

# Introduction

*Romana Negri*

In this book I would like to present some of the observation work that I had the privilege of presenting to Martha Harris for supervision between 1970 and 1984. These cases include infant observation, young child observation, and play observation of three children who, for various psychopathological problems, were in hospital at the Institute of Child Neuropsychiatry at the University of Milan. Martha Harris's supervisions were recorded and in almost all instances preserved, and the tapes have been transcribed here. The case of Simone, which constitutes a major part of the book, particularly delighted her, since it afforded in great detail a record of an infant's normal development, highlighting the passions, struggles, and vicissitudes inherent in ordinary life, so providing a role model against which psychopathological impediments may be measured and more clearly seen.

The material in this book demonstrates the high importance accorded by this Scottish psychoanalyst to close observational work. In the process, it provides illuminating illustrations of the theories of Esther Bick and of the Kleinian model of child development, including such themes as states of normal non-integration, establishing a rapport with the breast, problems of

weaning, and the operation of the epistomophilic instinct. The influence of Bion's theories of the structure of the personality is very evident.<sup>1</sup> Mrs Harris, along with Bion, sees the child's emotions as crucial in the development of a capacity for thinking. She says, "The emotion is the thing that gives the meaning; and the thought is a way of organizing that meaning and giving form to it" (see below, p. 00).

Q1

In addition to being a teaching analyst of the British Psychoanalytical Society, Martha Harris always manifested a lively interest in the people, both children and adults, whom she encountered in daily life. As Rita Parlani writes, "This attentive sensitivity to others derived from her 'mystical' and at the same time realistic vision of how her analytical work supported her commitment, which was always inspired by her search for the truth" (Parlani, 1989, pp. 6–7). Mrs Harris never ceased reformulating concepts and hypotheses, judging that dogmatic and uncritical assumptions encouraged omnipotent attitudes. Her rigorous adherence to the Kleinian school co-existed, none the less, with a free and lucid intellectual approach. For example, she believed the Kleinian idea of "correct" interpretation had a certain omnipotent component, as if the patient was to be "stamped" with the right interpretation. Instead, she searched not for the right interpretation but for the "enabling interpretation". By "enabling" she meant that which aids the patient to express more clearly their emotional state in a way that leaves space open for further experience. The "right" interpretation closes off the experience. Referring to Bion's terminology, she described how "alpha function forms in the child's mind with the introjection of a thinking object (that is, an enabling reasoning power), not with the introjection of an object that formulates omniscient judgements ('right' interpretations)" (Brutti & Parlani, 1979, p. 181).

Her interest in promoting the use of psychoanalytic ideas extended to all fields where there was a chance of furthering the development and education of the individual and, in particular, the child—whether at home, school, hospital, in consultation, etc. In her paper on "The Tavistock training and philosophy", she expressed the goal of the members of all socially concerned institutions as one of "promoting the healthy growth of the individual, the family and society, concentrating attention not just on pathological conditions

but on those which foster change and harmonic development of both the personality and of social structures" (Harris, 1987, p. 261). The work–study seminars devised for workers who came from a variety of different disciplines entailed the use of "no particular technique", since their aim was the general but essential one of "sharpening perceptions and enlarging imagination". "Disparate elements" in the material could be evaluated from different perspectives in a way that was mutually enriching.

In all the study seminars of the Tavistock course, the emphasis on detailed observation and reporting was paramount. Focusing on the material, rather than on the reactions of individual participants, meant that when childish emotions were inevitably aroused these could be recognized and discussed as inherent in the situation. For "distortions of perception happen at all times with us all" and the key to understanding projections is to focus on "renewed scrutiny of the situation in question" (*ibid.*, pp. 262–263). Attention to detail is not a function of academic obsessiveness but is a psychological facilitator of "free and honest reporting" (*ibid.*, p. 268).

Observation work, says Harris, helps the student learn "to endure 'living in the question' (as Keats put it)",<sup>2</sup> a capacity that she insists is "indispensable" for the psychoanalytic student, whether they wish to practise with children or with adults. Living in the question is enabled by the struggle to observe phenomena minutely and correctly without seeking refuge in "premature, anxiety-ridden interpretation and intervention. It helps relax undue therapeutic zeal, allows us to learn to feel and to respect the drive towards development that exists in every patient, as in every baby. It cannot be hurried" (*ibid.*, p. 267).

The observational methods for the mother–child relationship and for "young child" and play observation (of children over two years) were established by Esther Bick in the 1950s (Bick, 1987). These are the methods followed in this book and they are described below. In each category, the observation lasts approximately fifty minutes and is transcribed by the observer in the most detailed way possible. It is subsequently presented to a work group of others involved in a similar activity, led by a psychotherapist who has extensive experience in the observation of infants and in analytical therapy with children and adolescents.

*Infant observation*

In the same paper on the “Tavistock training” Martha Harris describes the procedure for conducting the mother–infant observation seminar, which she regarded as “more valuable than any other” in honing observational skills:

The mothers are asked if they are willing to have an observer who, although he may be a professional worker with children and may even be a parent himself, would like the opportunity to learn by observing for one hour each week how an infant grows and develops within a family. The mother is also told that it will be helpful and interesting for the student to be informed of any changes and developments which she has noticed in the baby during the intervening week. Her thoughts and feelings about the baby are welcomed, and one often finds that the interest of the observer seems to encourage the mother to take more notice of the baby as a developing individual. [Harris, 1987, pp. 265–266].

Q2

The observations are carried on at these regular weekly intervals (excluding holiday periods, etc.) for the first two years of the child’s life. In the case of Simone, reported in this book, they continued until age three, at Mrs Harris’s request, to include the story of the birth of the next sibling and also the child’s entrance to nursery school. When other family members are present (as frequently in Simone’s case) the mother–infant observation also becomes a family observation, and the observer needs to pay the same unobtrusive attention to everyone present, learning to “retain and record complicated details of interactions and conversations”. The observer’s task is not to “over-identify” with either mother or baby but to concentrate on feeling his own countertransference. In this way he will come to appreciate “the impact on the mother of the responsibility of the baby” and the difficulty of her own task of being “open to reverberations of [the baby’s] gropings and disturbances” rather than following what she has learned “by precept, hearsay or academic psychology” (*ibid.*, p. 266).

Q2

This is an education in “living in the question”, in which the observer is in a potentially privileged position of learning from the “wise mother”, who knows that “it is illusory to believe that, if she is good enough, she can help [her baby] grow up without any

frustration". Mrs Harris points out that "not every mother is able to respond in this way" to the emotional turmoil aroused by the baby's needs: "There is every possible variation in degree and in areas of responsiveness and blindness between mothers, and at different times within each mother, as within all of us" (*ibid.*)

For the observer likewise needs to metabolize his own frustration at the inevitable stirring of "intense feelings deriving from his own infancy", and to beware of the common tendency to find fault with the mother (or therapist or other caring person), which Harris denominates the "voyeuristic eye". (There is an example of this in the material about Simone, see Chapter One, p. 00.) The counterpart to this is idealization of the mother-baby and a failure to appreciate their difficulties. Both these projective attitudes constitute "impediments to accurate observation" (Harris, 1987 p. 268), while the struggle to observe accurately, and to report and discuss the details in honest totality, allows for the containment of infantile feelings within the group, away from blame or idealization. Attention is focused scientifically on "the material itself, rather than upon that comparison and measurement of individual performance which so inhibits honesty and spontaneity" (*ibid.*).

Ultimately, the fruit of accurately observing in minute detail the growth and strengthening of an infant's capacity for trust in his internal objects is to provide the observer with "a model and source for their own development as a therapist with patients", an education that is available also to the other members of the seminar. This "thrust for development", in Mrs Harris's view, may vary in strength from one individual to another, but "is present in all who live" (*ibid.*, p. 267).

### *Young child observation*

This is the weekly observation of a child aged between two and a half and five years of age carried out in the institution he or she attends. Usually, the observations are made in a nursery or kindergarten and the work lasts one year. In the case of Angi, the child presented in the book, the observations were initially carried out in hospital, and then later in the family environment.

*Play observation*

For play observation sessions of a child over two years of age a simply furnished room is used with a small table, a desk, two chairs, and a standard selection of toys: a doll, a furry animal, two little cars, an ambulance, a fire engine; wild and farm animals with fencing; toy pans, plates, cutlery, cooking utensils; if possible, also a little house containing dolls; animals and cars, and a basket with plastic cubes. On the table there are drawing paper, crayons, plastiline, and a "family" of little dolls. Melanie Klein (1952) described how this simple selection of toys was designed not only to interest the child but also to allow him to transfer to them imaginatively his feelings and anxieties. Mrs Klein thought of play as the means of expression of unconscious phantasy, which was in turn the mental representation of the instinctual life, so the toys she provided served as the vocabulary for the children's expression in the same way that words, free associations, and dreams would do for adults (Klein, 1948). She thought that projective processes present in play and personification allowed the child to communicate his inner world. As Shirley Hoxter writes, "Play is of particular value to the child, as it provides possibilities for anxiety situations to be faced in a symbolic way. The anxiety itself is reduced to tolerable and manageable levels" (in Camhi, 2005, p. 213). Mrs Harris also emphasized the usefulness of the indirectness of play as a means of expression for the latency child, by contrast with the difficulty of verbalizing emotions.

The observer does not intervene in the child's play; he must not interfere with whatever the child wants to communicate, because only when his presence is emotionally receptive, and not directive, can he really make contact with the child. He is then able to register in his mind everything the child did, right down to gestures that may seem casual or apparently insignificant, remembering the exact sequence of the different stages of play. All this, once the session has finished, will be written down with the greatest possible accuracy.

Mrs Harris was invited to conduct our observation seminars at the Institute of Child Neuropsychiatry at Milan University from 1970–1973. Our first experiences enabled us to understand that changes are necessary in the attitude of the observer, particularly

when dealing with psychotic children. We saw how we must give more to the psychotic child than to the neurotic child. It becomes up to the observer to employ his particular sensitivity and experience to understand if he should intervene occasionally during the session so that the child, under the influence of his phantasies of destruction, does not feel too persecuted by the doctor, against whom his defences are generally directed at that moment in time. With non-psychotic children of over eight years of age, it is best if the person who is trying to understand the child's anxieties and worries helps him to recognize them during the course of the session itself.

Mrs Harris, along with Klein and Bick and other analysts, emphasizes that notes should not be taken during the session itself. Writing interferes with the observer's free-floating attention and, in the case of newborn babies, "prevents the student from responding easily to the emotional demands of the mother" (Bick, p. 241). An experience of my own confirms this point. My first observation of a psychotic child of seven, named Stefano, was conducted in our clinic at a time when it had not yet been established whether note-taking during the course of the session was a good idea or not. Some time after the session had started, when I wrote some words on a sheet of paper, Stefano approached me to ask what I was doing. He then said I was writing "to a man" and later "to a man on the phone", i.e., to a person he could neither see nor hear. Thus, he showed that he saw me in the same way as he saw his mother, who was interested only in his father, excluding the child totally from their relationship. Stefano then showed me a scar on the back of his hand and said loudly, "One of granny's cats." This was how he wanted to show me his anger, the part of him that scratches. He feels scratched himself and reacts angrily: he scratches and expects to be scratched. So I asked, "Does it really hurt a lot?" He answered very quietly, "No", and again, softly, "Doctor . . . medicine", making me understand that his anger could be alleviated if the doctor would really concern herself with him. This experience demonstrated to our group the meaning and purpose of not taking notes during observation sessions.

Only seven or eight doctors took part in the seminars at the Institute and each of them reported a case from time to time. We realized that only those directly involved in this type of work were

interested in a way that could contribute to the discussion and derive practical benefit from the session. The principle of play observation became a recognized part of the overall assessment of a child admitted to the Institute. It was taken into account together with the history, psychological examination, and complete test evaluation—intelligence quotient, projective tests, neurological evaluation, and instrumental examinations such as the EEG, etc. The play observation method turned out to be a precious instrument for arriving at a correct clinical diagnosis.

Martha Harris described the value of the method in the terms Freud used in his funeral speech for Charcot (also frequently quoted by Bion):

He used to go on looking at the things he did not understand in order to get a deeper and deeper impression, until the moment came when their meaning suddenly became apparent. Then the symptoms, apparently so chaotic, fell into shape. [Harris, 1980, p. 189]<sup>i</sup>

As a result of being able to see what underlies the symptoms of the disorder, it became possible for us to modify wrong diagnostic orientations and to set up appropriate therapeutic measures.

### *Notes*

1. Martha Harris had personal supervision with both Klein and Bion.
2. A reference to the “negative capability” passage in Keats (letter to G. and T. Keats, 27 December 1817).

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