

## **The psychoanalytic approach of the baby observation in the family, what does it provide to the group?**

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### **Abstract**

The author explains why the observation of the newborn in the family, according to the method of Esther Bick, represents a resource for associative work and the group psychoanalysis.

It first illustrates the different types of observation and then he situates this procedure alongside a subjectivizing process and recalls the important role of observation in the institutional clinic.

The author then presents this particular analytic formation, which follows the new conception of M. Klein regarding the origin of the transference and the early infantile object relations. The different times that make up this method, that of the retrospective transcription of what has been observed and that of the associative work of the various points of view during a round table, are also at the service of the positioning that the observer must perform within a family in which a child has just been born.

Finally, he illustrates the difficulties of containment that the observer must face and those concerning the work at the round table, with some extracts of situations of observations that cause strong emotional divisions.

**Keywords:** Observation, intersubjectivity, transference, attention, newborn, family, work group, associativity, transcribed.

Nowadays we are constantly assaulted by all kinds of observations and sometimes it is difficult to see it clearly. The observation of the newborn is commonly considered a problem of the developmental psychology that concerns the individual or the couple. This article aims to demonstrate how it can become, with some conditions that we will specify, the methodological resource of a deeply intersubjective and group-based psychoanalytic approach; this because it fully influences the knowledge of the bonds inherent in the family and passes through a group approach of psychic life.

It is sometimes necessary to recall that psychoanalysis has used the instrument of observation consequently to that carried out by Sigmund Freud (1920) in the situation then called "fort-da game" (Ciccone 1998, Mellier 2002). Desire for verification, need for information, clinical material or working method: the motive was very varied. From René Spitz Margaret Mahler, Anna Freud, Melanie Klein and Donald W. Winnicott, Esther Bick, this tool is mentioned in many works. Two opposite poles

can be distinguished (Kohn, Nègre, 1991). The observation is called "objectifying" when it tends to report what is observed in the most realistic way possible, using techniques that allow it to be reproduced.

Instead, it is defined as "subjectivizing" when it is based on a single perception, that of the observing person, which acts in a clinical way to return a psychological picture of the experience that he shares with the newborn in the given environment. Furthermore, observation takes different meanings depending on its purpose - research, pedagogy, therapy, care or training.

In this article I will focus on one type of observation, the one established by Esther Bick (1964) for psychoanalytic training. It is a "psychoanalytic approach observation of the newborn in the family", following the terminology applied by Annik Comby (1990).

### **The value of the “observation” in the institutional clinic**

Before presenting it, I will make a detour to explain my interest, as a clinical psychologist, in undertaking this formation. It was in this circumstance that I "met" Ophélie Avron (1990) for the first time. In her article, she referred to her formation work for clinical psychologists to the IPPC (Institute of Clinical Psychopathology) in Paris 7. Here she describes precisely, and still actually, the situation of the psychologist in institutions: the origin of the demand for care, the contradictions in the actions of the therapists, the equipe's conflict, the complexity of the institutional operation, the vagueness of the objectives and the ambiguity of a role that oscillates between activism and immobility. To respond to these countertransference problems concerning the "chronicity of thought" or "emergency mentality" during supervision, she invited the clinician to perform "micro-observations". "I ask him to describe as precisely and openly as possible a short sequence of the interview: the arrival, the closure, a minimum incident of the route, possibly the physical description, the body description, the clothes, the manner of carrying them, that of speaking, to look ... it does not matter, at first the essential and substantial is to reinvest the thought" (1990, p.). The written transcription can have this function. The return of very precise clinical situations makes it possible to make tangible, sometimes starting from small clues, the complexity of psychic life and the presence of suffering often denied or agitated.

I formed myself in the observation of the newborn according to the Esther Bick's method for these same reasons. Working initially in nurseries, in places where the clinician had to create their own space, including intersections of a thousand requests and under the impact of suffering experiences hardly visible or too intense, this training has allowed me to continue to think, "to keep up with" the many stimuli and temptations that assail a clinician engaged in these places.

## **History of a psychoanalytic training**

This type of training is often misunderstood because the term "observation" in French assumes a strong experimental and visual connotation, unlike English. In the British psychoanalytic world, the "Infant Observation" is to designate the analytical training of Esther Bick.

Esther Bick followed a very personal path, then she became a psychoanalyst close to the thought of Melanie Klein. Polish, she initially studied psychology in Vienna and then attended a doctorate, under the supervision of Charlotte Buler, aimed to compare the reactions of the twins with the help of quantitative measurements. Observing with chronometers, "objectively", this is how her initial formation took place. Immigrant in Manchester because of the advance of Nazism, she began a personal analysis with Mikael Balint, then she took care of the children during the war and finally reached London and worked as an analyst.

Established in 1948, this training is aimed primarily at child psychotherapists, then it has been extended in 1960 to all psychoanalysts of the British Society of Psychoanalysis in London. It then spread throughout the world through analytical schools close to the English model (Argentina, Australia, Northern Europe, etc.). When Ester Bick left the reins of the Tavistock Clinic to Martha Harris (1979), this teaching was formalized and extended to all those professionals of the relationship who could benefit from the contribution of psychoanalysis (social workers, educators, teachers, nurses, etc.).

It is still practiced in different countries and with different names and functions: as an integration in an analytic school, included in the training of child therapists (Sternberg 2005) and / or even more generally towards the professionals of the relationship.

The observation in this case aims to work on infantile transference. The expansion of psychoanalysis toward the infant or child, as well as towards the groups or psychosis, has greatly complicated Freudian problematic, by introducing a registry of the psychic conflicts prior to the Oedipus. The "dispute" between Anna Freud and Melanie Klein are useful to understand this shift. They both give credit to their theoretical positions enhancing the observation of the newborn. We know that Melanie Klein defends the idea that it is possible to do psychoanalysis with the child because the analyst is the object of the transfert. She defends a conception of transference that is broader than that of the only "re-edition" of the parental figures, typical of the infantile neurosis. In a 1951 dissertation, she defines the "origins of the transference": "I think that the transference has its origins in those same processes that, at the earliest stages, determine object relations". If in the analysis the patient shuns the current reality to avoid reminiscences of the past, he can equally escape from the present but to preserve the same methods that he has always used. In this sense, Klein emphasizes all the childhood situations that are actualized during therapy: "it is essential to think in terms of total situations transferred from the past to the present, as well as emotions, defenses and relationships object ". The kind of

formation we are talking about responds to this concept of transference. It allows the clinician to experience very directly instinctual impulses and object relations of the very own experience of the newborn. The observations are then reviewed with the same rigor and precision of the analysis sessions.

Annik Comby (1990) has experienced this training for the first time in France, in Lyon. Psychiatrist brought up to the challenges of institutional treatments, has become a psychoanalyst member of Psychoanalysis and the British Society was formed with Esther Bick and, later, Martha Harris.

I will end my speech on the method here, so as to better deal with the resources brought about by its implementation in a psychological work.

### **A method based on the joint of different times**

In this formation, the relationship with the family is very particular. It is a service request addressed to the clinician. It is not about taking care of a family, even if we can say without a doubt that the presence of the clinician inside it will not be without consequences. After the birth of the child and for the first two years, the clinician will go every week to his home, every day at the same time and for an hour (any change will have to be analyzed). This "immersion" in the child's psychic life will be accompanied by a project of work to support the realization of the formation process, all in respect of the newborn and his family; in particular: the time of the written editing of the "observation", following each visit, and the time of the meetings during which these transcripts will be examined.

### **Time on the field, receptivity to work**

The attention and thought of the "observer" are captured by the pressure, as well as by the violence of the affects put into play by the family at the time of birth. I leave the word here to Esther Bick (1964).

She pointed at, about the observer, that: "He must allow some things to happen but to resist others. Rather than actively seeking a place within the family, adding his personality to the organization of the latter, he must leave the parents, and especially the mother, free to position it in their own way in the home." In this case the observer is neither mute nor passive as he can be within a group (Scaglia, 1976).

He is invested by the mother, the parents, the family, the newborn and participates in the exchanges, but he must look for his internal position.

His thinking is active, he must work on his receptivity, availability and his "internal framework", in order not to implement his own projections or those induced by the family situation. Esther Bick adds: "Rather than imposing his personality as an additional element in the family organization, he must allow to the parents, especially the mother, to integrate it into family life as she understands it. But it must also not be dragged into a role in which infantile transference - and therefore countertransference - would be too intense. "

The problem of working on what is projected onto the observer, and therefore on his countertransference, is the core of this formation. The author insists from the beginning on the fact that each member's identity changes when there is a new arrival in the family. The family unit is also involved in this process (Bick, 1986).

### **The time of the written report or of the "self-observation"**

The time of writing is always located in a second time. It is never performed during the "observation" time, as it happens for example to the observer in a group or in the practice of Loczy.

This phase is sometimes long and difficult because "the observer" is dealing with elements that are confused, forgotten or too active in his psyche. His task is to note as precisely as possible what is happening, so that it can be returned to third parties. Abandoning the interpretative aspect, putting aside the judgment, trying to remember what has escaped, moving away from excessively involving moments, containing an overly invasive disturbance, resisting boredom, drowsiness, creating links between the scattered fragments, writing what it is difficult to say, etc. the returned observation is the result of a complex psychic work. It is a real "self-observation" of the lived situation, since there are no other observers or instruments that can suggest to the person concerned what has happened.

This phase takes up what Sigmund Freud did during his period of self-analysis with dreams, lapsus and with his meticulous description of the symptoms or, moreover, the attention to the realism of the facts that is captured in the observations of Claude Bernard. Only a detailed description can then allow the work of analysis and interpretation. Didier Anzieu (2002) explains how this self-analysis goes through four phases: writing down the material in writing, breaking it down into sequences, associating freely on these sequences and, finally, making connections that take on interpretative value.

In this method it is necessary to give an account of the entire course of a visit, of the "thread" of attention.

The difficulty of this transcription thus approaches the problem of writing in psychosis, it is a matter of resisting strong instinctual drives. Bernard Cadoux (1999) uses a similar appealing to clarify this function of writing. In order not to succumb to the siren song, but to listen to it anyway, Ulysses had to be tied to the mast of the ship, while his men waxed in their ears.

We find this disjunction between listening and movement in this procedure. Being transported outside of the situation, in an impossibility to act, listening can be accomplished.

And it is precisely this passage of writing that, like the mast of Ulysses, creates a "bond to observation, to pay attention" to be able to think later.

### **The processing time in a supervision group, interpretation and associative work**

Supervision group is the real picture for the elaboration of the situation. Associative and interpretative work must remain as close as possible to the presented material, to the reality of what has been perceived in the field. The observer first reads his transcript to the group, each participant will have it under his eyes and will have his own perception and sensitivity of the situation and his or her components. What is not explicit and that he unconsciously preserves will still find himself, in one way or another, present in his narration, written or oral. The work must be done right there where the observer's containment functions are at fault, so that the latter may be as available as possible during the next visit to the newborn.

To characterize the work of supervision, Annik Comby speaks of "association of points of view", taking up the idea of Wilfred R. Bion vertex: "I try in particular to follow and use something that I call association of points of view (different from the association of ideas) and that allows to reach a point of view different from the one proposed initially (generally by the observer), and from those proposed by each participant in the group". It was possible to achieve it by observing the succession of these associated points of view; the new will appear as well as the appearance of a particularly creative moment ". Starting from the reading of an observation, during the meeting, each one perceives the situation through his personal identifications with a particular aspect of the mother, the newborn, the father or the observer. Everyone has a point of view that is not limited to a simple conscious opinion about what is happening but which, rather, involves the whole of his personality and of his emotional and childlike reactions. Regardless of the epistemological debates concerning the religious point of view, as well as that of scientists or psychoanalysts, Bion (1970) spoke of a critical meeting between two perceptions of the world that are difficult to reconcile because of the risk of touching areas of catastrophic anguish; it is with this deeper sense that we should consider the "association of points of view".

The progress of the working group would also encourage the group association chain (Kaës, 1993) according to the point of view of the different participants. The interpretation or positioning of the leader above all serves to allow a new thought to emerge from this shared work.

Esther Bick has been in analysis with Mikael Balint. They both carried out a work group that starts from the shared attention to the return of material detected in the field (through the passage to the written, for her). The "central" transference on the leader is not analyzed, just as a personal interpretation of a participant's position is not made, the model is that of the "community of brothers" (Balint, 1957).

This is not about the therapy of the patient in the classical framework, or of a "working group" of patients, as Bion understands it. The emphasis is rather on the discussion, on the atmosphere that needs to be created for the participant to feel free to express himself and to develop his point of view on the situation to the full, "while others listen with free spirit and fluctuating attention. The object of thought, or of the "alpha function", is centered on the clinical material collected in the field. The participant, thanks to the group, can also work on his countertransference.

These three times are completed. They are all at the service of the observer's positioning towards the newborn. The ethics to be respected is above all towards the latter with respect to his family, the needs of the formation of the observer are secondary.

### **Illustration, “pressure” on the observer, “pressure” on the family and supervision**

The levels of elaboration are complex, as in any group approach: that of the subject, of its bonds and of the group as such are entangled. The temporality of the elaboration therefore has multiple dimensions, which include the personal ones of a single subject and the intersubjective ones of the group. I will now focus on a time when the supervision group is going through a phase of tension.

The observer reports a situation that is repeated in a similar way, difficult to think for her and for the group. I will not mention the development of group work within supervision, as this can easily be imagined.

In any case, the procedure in question takes place at the service of the observer, for his behavior and of what the family is experimenting with; I will put forward the hypothesis that this "group under pressure" reveals a significant change in the position of the observer within the family nucleus. We will also witness a clash between the resistance of the newborn, the mother, the family, the observer and the round table. Recall that the goal is to help the observer who acts on the field to "allow him to get to some things and resist others".

The parts of these observations have no value taken individually; but they must be seen in reference to the clinical problems of the personal training process of the individual observer, group or family.

This family was contacted by contacting a health professional. John is the second child of a couple and the first daughter is Sarah, who is 5 years old and is in good health. The mother is at home and she will go back to work once the maternity period will be over.

This family expects a lot from the observer because it knows that she is, moreover, a psychologist. The father is very active, and the mother expresses from the beginning her need for help and the fear that family dynamics of the past can be repeated with John. The observer is therefore totally identified "to the good genius of the family", a sort of guardian godmother able to ward off fears towards the newborn.

This idealization places her in a position that is very close to that of the mother, which facilitates an initial approach to the newborn, but which will make it more difficult later to be able to take the necessary distances to maintain a receptive and containing position. The observer will then find herself repetitively the witness of the violence that this mother has felt, that in some moments reactivates her son.

This will make it harder to work on her guilt (for example, a day when she will be late) and on that of the mother, especially when the latter will have to give her baby

once the job is resumed or, more generally, on the family configuration that is constituted at that time.

### **The first months, great expectations and fluctuations in the limits**

During the period of leave, the observer learns that the pregnancy has been long and difficult. Caesarean section had been considered, when, after great efforts, the child finally came out. The mother talks a lot (about the visits of her grandparents, her granddaughter, her father, her desire not to breastfeed, etc.) and expresses her disappointment that the observer does not see the awake baby.

The first home observation takes place with the father and the little sister because the mother had to leave for an important appointment. The observer notes that the father is very attentive to the child. A short excerpt: "the father comes back and prepares the sofa to sit down, I pass the coat that I had placed on it, he goes looking for a blanket and wraps it around John. He stops crying immediately. He finds himself in the crook of his father's arms that he has put at ease, with blankets under his arms. He places a gag under John's neck and bring the feeding bottle closer. John sucks slowly two, three times, then he stops, the pacifier in his mouth, he observes, it seems extremely awake and present. He takes the pacifier back, stops, turns his gaze. The father looks at him in silence. The atmosphere is filled with a strong relaxation. It seems that from this moment the time is suspended. He sucks very softly. Suddenly, his father tells him "coucou", then he remains silent again. I feel assaulted by sleep and I look at the father, wondering if he too is falling asleep." The emotional impact is profound, the presence of a newborn baby brings us back to very deep areas of the self. This father, who for many months will no longer be present in the observations, in the mind of the observer will remain for a long time enclosed in this image.

During the second home observation, John is three weeks old. The mother speaks in detail of a family "inheritance" that I will not describe. She talks about not being able to count on her mother and she talks a lot about her in-laws, her mother-in-law is terrified at the idea of "taking a baby". He says he "does not want to convey something, which is difficult". Here is the end of the transcription: "She keeps holding John on her, but he hangs on one side. She tells him "You're all crooked", she takes him on his knees and congratulates him because he holds his head a little. I tell her that the end of time is approaching, she replies that it has passed quickly. She tells me it's definitely important that I know something about their family history to better understand John. She tells John: "Sophie will be back next week, Thursday". (I wonder if she realized that just a moment before she had set another appointment at the same time as ours).

I say something and John turns to me, I say "You hear another voice". His mother talks to him again. I get up and put on the coat. She gets up too and says to John "Say hello to Sophie", I greet him, he turns his face slightly towards me, he turns his gaze and his mother says: "I think you see a shadow".

The mother accompanies me to the door and we greet each other.

As often happens in the first observations, it is difficult to catch detailed behavior of newborns, but on the other hand, we have those of adults, who are often contradictory: "You're all wrong", "I know you see a shadow".

At first the mother says that he has made a "real smile", but let's see how in the end she continues to doubt it: he recognizes us, he sees us? The disturbing strangeness still characterizes the world around the newborn.

Another small detail, significant of this state of mind during her visit, the observer casually listens to the mother who is talking on the phone and makes an appointment with her interlocutor on the same day and at the same time as the observation meeting already established for the following week.

Clearly, she does not say anything, but leaving the house she wonders if the mother will realize she has made this move. The latter will still be present the next time.

### **Two months later, recognition of identity and problem of containing primitive sufferings**

John is two months old. The observer now no longer knows where to position herself (near the sleeping child, as a "natural" inclination, or towards the mother who speaks to her), the mother goes to awaken her son gently, interacting a lot.

In addition, she mentions his regular daily rhythm and change of baby bed.

"She undressed him, speaking to him softly. He looks at her, spreads his arms and smiles. Then begins a long exchange of smiles between the two. They are face to face and I look at them in profile. John reacts to his mother's loving words, smiling, and she does the same. These exchanges are moving, and I find myself smiling too. He moves his legs a bit, his mother says there's an unpleasant odor and they need to change the diaper because it must bother him. She caresses his face, kisses him close to his mouth and he does not take his eyes off her. She says that today is a good day and that we have time, then repeats "We have time" caressing him, she repeats it again and again many times, I find it almost stunner".

Thus, we arrive at a first turn and the first fears disappear. Family fears have been avoided and the mother begins to turn more to the reality of the newborn and his needs.

However, the rapid recovery of labor tends to tighten up this process. The prospect of separation and the (legitimate) anguish that this arouse, reactivate a tendency to control John.

Everything takes place as if she wouldn't have to feel guilty but will nevertheless bear upon her the "guilt" of this separation. All of this will manifest through a compulsive behavior during a hygiene phase of the child, when the mother will clean the nostrils with the physiological solution.

The observer, during the supervision, shows very hard and repetitive scenes, in which the child is seen stiffening, becoming red, getting angry; for example (John has 2 months and 3 weeks): "His mother tells him that she has to clean his nose, remove the mucus. He starts crying a little. She says to him: "Ah no, now you are making scenes,

you were smiling a little while ago". He holds his head to one side and sprays a dose of physiological fluid. John starts screaming while she keeps a sweet tone of voice, turns his head and does the same thing on the other side. John cries loudly, he is very red.

His mother lifts him, and he extends himself completely. She then tries to calm him down, puts it on him, but he moves backwards and cries, making "muin, muin", sobs. She tells him to stop, she raises the tone of her voice: "Stop John, you'll get hurt, that's enough, it's too much!". John is crying even louder. The mother gives him the vitamins, which he takes as he cries. She rests him on her chest and he calms down gradually. "

For many weeks, in times of change and hygiene, John cries, screams, shouts, paws, until the mother gently but firmly dispenses the various care (concerning the nose). Later, the mother passes the last ten minutes of the meeting in silence, without saying anything, next to a very embarrassed observer, as in this observation:

"The mother looks at the hour and says: "Less than ten, so I know what time he fell asleep". I wonder if she does not even check the time that remains to us. We both sit down. She lowers her head, looks at her nails and scratches, I let my eyes wander, there are some numbers of Parents magazine on the table; I think of this silence that has been created, once the situation with John has relaxed. She plays with a small piece of her shirt and I think of the little girl in her.

We do not hear John crying anymore. At the moment of greeting, she says to me: "He has fallen asleep". She accompanies me to the door saying only goodbye "

The elements that we have show us that this woman cannot possibly rely on her mother (in the first weeks, every time she talked about her, she went to open a window) and that as a child she had to take on the role of elder sister towards her brothers. The suffering towards her own son, denied at that time, we assume is the result of all the hate relations that she had buried inside her when, as a child and because of her mother's illness, she had to take on too heavy a responsibility for her age.

The "martyrdom" of the newborn was hardly contained during the group, but John learned to rebel against his mother and, for a while, was able to let go to a depressive state, before establishing ludic bonds towards the second year of life.

The observer had many difficulties in detaching herself from her role as a "good genius" because in that way she represented the idealized part of the mother, the magical and authoritarian action that watches over the child, so that nothing bad happens. In addition, she often "adhered" to the baby because she could not bear the negative aspects that the mother put in place before her eyes, even more so considering that the father's image remained intact. Her work has been considerably difficult, also in relation to the difficulties encountered by this family.

### **Analysis method: interjective work of attention and associativity**

Each family has a particular configuration of bonds and problems related to the generational transmission of psychic life. Each observer has a singular history with different possibilities of containment. Each psychoanalyst, each supervisor group has different capacity for containment and work. However, the training does not concern the alumn's interpretative modalities, but his receptiveness towards all intersubjective and trans-psychic problems, his capacity to contain or reverie (Bion, 1962) in group or family situations.

If this methodology were concerned with identifying "objectively" the reality of the development of the newborn, then the criticisms made in the past by Serge Lebovici (1987) and Bertrand Cramer (1979) would be valid. If we wanted to capture the unconscious through simple direct observation, we would also justify the criticisms of André Green (1979) or Jean Laplanche (1987). This process, which emphasizes the attention of the clinician on the field of action, is situated between two obstacles: the "realism" of a developmental psychology that will require the attention of faithful recordings and the ingenuity of an unconscious approach in the which attention can be contemplated without review and interpretative processes.

The objective of this method echoes the precepts of Wilfred R. Bion (1970) on "being without memory, without desire and without understanding". In this sense it is supported by the post-Kleinian heritage. For example, every time he returns to the child's home and ring at the door, the clinician should strive to be as open as possible to receive the mood that reigns in that moment within the family.

Unlike the observer in groups with analytical training (Jocobi, 1974, Scaglia, 1976), this role does not "double" that of the one who intervenes. The challenges posed on the observer and the activation of the phantasmatic problem are equally present, but in this case the observer is active and intervenes himself within the family unit.

Unlike family therapists, there is no objective of active treatment. A "contract" stipulated on this basis would falsely falsify the work process. In this case the clinician is in a learning position. It is positioned "at the service" of the family, although we can well imagine that in this way the family could lean on this regular and thinking figure. For us students it is not easy to secure this position, as the temptation to intervene can be strong. Nevertheless, it is in this way that psychic work can be accomplished. The different sequences constitutive of this method are in fact all at the service of the mechanisms of attention and receptiveness implemented in the field. The other two phases, of transcription and interpretation, support this process. This system also allows to deepen the work of attention present in all intersubjective situations; in this sense a fundamental contribution to group psychoanalysis.

We know that "fluctuating attention" is the method of election of free association.

We know that "fluctuating attention" is the method of election of free association. It would be interesting to see how Wilfred R. Bion (1970) takes up the concept of attention by Sigmund Freud, to underline the active and associative aspect (Mellier, 2005). The framework of this methodology, through the decomposition of the times

of attention and interpretation, puts into effect the associative capacity of the psyche, when we find ourselves below the verbal association, in areas of a very archaic transfer. It activates the participant's reverie capacity, in direct relationship with that of the mother and the family nucleus around the newborn. The "neutrality" of the observer is not given prior, but it will become the result of the work done in the two years, a careful understanding of the psychic life and its complexity, especially the intersubjective one.

The group then intervenes at different times: that of the family home, which will be the place itself of the clinical positioning of the therapist and that of the processing group, which will provide the therapist with a psychic space for thought and elaboration. In both it is the work of thought that will be solicited.

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