

## The newborn observation according to the E. Bick's method

*Maria Vittoria Squillante*

*Translated by Susanna Piermattei*

### **Abstract**

What we propose in this text is to present the framework and the content of the newborn observation according to the E. Bick's method and its therapeutic applications, through the prism of my personal experience both as a trainer and as a child psychiatrist, responsible for a public service in what was sought, in organizing the devices of care, inspired by this method.

E. Bick explored the origins of psychic life by enriching the psychoanalysis' interest in children and what they represent: the infant, the original. In this regard we will briefly mention E. Bick's contributions in the search for the first fruits of psychic life and the study of early interactions.

We will later explicate her formative purpose through the description of the observation methodology thanks to its three different moments: the time of observation, of remembrance and editing and the supervision time.

Finally, we will mention preventive and therapeutic applications mainly in the institutional field.

**Keywords:** newborn observation, first fruits of the psychic life, formation method, therapeutic and preventive applications

### **Esther Bick**

She was born in a small town in eastern Poland on July 4, 1902, in an Orthodox Jewish family. She completed her psychology studies in Vienna and in 1938 she emigrated to England to escape from Nazism.

She made an initial analysis with M. Balint and began training as a psychotherapist, in 1946 she became a Tavistock Clinic's member. She made a second analysis with M. Klein, of which she had followed the teaching at the Institute of Psychoanalysis of the British Society of Psychoanalysis.

In 1948, J. Bowlby appointed her to the Tavistock psychotherapy training course for children and adolescents, a responsibility that E. Bick will maintain until 1960.

In the context of this formation E. Bick will propose the baby observation.

In 1953, she became a British Psychoanalytical Society's member and introduced the newborn observation in the training of all psychoanalyst candidates.

At the death of M. Klein, E Bick becomes the Kleinian school voice.

E. Bick dies in 1983. She leaves only a few writings, just 5 articles, having mainly devoted herself to clinical and training activity.

Direct observation is still an integral part of the psychotherapists and psychoanalysts training at the Tavistock Clinic and thanks to her students this training has spread to Europe and the world.

### **Psychoanalytic roots of observation**

Freud was interested in the reconstruction of the infantile inside the neurosis nucleus and, in particular, he highlighted infantile sexuality and its relationship with neurosis. Freud never had children in treatment, but he collected direct observations from a father's child and talked about these observations and his reflections in the little Hans case study, "Contribution to the study of infantile neurosis and its destiny".

Very well-known is Freud's observation of the "for da" reel game of his 18-month-old grandson. It puts the basics of child observation as a modality to learn from experience.

Starting from the 30s, we witness the development of child psychoanalysis, stimulated by the controversy between A. Freud and M. Klein.

For M. Klein, child psychoanalysis is psychoanalysis: the transfert is possible, play and drawing correspond to the adult's free associations and to the expression of the unconscious, the interpretation has the function of solving anguish and remove the resistance. Melanie Klein goes back to the beginning of the psychic life, to the fundamental and archaic conflict between the life drive and the death drive.

Her description of the schizoparanoïd and depressive positions allows us to understand the early stages of the psychic life organization between 3 and 6/8 months. The term position indicates that the functioning modalities of our psyche are always present in us, and that the various life circumstances to which we are confronted can reactivate them.

Melanie Klein has incited the newborns observation, she started from the statement that "young children's psychic life is still a mystery for adults" and insists on the need to "sharpen the observation faculty" (M. Klein).

### **Brief summary of the E. Bick's contributions**

Esther Bick goes even closer to the origin of psychic life, formulating hypotheses that lead her to consider the sensorial experiences of the newborn even before birth, as fundamental (hypotheses that were later largely confirmed by research in neurosciences in recent years).

Birth is experienced as a loss of the envelope that contains, and the discovery of gravity and heaviness in the infant causes a sensation of fall, explosion or liquefaction, forms of primitive archaic anguish.

The newborn must absolutely find around him an object that contains, that placates his anguish and allows him to establish continuity between the experiences lived in the womb and those that he begins to live outside, continuity that is represented by E. Bick from the skin that contains and wraps. (Bick, 1998). In her 1967 article she describes the metaphor of the skin, both physical and mental, which is constituted

during lactation: the breast in the mouth, being held in the arms, the mutual gaze, the smell, the mother's words are the bridge which allows the newborn to experience this skin, to differentiate the inside and the outside.

This concept of psychic skin will later be taken up and developed by Anzieu in the *Skin-Ego* (1995).

If the child does not find this containing object in the relationship with the mother, he searches frantically around him "an object, a light, a voice, an odor on which to fix and have the illusion that at least for a moment the scattered parts of his personality keep together." (Bick, 1967).

E. Bick has described that in cases where the child experiences an early dysfunction of the relationship and the function of this containing object, he can develop a "second skin", this can be an agitation skin and manifests itself as a muscular envelope. Agitation, dangerous attitudes and hurting correspond to a search for limitations, frontiers. But this second skin can also manifest itself as a pierced skin, a hypotonic shell, which does not hold, that has no shape.

Another very important concept elaborated by E. Bick and that help us understand the child's manifestations, is the adhesive identity. This is considered as a defensive reaction to fight against the primitive anguish and consists in clinging, sticking to an object that allows not to fall apart, as a flat identity without volume, without depth and which can give rise to a large addiction.

E. Bick has contributed to the understanding of the early difficulties of newborns: feeding sleep, disorders of muscle tone, dermatological affections, vomiting and even borderline and autistic problems.

The indirect contribution of observation is the containing function that the observer has in regard of the observed family.

It is certainly the aspect of not interfere of this method, which allows to support the parents' reflection and thoughts in respect of their child; the not interfering of the observer allows the parents to find their own answers in themselves and not to substitute their thought with the thought of the observer.

Paradoxically, it is this being refrain, however, completely present that constitutes a support and a containing that favors the development of the parental function.

Within the psychoanalytic field, many are the criticisms that have been formulated regarding the observation according to E. Bick, they can be summarized in the questioning of objectivity: the mere fact of being present modifies reality and relationships that are intertwined within a family, observation can reduce the complexity of life (Green).

The other criticism is the overly subjective aspect of the observation that would be summarized as a mirror of the observer's projections.

## **Observation training schools**

After Esther Bick, Martha Harris continued and developed observation training, Martha Harris was succeeded by G. Williams in 1979 until 2000.

In Italy the diffusion of the method began with Bick herself, invited in the early '70s in Turin. Gianna Williams has contributed with great energy and competence to the diffusion of the method at European and world level.

The course was then under the direction of J. Bradley and currently Trudy Klauber.

As regards France in particular, the diffusion took place along two roads: the opening of a Tavistock antenna in Lorient where observation is a formation itself and a mandatory prelude to the training of a psychotherapist.

The other path was followed by some psychoanalysts such as M. and G. Haag, A. Maufras du Chatellier, D. Houzel and C. Athanassiou, some of them formed by E. Bick herself. This group of psychoanalysts have also become trainers, spreading across the territory and in different fields: in various types of institutions and for various professionals, psychoanalysts, psychotherapists, health and social workers, etc.

This generation is followed by a third generation that continues to ensure training and awareness.

A large part of the French trainers was formed in the AFFOBEB association with the aim of sharing their experiences, reflecting on the actuality of the observation, promoting a work of supervision among themselves and keeping updated of the evolution of the method and to maintain a certain homogeneity of the practice.

We would like here to evoke our experience in a child psychiatry department in which observation has been proposed as a training to all the operators, ensured by the primary, Professor Houzel. It is in this area that we have been able to use it and that we have continued to exercise in training and applications.

It seems important to emphasize that this approach provides the operators who decide to form themselves with the tools to ensure a "therapeutic presence", the most authentic possible. Through observation, the operator lives a personal experience that requires personal involvement, since in this context, the observer leaves his function, his references and puts himself in the position of asking for something.

He goes into an unknown territory, in a completely new situation, like the newborn who comes into the world and his parents, so the observer. He must find within the family his position, the right distance, endure the tension and sometimes the anguish that this situation can cause. He must leave his certainties and let himself be impregnated by the situation he lives, do not intervene and do not judge. It must be pointed out that this is an experience that the operator will live alone, he must seek, by himself, how to find this right distance, he must go through his own internal world to get to the other. Although helped by the supervision team, it is an experience that is lived on one's skin.

It must be remembered that nurses and educators are generally used to being guided in their therapeutic actions, to act within a delegation, framed in an increasingly rigid hospital organization, subjected to protocols and strongly hierarchized.

Moreover, writing about one's own experience is a school of attention, availability and receptivity.

This training shared by many operators allows us to build a sort of common cultural and ethical back ground and has been the basis for proposing therapeutic devices in which attention was focused on the patient and his parents.

### **The method**

The main purpose described by E. Bick is to "learn to observe" (Haag, 2002). The basic idea of E. Bick is that the direct observation of a newborn in his family is fundamental for the formation of psychoanalysts: "the student learns to look, to feel before launching into the theory" (Bick, 1963).

"At first you say to yourself: I do not know, I want to see and in order to know you have to look at every little thing, ask yourself: you repeat, do not repeat, otherwise they are nothing but cliches and in psychoanalysis repeating cliches is a great danger" (Bick, 1963).

Starting from this postulate, the interest of observation has extended to many professional categories with the main purpose of learning to broaden their point of view, to learn to open their eyes.

This goal is very important because we know that we have a natural tendency to see what we are expected to see, to find what we think we find first, to remember and to keep in mind what we already know and to try to erase from your spirit what is new and unknown.

### **What is observed?**

Not the psychic life, the rising of the instincts, none of this, we observe the details, the movements of the child, his gestures, his expressions, his bodily manifestations, his behavior (Prat, 2002).

We do not observe relationships the feelings that bind mom and children but rather the movements, the behavior of one towards the other.

"It is difficult to observe and gather the facts in a way that they are free from any interpretation. From the moment the facts are translated into words, we interpret because every word makes sense." (Bick, 1963).

Well before the interest would spread on early interactions and family, E. Bick leads us to consider that the observation is addressed to the whole family: "this is actually a family in which a child was born, not a limited observation of the newborn, because it would not be possible: there is a whole family to watch" (Bick, 1963).

Observing a child in the trivial condition of a family's daily life constitutes itself a truly original aspect of the method and a fundamental enrichment.

### **A method in several stages.**

#### **First stop: the search for the family**

The group is constituted: two possible configurations: one or two observers and the other participants are auditors, configuration most often used in French and Belgian groups. The second possibility: the group consists only of observers, and this is the most frequent option of schools that refer to Tavistock.

A fundamental aspect of this method, in our opinion, is that of assuming the position of an observer, of experiencing in oneself the experience, identifying now with one now with another of the protagonists of the interaction. Learn not to interfere, to occupy the place assigned to us. From the moment in which the candidate to the observation meets the trainer begins the search of the child, that is realized through an intermediary that can be a gynecologist, a midwife, a colleague etc.

The future observer presents in a very simple way his request: he would like to be trained to observe the development of a child in his family, child and family as normal as possible and to do so he will go once a week to the family home, for an hour, to observe what is experienced, for a period between one and two years.

The role of the intermediary is important, it must be understood that the observer does not take any therapeutic function, and secondly it should be emphasized that often it is because the family has confidence in the intermediary that will accept the proposal. The use of an intermediary is also a protection for the family and the observer, in fact the family can more easily refuse the request made to the intermediary than to the interested party.

The family must therefore be the most "normal" possible, the only recommendation is that between the observed child and the previous brother there is an age difference sufficient to not generate too much jealousy.

Research time can be part of the supervision work, it is important to discuss this material so full of projections, feelings and expectations.

It is a time that can be considered a preparation, a gestation to observation, it is a time that we often make profit to transmit and discuss together some writing on the observation.

Finding a family is not as difficult as you might think, and in the light of our long enough experience, it is simpler today. In particular, the intermediaries have changed: a decade ago was the gynecologist who most often served as an intermediary, today they are often friends of friends. You rely on a more informal, less professional network, exchanges are often done via the Internet, appointments are more easily changed via SMS. This simplifies some things but complicates others, we need to find the right distance, we need to have the setting even stronger, and while remaining friendly, adapting, it is increasingly necessary to reflect on one's posture.

### **Second stage: the time of observation**

The observer meets the future parents for the first time before the event, then according to the agreements, a visit takes place at the maternity, this is more difficult

to realize at present days, because the time of hospitalization is more and more shortened.

The observation takes place at home once a week for an hour, the observer does not take any note during the session, he only have to watch.

E. Bick gave two main indications: "what is fundamental to teach is that the observer must be like a tabula rasa, he does not know anything, I have come to the conclusion that if you work with rigid concepts, fixed as for example the internal object, breast or other, does not look at what really exists, what happens." (Bick, 1965).

The second rule enunciated by E. Bick is that the observer must be willing to receive, to allow himself to be filled, he must not interfere, he must not ask for any change, otherwise he will no longer observe the situation as it is.

These two rules define the philosophy of this method: the greatest respect for people as they are and learn not to judge too much.

### **Third stage: the report, the time of memory**

After the session, as soon as possible, the observer draws up the account of the session, in which he delivers everything that he remembers, that comes to his mind, without any choice or censorship, without referring to what could be more or less interesting and without attributing any meaning beforehand.

The observer mentally remembers the film of the session, trying to write down all the little details of the child's behavior in his performance, the gestures, the movements of the hands, the changes in position, the exchanges with the mother or with other people present. The observer also notes the elements of the environment, the decoration of the house, the words of those present, their positions. He will be able to find the traces of his impressions, sensations, feelings, which he integrates into the report and which will serve as a basis for the hypothesis of the emotional impact that the observed situation provokes in him.

This material is also the starting point for the associations that can be done in the group regarding how the child's development and the relationship between him and his parents are perceived.

It is important to be attentive to your feelings and feelings, these are related to the identification of the observer with the experience of bébé.

To sum up with the words of E. Bick: "in the observation the recording instrument is the subjectivity of the observer".

### **Fourth stage: the supervision seminar**

Reports are distributed to group members and read in their entirety during the seminar, which is led by an analytical training supervisor, psychotherapist or psychoanalyst with a solid observation experience. All the participants of the group are invited to think, to associate on the material read by each of the observers. It is the moment in which the psychoanalytic aspect of this method surfaces more. Starting from the reading of the material, from the manifest content we try to go towards the

latent content, towards the underlying psychic movements, towards what the reading raises in each of the present, in the coming and going incessant between the material and the one that is associated of their own experience. We try to find very carefully everything related to the observer function, the elements of their experience, including the experience of the senses, their projections, and the elements that the family projects on the observer.

Each supervision session gives rise to a report that can be read at the beginning of the following supervision or by each participant in a single way.

Being an observer, experiencing the experience, the physical tensions, the emotions, then thinking, elaborating what has been experienced in the group, really allows us to make this methodology our own.

Observing a newborn is very difficult because it involves getting in touch with your childish parts, things to look at can sometimes seem insignificant, they can be repeated. To accept, for example, to observe a sleeping baby is often distressing for the observers, it connects with one's inner world quite immediately, sometimes during the observation sensations, fragments of dreams and memories emerge.

Finding his place in the family, accepting to stay where his mother shows us or look for him if he does not point it out, awakens the internal feelings already experienced other times, stored within us.

The question of neutrality and the correct distance that must be taken during observation is at the center of supervision work.

Neutrality and distance are difficult to define and above all to live, at the beginning of the training we try to encourage students to remain neutral, to try to contain their emotions, not to act, with some rules that allow you to maintain this state of mind.

To remain faithful to the main purpose of formation, that is to observe the child, and to return to observation as quickly as possible, every mother or another present person tries to lead us elsewhere.

Do not introduce in the situation proposals or comments related to the observer situation, remember that you are in a learning situation and that you must try not to respond to requests for advice that refer explicitly or implicitly to the profession. Sometimes it is the observer himself who would like to intervene according to his point of view.

But in the living of experience, often, these precautions are put to the test and neutrality becomes a subjective attitude and different from situation to situation that is continually lost and continually must be regained (Caccia, 2001).

More than just distance would be better, to paraphrase Winnicott, to speak of almost right distance (Caccia) determined by the continuous elaboration, also largely unconscious of the emotional communications and the projective identifications contained in them.

The observer can feel helped to find the almost right distance if you try to learn something about your inner child, learn to recognize what comes from their own

countertransference and what comes from the projections of others and coordinate their own emotions to the observations.

To tend towards an almost right distance it is also important to observe what does not exactly fit with our hypotheses, it is important to remember Bion's exhortation: to suspend memory and desire in psychoanalytic work not to saturate or hinder knowledge.

It is equally important to tolerate uncertainty, confusion, to suspend one's judgment develops our negative capacity.

These qualities cannot be learned as such but rather gradually internalized through supervision. The role of the conductor and of the group as a whole is to contain, transform, allow each of the observers to rebalance their emotional involvement and formulate more realistic hypotheses, to always return to observation. The function of the conductor is also that of being a figure of identification: suspension of memory and desire, tolerance of doubt, uncertainty, anxiety, trying to differentiate the internal child from the external one.

This aspect is certainly the most psychoanalytic aspect but it is also the most delicate especially when the training is done in the professional field by people who are not in a psychoanalytic or psychotherapeutic path but who wish to improve their therapeutic or educational skills.

It is necessary, as a group leader, to raise questions without going too far into associations, without provoking feelings of persecution or rivalry.

Supervisor supervision in turn is a guarantee, a security for the trainer and for those who are trained.

## **Applications**

What we are talking about is a method that spread to France in the 80s / 90s thanks to the energy and commitment of a large group of trainers.

The applications have been conceived in the therapeutic and preventive field: at home or in the institution.

A very interesting therapeutic application has been developed by some colleagues in neonatology with hospitalized infants, often large premature. The observation has a therapeutic purpose for the observed neonate and a support for the attention span of the team that learns to better realize the needs and manifestations of newborns.

The observations in the nests can be made for preventive purposes, to help the staff to improve their attention span, to deploy certain individual problems, to offer children the most appropriate activities, to conceive how to talk to parents.

We would like to present the possible therapeutic applications in the institutional setting through the description of the evolution of these applications in the child psychiatry service of the Brest hospital where we exercised for many years under the responsibility of professor Houzel who later became primary.

Our personal experience is, therefore, linked to the figure of Professor Houzel, with whom we were able to conduct our training as a child psychiatrist in his hospital

ward. D. Houzel has proposed for several years to his staff to train with him on the bay observation according to E. Bick. This has allowed him to formalize a therapeutic approach at home strongly inspired by the method of observation (Houzel, 1995). The indications were mainly addressed to the disturbances of the early interaction, to the functional disturbances of the newborn, to the psychomotor delays, to the disturbances of the communication, whether they are of depressive or autistic origin. Thus, in France, a specific therapeutic application has begun, an alternative to taking care of in classical hospital service, promoting in the treatment, a collaboration and a direct involvement of the parents, since the home visits cannot take place without the parents.

The setting is so organized: a consultant psychiatrist, responsible for the treatment, makes the indication, a nurse (or other professional figure) ensures weekly visits, the supervision group allows the processing of the material. This intervention does not exclude other costs if necessary.

This therapeutic approach is characterized by the strong articulation between the position of attention and the therapeutic position and transmits to the parents that the treatment cannot be achieved without them, attenuating the perspectives projections. As in the observation, there are no interpretations or suggestions, but we try to stimulate the reflective ability of the parents, to ensure that they find in themselves confidence in their ability to do with their child.

The parents have at their disposal a sort of receptacle for the negative projections unleashed by the child but often linked to what unresolved their childhood lies in them, and they can share in their suffering someone who will not judge and who can actually avoid that the child is the recipient.

During our professional career we have been able to integrate these therapeutic aspects in the project of creating a service that offers care for children and parents between 0 and 6 years, children with diseases related to the various forms of autism, delays or disharmony development.

The central idea of this service was to propose a care taken by a therapist trained to observe, able to work with the child and parents, assuming the main part of the transference relationship, the other operators supporting participating by contributing to this central function.

The complementary therapeutic axis was an aid to the inclusion of the child and the parents in the ordinary circuits: nursery schools, nursery school, family assistant, ensuring the transmission of what we could perceive of the child to make its integration more adequate.

We imagined at the bottom of the concentric circles, in which we try to create the conditions to help the child in his construction, taking care also and at the same time of parents, being attentive to the fact that these, before the pathological process of their child express in different ways their narcissistic wound, their difficulty in

thinking about doing, and in the relationship with their child, rejection or fusion can appear confused, underlining the problem of separation.

The therapeutic setting, so conceived, ensures that the parents participate in the sessions for a time that is variable and that depends on the needs of each and the other, this allows avoiding rivalries, feelings of disqualification, persecution.

The common sessions often take place around games, the parents find their childish parts, can elaborate them with the help of the therapists, find links, associations and resume the thread of thought, and identify themselves in the therapist in his attention function towards their child.

We have therefore tried to position the institution between the individual, then triangular, dimension and the social dimension, trying to favor the articulation between the internal psychic reality and reality.

An integral part of the project is the supervision seminar that takes place regularly.

If in the service of children the parents were more readily available to come into the institution and participate with us in sessions, in the department of adults, the finding that often the parents had already undergone many years of difficult behavior and taking care of different, led us to propose to go us at home.

## **Conclusion**

Although it is a method deeply inscribed in psychoanalytic culture and practice it is not psychoanalysis.

The tabula rasa and non-interference are aspects that evoke the fluctuating attention and neutrality of the psychoanalyst, the non-selective material consists of everything that the observer can remember, without making any sorting, without giving an order of importance: impressions, feelings and emotions of the observer are part of the material; the supervision concerns, as for the analysis, the articulation of the observed material and of what the observer has tried, enlarged by the group's associations.

R. Prat prefers to name it "subjective observation" that defines "as a methodology that allows the elaboration in thought of meaning starting from what one has been able to see and hear". R. Prat finds the three times of the psychoanalytic method that can be related to the three times of the thought activity defined by Freud: attention, memory and discernment.

The interest of this method and of this learning is quite evident for those who practice psychoanalysis or psychotherapy.

However, it should be emphasized, in our opinion, that one of the main contributions of this method is that it is accessible to those working in the wider field of prevention, educational or health care, it is a real possibility to increase their capacity 'attention and understanding of the processes in progress in themselves and in others, promotes the therapeutic and educational responsibility of the operators.

It is important to insist that the method must continue to be transmitted with great rigor to maintain its strong capacity for personal formation, open also to those without psychoanalytic training.

To conclude, it seems important to remember the purposes of E. Bick: "Students learn to look carefully, to try in themselves before rushing into theories, they learn to tolerate and appreciate the way mothers take care of their child and how they find their solutions. Slowly the students become able to get rid of rigid notions, on the good or bad way to do and become more open, more available".

Our goal with this text was to present the method, to make the content understood without idealizing it and to highlight its interest as an individual training process, and in its applications in the institutional sphere.

To complete this presentation and let you enter into the reality of the observation, it seemed interesting to include the return of some observations of a girl observed for two years by an operator Klervi Isidor involved in training at the M Harris Center of Tavistock France, Larmor -Plage Lorient.

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**Maria Vittoria Squillante** is a psychiatrist and child neuropsychiatrist, psychotherapist, trainer for the observation of the child according to the Esther Bick method.

E-mail: maria.squillante@orange.fr