an object that would allow him *not* to experience the separation, an object into which he could crawl and get away from the real me, a separate person who had a life of her own and was soon to leave him. When this was unsuccessful and he woke sobbing to the reality of an intolerable state, he then went on a rampage in the room, trying to destroy it and raging at me. She thought the

window knobs he forced off the window catches symbolized a link with a life source, something which he could hold onto, as a baby holds onto the nipple and feels that it belongs to him exclusively. She showed me that in the transference, this was experienced by Edward as a link to me.

The concept of the baby at the breast certainly was a most helpful concept to hold in *my* mind, as I might otherwise have seen his twisting the knobs off the window as an attack on me, as an expression of his aggressiveness. It was just this, his aggressiveness, in this initial phase of the treatment, which presented me with such a dilemma. The problem was to try to find a way to help Edward understand how his aggression and his consequent guilt and fear of punishment made the experience of therapy with me so persecuting for him. He needed all the compassion and insight that I could muster.

With Mrs Bick's help, I struggled to recognize and hold onto the fact that, in the transference, I represented various aspects of how Edward had, as an infant, experienced his mother. She helped me understand how Edward did experience me as a "container" for his feelings and that my interpretations did get through to him. As the therapy continued, Bick's steadfast compassion and her insight helped me with my doubts about whether I could withstand his attacks, and whether the therapy with Edward was viable. I came to understand that my doubts mirrored his mother's doubts about whether she could keep him alive or be a mother to him when he was a newborn baby. I needed all the help I could get whereas Edward's mother was alone with him.

Edward returned from the Christmas break as though, in his mind, there had been no break. He continued to use his "sandpaper" which had featured in earlier play and did not mention the interruption. However, what he did show, was an increased and vicious jealousy of his rivals. He attacked all the objects that he perceived as shared, like the dolls' house, children's furniture and the sandbox. These were in fact, part of the playroom which I shared with other therapists in this Child Guidance Clinic. When I said I would not allow him to hurt me or damage the room, Edward tried harder, laughing triumphantly. He flooded

the sandbox, saying it would take me hours to clean up, not just the ten minutes he had deduced I had between my patients. When Edward threw sand at me, and forced me to restrain him, he said to me, significantly, “You are hurting me!”

Bick pointed out that he was recreating the hurt I had dealt him by abandoning him over the Christmas fortnight and she literally demonstrated how I should restrain him. She showed me how I should hold him firmly in a chair while I stood behind him, each of his upper arms held firmly by each of my hands. In this position, she explained, he would be unable to spit at me or kick me or jump into my arms and wrap his legs around me, behaviours which made it impossible for me to extricate myself. I was working with my patient, mind and body and there she was, pitching in to work with me, equally immersed, utterly involved and committed.

Move to a new clinic

I would like to give one more detailed and vivid example of Bick’s understanding and help. It involved her understanding of Edward’s reaction, when, after twenty months of twice weekly psychotherapy the clinic moved from our ramshackle surroundings into a newly renovated building about one mile away. She understood, at the deepest level, what a life-threatening trauma this became in the transference repeating his earliest experiences as a newborn baby. I told Edward about the impending move some time before the event. I will describe both how Edward reacted both before and after the move, and Mrs Bick’s understanding of the material.

The week before the move he made a system for numbering his papers and a list of all the contents of his box of toys and materials, in order, he said, not to lose anything in the move. Edward needed to feel *he* was in control, and not helpless. To depend on me to keep things safe felt unbearable. He also connected four hanging ceiling light fixtures together with string. In this way he could sit in a chair, pull the string and make them all sway and swing together. He said he had to keep them all “shining”. Bick agreed with me, and Edward, that he felt the onus of responsibility was on him, alone. The last week in the old clinic he asked for some

new supplies of glue, string, and paper clips, which he said he desperately needed and which after some discussion I supplied.

The last session in the old clinic

As Edward ran to our room, he passed all the signs of the impending move, the tea chests and boxes, in the corridors. He burst into our room, looked in his box and said "Hooray! Oh goody! Now I have got all the things I want. Now I can put my clown together." This was the first time he had mentioned a clown. Then he saw the new glue and said, "Gosh! It's miles bigger than the old one!" He lifted the old glue bottle and the new glue bottle to his eye level, compared them and then turned around, pivoting, arms raised like a victorious footballer acknowledging the cheering crowd.

Mrs Bick understood that Edward equated the new supplies with power. I was giving him power and the power excited him. She explained how desperately Edward needed to feel that the supplies flowed and were never used-up; his demands succeeded in his mind in making more and more.

Edward set to work on his clown. He cut it out and painted the legs, arms, torso, face, hands and feet. He intended to assemble it with the new paperclips. But as he worked he flicked paint back in my direction, onto the floor and flicked the paintbrush like a lion-tamer's whip, as though to keep back a persecutor. I said that this play expressed his feeling of being left behind by the move and that he was struggling with feelings of being discarded. Defensively, he was assembling this clown part of himself a happy-faced, manic performer, but also showing me how he felt in constant danger, fearful of being attacked.

As the session progressed, Edward lost all patience with painting carefully around the clown's eyes, nose and mouth. He painted over them. His patience was evaporating, his anxiety was pushing him emotionally. "There!" he said, with deep satisfaction or relief. He inhaled and exhaled deeply. I wondered why he had done a clown and asked him what he could tell me about it. He said, "They do funny things, they make people laugh. I don't know. That's all." He strutted around the room, hands on hips, aimlessly. "While it's drying

I'll make a train like I've done before. It's got to dry before I can cut it." To begin making his "train" he pulled the couch into the centre of the room. With swift and brutal movements he kicked the rug and pillow out to the far side of the couch.

He proceeded to pull all the furniture into the centre of the room and line everything up like train carriages. He pulled and pushed the heavy furniture across the large room, creating loud vibrating noises as it rubbed against the rough linoleum floor. He skilfully tipped the smaller pieces, which consisted of the table, smaller desk and chair he used, on top of the larger cupboard and desk. It looked as if the smaller pieces were to be transported by the larger ones. He certainly seemed to be packing up for the move. I interpreted how he felt he had to organize it all, all by himself. When a loose shelf in the painting table cupboard rattled as he moved it, he asked me, "What's that I hear sliding?" Brutally he slammed and tipped the painting table until the shelf tumbled out, crashing and clattering to the floor. Edward explained in a tough, flat tone of voice, "I want it empty!" Then in a more vulnerable tone, "I just do." This was a cupboard in which Edward had spent some long periods of time.

Mrs Bick and I felt it represented me, my body and his desire to be inside. I spoke to him about his massive, giant, huge feelings of need to have all of me, to empty me out, re-organize me in his own way, like the painting table. But then this left him feeling aimless, it left him feeling empty. Because his needy feelings were so big, he couldn't stand the idea of a shelf divider, of sharing me, and then he felt very upset.

He put the heavy painting table upside down on the couch, climbed in, and was riding it, swaying like a boat at sea. From this position he questioned me: "What's the new clinic like? Is it new? ... I hope it is a brand new building." I wondered if he wanted it to be brand new in order to leave behind any evidence and results of his aggression and attacks. When I called the furniture arrangement his train, as he had earlier, he said no, it was now his air machine and it could be for outer space. He put two children's chairs in the front of the air machine and sat on one. When I asked him about the other chair Edward said, "It only takes one to drive it. The other can be if someone

comes along for the ride—to keep the driver company.”

He said this with some warmth which I acknowledged and pointed out that it was dangerous in outer space. I said he had made a furniture object. He needed protection, and he felt this massive thing was the only way. I also said he wanted me to come with him, as he wished for me to keep him company. Then he stopped. He said it was time to connect all the parts of the clown. He was very pleased with the result, but he returned to his air machine. He now moved a wooden cupboard to the centre of the room near to the couch and fed in a roll of electrical cord, two gas-fire guards, placed the phone under the armchair, tucked in a pillow and a blanket and climbed into what now looked like a self-constructed incubator. I interpreted, in relation to his air machine, “You need air to survive.” In response he informed me he was coming three times next week to make up for the Friday of this week, the day when the clinic was to move, when he would miss his session. It seemed he was telling me that in order to maintain his minimum air supply he needed to have his two sessions a week. I told him we would stop in five minutes and he asked, “When do you start moving things?” At exactly the right time, he walked out quietly.

Edward became ill and missed his first session in the new clinic. His mother rang to say that he was very ill and that the doctor came every day. “He just lies there,” she said, as though occupied by his illness. He had violent diarrhoea and vomiting. I wondered if it was at least in part an expression of an experience—the move—which drained him of life fluid, of life substance. He came for the next session looking pale, with red-rimmed eyes, but standing up ready in the waiting room. His mother looked exhausted. Her lap was full of magazines, so neither Edward nor his little sister could sit on it.

The first session in the new clinic

Edward said, “Hello,” and went out of the door, rapidly setting off, and then stopped and announced: “I don’t know where to go, at all—you will have to tell me.” We went up two flights of stairs. The new room was a small attic room. His reaction was, “Is this it? ... Cor... what a small room!” Then, more keenly,

“No sink,” and taking an inventory, “No cupboard. Oh.” Simultaneously glancing out the window, his fingers brushed over the plastic washing bowl with a jug of water in it, and two cloths hung over the side, which were to be used instead of the sink. He dipped two fingers in the water and said, “Rubbish... Long way down...Is there a way to get down there—to the back yard?” Thinking of his first day alone at home with his mother as a newborn, I thought Edward felt panicky and trapped in this little room without his water supply.

He found an old electrical switch on the skirting board: “What is it?” He kicked it then stomped on it but nothing happened. “Not connected,” he said. Then Edward pronounced: “I don’t like this place.” I said he felt it was so strange, he’d had no say, and he felt lost way up high, cut off from below, he had lost his pointer, which helped him feel connected to the life-supply-water. The move felt to Edward like a breaking off. He felt sick and broken inside. He brushed aside my reference to his illness: “It was nothing, only a cold.” “Next week, can I have some elastic bands please?...I want to make a target ...I make loads and loads of them, pin them on the walls and use elastic bands for target practice.” Edward lacked a target, a focus.

In a performance of idle activity Edward took a paintbrush from his box, dipped it in the jug, flicked water onto the floor and then shot a question at me, “Can you drink this?”

While this was going on between Edward and me, his mother was seeing her psychiatric Social Worker in another room. She said to her that she had broken out in an angry red rash all over. She had been to the GP who had said, “It’s a reaction.” At one point his mother couldn’t speak and needed a drink provided by the psychiatric social worker. While Edward feared there was no water to drink, his mother too needed to be given water. But the psychiatric social worker also felt that his mother was now more caring of Edward than she had been. She reported that Edward was so appreciative of her food, and also of nice surroundings. He would say, “Mummy you are such a good cook, you make the best meals.” Perhaps the move, whilst terribly upsetting, had also pushed Edward into make some improvement.

The second session in the new clinic

Edward looked surprised to see me. He was carrying a little metal disc. He raced up the first flight of stairs, but the effort winded him and he climbed, puffing, the rest of the way. “Long way,” he said. He flopped down on the couch on his stomach, rolled over onto his back in one continuous movement, took a paintbrush, tapped the edge of the washing-up bowl and said, “I need running water ... Can I have a bucket?... How can I fill this up to here?... How will I get fresh water when I muck it up?... Where can I change it?”

He sat down dejectedly at the foot of the couch, “The room’s too small.” I asked: “Why?” “Can’t move around,” he replied. Then Edward had to go to the toilet. When he came back he again sat on the end of the bed and said, “How will I manage?” I said that I agreed that he needed running water and that there was a room in the clinic which did have running water. I would try to arrange it so that we could use that room, eventually. He said, “Oh good... When? Is it way up here?” I said, “No, on the first floor”. “Good”, he said, “I don’t like this room, it’s too small... Can I see the other room?... When will we move?... make it while I am here... I want to see when we move... I’ll help... I’ll take my box.” He lay on the bed, on his back, with his legs against the wall. I interpreted that when the clinic moved, he lost his safe place and the safe me. Now he felt he was too high up and did not feel safe. He felt too vulnerable. Inside himself it felt like the end of the world. He felt all off balance, and then he became sick and everything fell out of him, the diarrhoea. Edward was making footprints on the wall with his shoes and said, “And now mummy is ill,” I asked: “What is wrong?” And Edward replied, “I don’t know, and that’s serious”.

He tied a length of string on the disc which he had brought and moved to the table. Lying on his stomach he edged the disc away and pulled it back and threw it further and further away from the couch and hauled it back again. When I interpreted his wish to control me and have me to pull back, he overbalanced in such a way that I had to catch him: “Agh, I’m falling,” he called, and then he mimicked falling in slow motion as though lost in space. “Connect!” “Good,” “Got you!” “Ow, It hurts.” I asked him what hurt and he said “*Electric shock.*” I

said now he seemed to be getting over the shock of moving, which felt like a bash. Now he is re-living what happened to him, only it is under his control. He lay on the table on his stomach, limp, humming, “One more day to get over. One more river to cross.”

At that point we heard noises from the patient next door, on the other side of the thin wall. The boy next door had been significant to Edward for a long time. He was thirteen years old. He had had his sessions reduced from five times per week to once weekly because he was too unmanageable. This was a great threat to Edward who often met him in the waiting room. Edward responded to the noise with a threat: “If he goes on I’ll get him!” When Edward muttered, “*Red Robber Baron*,” I said he felt that I had robbed him of the old clinic. At that, he slammed his shoe into the wall and, surprisingly, the plaster smashed. Edward sat straight up, “Blimey! Gosh! I kicked it too hard—I didn’t realise it was *that* soft,” and he ran his hand anxiously over the damaged wall.

Edward got up to try to wipe off the footprint and the dent. He poured water from the pitcher all over it. It dribbled down the wall. He suggested he could paint over it. With no success at all in repairing or covering up the damage, he resorted to pouring water on the couch, “To soak the crumby place.” He could not bear to see the prints of his deeds. I stopped him pouring water on the couch, and he stood watching the dribbles. “The acid is doing its job,” he said. I asked, “What does it do?” “*It burns*.” I said I felt he had been burnt by the move, by the water going off, and when he could not repair the damage he had done, he burnt it, in order not to see. When I said it was time to stop Edward cut the string with the scissors and taking his metal disc went downstairs, humming the same tune: “One more day to get over, one more river to cross.”

Like the words of the song, Edward was living from day to day. The move had represented a collapse of his world. His play was an attempt to change pain to pleasure, to bring what had happened to him under his control, akin to Freud’s observation of the infant with the cotton reel (1920).

Bick was quick to sum up the traumatic experience for Edward; the move felt to him like a *breaking off*. He felt sick and broken

inside himself. Both Edward and his mother experienced the move as coming to a place where there was no breast, like being put into a room without a bottle. When I reported the session in which Edward kicked the wall and damaged it—it was “too soft”—she related it first, to his anxiety about his sick mother, and, also to the mother who, in his mind, he had kicked too hard, as a baby, through his screaming. She added that Edward felt I had made a hole in him when I took away the running water.

Mrs Bick linked the whole trauma in the present to Edward’s history. Just as his mother reported that Edward drank four bottles, non-stop, as a new born infant, after twenty four hours without nourishment, it seemed that Edward now felt again he needed non-stop sessions. When he lost the running water, the running sessions, he felt he had lost touch with life. He experienced it concretely, physically, in himself, with the diarrhoea and vomiting and fluids pouring out of him. When he spent the next sessions on the table, or later, on the couch on his stomach, limply, Mrs Bick was convinced that this represented the loss of the capacity to stand up. He had lost his back bone. When Edward told me how much he wanted to be “in” on the move to the new clinic, to do it himself, she pointed out that he felt he had to, in order to survive, emotionally and physically. For Edward, to be little was terrible. He could fall and never, ever stop falling. In relation to the attic room without water, for Edward, he felt there was no room to move. If there was no room to move, for Edward, there was no room to live.

Discussion

Esther Bick’s supervision of my work with Edward wove a most rich and intricate tapestry of his fundamental psycho-somatic experience. She highlighted the importance of containment and the problems of establishing an effective container when early containment had been inadequate. I learned from my patient and my supervisor about the manifestation of anxieties in physical and concrete ways in Edward’s attacks on property and members of his

family in his external world, and, in his therapy, his attacks on me. Bick led me through the experience of understanding the powerful link between infantile phantasies, containment, in physical terms, and the structure, or the lack of structure, in mental functioning.

She showed me the task of the child psychotherapist in taking in and experiencing such anxieties, concretely, and in attempting to give them a voice, and context, to give them a container. Through repeated working through between therapist and patient, experiences and anxieties may become tolerable and available for consideration. She made it vividly clear how this model derives from the to and fro and the containment between mother and infant. It is only when the child can internalize the mother or the therapist, as a container, that he can experience the relief that understanding can give.

As I learned so vividly from the experience of mother-infant observation, the mother, through physical and emotional caring, serves as a container for her infant's experiences. The mother gives the infant's experiences shape, space and meaning, making them more tolerable, so that the infant may take them back into himself. Edward may have had innate difficulty tolerating frustration, but there is no doubt that from the beginning of his life his mother had grave difficulties containing his most primal, concrete and overwhelming anxieties. This was most certainly a factor in his problems of introjecting an object capable of containing the most primitive parts of his personality.

My year of supervision with Esther Bick left me with a vivid experience of tracing the development of the therapeutic process. I saw how the room, the session times, the boundaries and the limits were all attacked in various ways. I saw how Edward's intense feelings coloured external reality to such an extent that, at times, little differentiation was possible, and hence, little thought. Edward's ensuing confusion, permeating all areas of his personality, showed itself through the transference. When, for example, the clinic moved, Edward did not experience the move realistically. His feelings coloured the reality of the move to such an extent that it took on a reality all of its own. Bick helped me see that he could hardly think about the move at all, other than to experience it as

a perilous, infantile journey. It was experienced by him not as it really was, but as a crisis which propelled him into outer space, as he said, without air. Edward was unable to think about the move and how to manage it. Rather, he reacted in a massive and confused way, and built an air machine, his version of an incubator.

Bick explored Edward's transference relationship from many dimensions. The transference expressed Edward's confusion between the infant and the parent (who is the container for whom?); between inside and outside (the cocoon); between parts of the self; between body and mind; between good and bad (when he said he felt "best" being naughty).

He lived in a world peopled largely by the products of his own mind. Symbolizations could not develop properly and be integrated. Rather they remained symbolic equations, like the attic—an unintegrated part of his mind.

With the help of supervision I understood and survived Edward's attacks on all those aspects of the therapeutic process, representing both myself and my mind, including the room, the session times, the boundaries and limits. A healthy link with me, carrying with it the implication of separateness, was experienced by Edward as extremely threatening as it was equated with abandonment and death. In moments of greater calm he could begin to show an ability to allow me a life of my own. More often, however, he experienced me as a persecutory object and feared I would retaliate. For example, when he damaged the room or tried to hurt me, or when I became a damaged object (as in the inadequate water supply in the new room), he repeatedly felt perilously close to his terrifying experience as a newborn infant. At this time of his life, Edward's ability to reflect and contain feelings was only fleeting. Building up an internal container was gradual and fluctuating, many times destroyed, lost and regained over and over again.

Conclusion

I hope I have conveyed the power of my experience of supervision with Mrs Bick. She had unique and original capacities for

reflection and containment, and was a gifted and extraordinary teacher. I also think it was fortuitous that I had Edward as my patient. He, she and I met at a particular time and in a particular way. She found Edward's material so vivid that she invited me to attend a few of her infant observation seminars in which the material of the infant presented seemed to match the material Edward brought to his psychotherapy sessions. She asked me to present his material, as he illustrated so clearly the problems of physical and psychic survival when there is a lack of containment. He also demonstrated the necessity, in his mind, for developing omnipotence. It was as though Bick, through bringing us together, wanted me and the group to learn, not only from her supervision and teaching, but concretely, powerfully, through our own experiences together. She wanted to bring Edward's material and the infant observations together literally, in the same seminar, with me (his therapist) and the observation students.

What is surprising in retrospect is how little Mrs Bick focused on the fact that Edward's therapy with me would be prematurely interrupted when I left England. She said, "He will see someone else" and, in fact, the therapy was to continue. We discussed what the possibilities were. There was a young male therapist at the same clinic who was prepared to take over. Mrs Bick thought that it was good that Edward's next therapist would be a man and following her instructions, we arranged that he continued to see Edward twice weekly at the same clinic, with the same box of toys. I maintained a correspondence with the second therapist. He reported that the main theme of the next two years' psychotherapy work had been Edward's loss of me as his first therapist. When my colleague stopped seeing Edward two years later, in part at the insistence of his mother, who felt that Edward had improved sufficiently, he had apparently fully embraced both of his therapy experiences.

Over the years, speaking with colleagues and friends who were also students and analysands of Mrs Bick we have reflected on her complexities. As I wrote at the beginning of this paper, I was initially terrified at the prospect of the supervision with her, as I

had heard she could be really frightening and intimidating. Others too have grappled with the contradictions of this highly original and gifted person, who taught us the power of observation, taught us to tolerate uncertainty, and yet, herself, could be dogmatic and intimidating in putting forward those very views. Her efforts and enthusiasm were as characteristic of her personality as her generosity and her intensity. When the period of supervision was coming to an end, I thanked her most warmly. She replied, “We have learned so much.”

