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EDITORIAL

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The impact of the observation of the young child on his care

Through this special Monthly Review, the ISS intends to promote resorting to the observation of the young child, which places the latter and his needs at the heart of any process aimed at his protection. An overview of various experiences is offered, highlighting the cultural and ethical implications of this increasingly widespread practice.

The observation of the young child within his family or in any other alternative care environment constitutes a true revolution in terms of children's rights. Thanks to pioneers, such as Melanie Klein, Mary Ainsworth and her paradigm of the 'strange situation'¹, or Esther Bick (see p. 11) and Emmi Pikler (see p. 8), who, each in their own field, developed methods of observation of the young child, professionals and society as a whole started taking a fresh look at the young child, thereby recognising his full status as a person, with great abilities and numerous skills. The ISS, without having a preference for one method or another, considers the concept of observation to be fundamental, insofar as it is a considerable step forward in matters of alternative care for children deprived of a family.

Benefits and framework

Whether within his family or in a variety of care facilities, the observation of the young child is a less expensive method, thanks to which professionals may better understand the child in his environment, prevent potential difficulties linked to his physical or psychological development, and identify, more precisely, his needs. Indeed, when the child is cared for elsewhere than in his family (institution, foster care or other), framed and periodic observations prove to be a key tool to assess his immediate and long-term care needs and allow for the strengthening of team work. Thus, observation enables the cross-referencing of the professionals' perspectives; it promotes exchanges within multidisciplinary teams and provides the professionals with an opportunity of working on their own responses to issues. Furthermore, observation enables to contribute to and enhance the child's file – which will be submitted to his (prospective) family or prospective living environment. One day, the child will also have access to his file and will then be able to

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realise the reflection and steps that were undertaken to identify his needs and to best respond to them.

Whilst the need to have a framed observation is not subject to discussion, its ethical, professional and legal framework is essential. The child's periodic observation therefore requires an adapted framework (see p. 3) as well as the training on one or several methods for numerous professionals of the relevant social and medical field (see p. 11). Furthermore, the child must be respected in the observation process: the number of observers must be restricted, the child's rhythm must be taken into account, the child must be able to move freely and naturally within his environment and must be informed, irrespectively of his age, of the presence of the observer. Finally, observation should not result in set and final appraisals of the child.

Practical applications and cultural implications

The child's observation is at the heart of the project led by the ISS called 'A better future is possible for children living with disabilities in institutions', aimed at promoting the access of disabled children, who are placed in institutions, to family care options. In the framework of this project, the ISS raises the awareness of staff at care facilities as to the importance of viewing the disabled child in his daily care (spontaneous observations), by highlighting the latter's resources, potential and progress. Moreover, it is also a matter of supporting staff in institutions in their use of framed observation, thanks to an observation grid and by supporting team work (see p. 9). This stage is vital to better understand the child, and is the basis for the psychosocial assessment undertaken prior to the preparation of an adapted life project (reintegration in his family or extended family, foster care, domestic or intercountry adoption, change of facility, etc). For example, the child's adoptability cannot be determined without a comprehensive knowledge of the child. This is also applicable to the matching process: the more precise the child's profile, the better the adoption actors will be able to find an appropriate family for the child. In addition, once a child proposal has been communicated to the prospective adopters, a detailed file about the child – in which notes on the observation have been included – will make their decision-making easier, and will enable them to anticipate a future with the proposed child. This is even more important for children with special needs, who currently represent a majority of those children proposed for intercountry adoption. Finally, observation may also play an essential role in the development of the parent-child bond (see p. 5).

Furthermore, whilst observation methods were born mainly in Western Europe, observation is a universal technique, which requires, however, being adapted to very different socio-cultural environments. The aim, in this process, is for each culture to claim ownership of these methods, in order for the latter to become a tool that respects traditions, that is relevant and that is easy to use on a daily basis (see p. 7).

The observation of the young child therefore has a major impact on the child's life. It contributes to monitoring his development and progress, to identifying potential difficulties linked to his development, to refining the understanding of his needs and to adapting his care. The following testimonies demonstrate, not only its usefulness, but also its expansion at legal, cultural, geographical and multidisciplinary levels. Quoting Anne Frichet's words, 'time has now come to make of the young child a universal ambassador of our humanity. It appears to us that if 'woman is the future of man', as the poet would say, as for the young child, he is the future of humankind'.

The ISS/IRC team,
August 2014

Reference:

¹ The experience of the 'strange situation' evidenced various types of attachment: secure, which is the optimal form of attachment, and the insecure avoidant and resistant forms of attachment. For further information, see: Wikipedia: Mary Ainsworth, http://en.wikipedia.org/wiki/Mary_Ainsworth.



ACTORS

- **Brazil:** This country has updated the contact details of its Central Authority.
- **Germany:** This country has updated its list of accredited adoption bodies.

Source: The Hague Conference on Private International Law, http://www.hcch.net/index_en.php?act=conventions.publications&dtid=43&cid=69.

Corrigendum: We have identified an error in the brief news relating to amendments in Belgium’s legislation on adoption, published in Monthly Review N° 183 of July 2014 (p. 3). The original sentence was: ‘Accredited adoption bodies will no longer act in the stage of preparation for adoption of prospective adoptive parents’.

LEGISLATION

International standards relating to the observation of young children and their domestic implementation

The present article intends to briefly provide an overview of the legal aspects of the observation of infants and young children, as a context in which to further develop this tool in child protection.

International standards, as well as some regional and domestic initiatives, have increasingly been including the observation of the child as a key action in implementing his rights and in taking into account his needs. The pluri-disciplinarity of this element and its importance in various stages of child protection proceedings are key aspects.

The Guidelines for the Alternative Care of Children

The observation of the child is essential in meeting several fundamental standards in the prevention of family separation and in the provision of adequate and quality alternative care, in particular: all decisions should be based on an assessment of the child and his family, several forms of support should be considered for the family in order to further the child’s maintenance in his family environment, a case-by-case approach to decision-making, a multi-disciplinary assessment should lead the decision as to the most adequate form of care (Paras. 39, 53, 57 and 58 of the Guidelines for the Alternative Care of Children¹, among others). These various aspects, and other objectives of child observation, are clearly present in the Guidelines. Furthermore, the use of complementary methods and techniques to ensure these standards is

promoted in Para. 35 of the Guidelines, and these may include particular psycho-social approaches and theories, and rely on the family’s or the carers’ involvement in these various aspects as well as the child’s participation.

In addition to the examples of observation of the child presented in the present Monthly Review, other practices and positive experiences that contribute to furthering this key tool and to implementing international standards through a comprehensive assessment of the child and his family may be found in the *Moving Forward* handbook². As is reflected in many of the experiences – such as the Child and Family Support Centre in Indonesia or gatekeeping services in Azerbaijan, and as promoted in the Guidelines, the training of the staff in charge of child observation is fundamental to ensure the positive impact and ethics of their intervention.

Incorporation into regional initiatives and domestic legislation, policies, tools and practices

The recently-launched campaign in Latin America and the Caribbean aimed at preventing the institutionalisation of children under the age of three years³ would be a context in which, in practical terms, countries could strengthen those interventions designed to assess, and thereby observe the child (whether in his family or



alternative care environment), in order to ensure that a comprehensive description of his situation, needs, developmental state, etc may be undertaken to prevent his institutionalisation. Only through an in-depth and professional observation of the child can the professionals from several disciplines truly make an informed decision. In Africa, the commitment to strengthening the observation of the child was clear at the Ninth International Conference on Infant Observation⁴, which was held in Dakar, Senegal, in 2012.

As reflected in several reports on alternative care and psychosocial interventions with children and families published, amongst others, by UNICEF⁵, child observation must be incorporated into actions designed to support children and their families, identify adequate support and

alternative solutions, address causes of family separation and strengthen professional interventions. The Hague Conference on Private International Law also promotes this stage of the pre-adoption process providing notably in its first *Guide to Good Practice* a guidance sheet concerning the psychological and social circumstances of the child⁶.

Furthermore, it is fundamental for child observation to be included in the series of legal instruments⁷, policies, tools and practices that are developed at national level in order to strengthen the professional knowledge required for interventions on a case-by-case basis in considering the needs, development and care of children within their family, in alternative settings or in adoption.

References:

¹ General Assembly Resolution A/RES/64/142 of 24 February 2010, <http://iss-ssi.org/2009/assets/files/guidelines/ANG/Guidelines%20for%20the%20Alternative%20Care%20of%20Children%20.pdf>.

² Cantwell, N.; Davidson, J.; Elsley, S.; Milligan, I.; Quinn, N. (2012). *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*. UK: Centre for Excellence for Looked After Children in Scotland. See: <http://www.alternativecareguidelines.org>.

³ #speakupforme - *We are putting an end to the placement of children under the age of 3 in residential care institutions in Latin America and the Caribbean*, UNICEF, IACHR, MMI-LAC, RELAF and the SRSG on Violence against Children. See: <http://www.speakupforme.org>.

⁴ 9^{ème} Congrès International sur l'Observation du Bébé, Dakar, Senegal, 2012, Ministry of Health, Public Hygiene and Prevention, Wallonie-Bruxelles International, COPES, Psycorps, Santé Sud. See: http://www.clinique-transculturelle.org/pdf/congres_bebe_dakar.pdf.

⁵ UNICEF, *Children under the age of three in formal care in Eastern Europe and Central Asia – A rights-based regional situational analysis*, 2012, http://www.unicef.org/ceecis/UNICEF_Report_Children_Under_3_FINAL.pdf; Psychosocial Wellbeing for All Children, *Psychosocial care and support for young children and infants in the time of HIV and Aids: A resource for programming*, 2007, https://www.crin.org/docs/PSS_Young_Child_and_Infant_HIV.pdf; UNICEF Innocenti Research Centre, *The child care transition – A league table of early childhood education and care in economically advanced countries*, 2008, <http://www.unicef-irc.org/publications/507>; WHO and UNICEF, *Care for child development: improving the care for young children*, 2012, http://www.who.int/maternal_child_adolescent/documents/care_child_development/en/.

⁶ The Hague Conference on Private International Law, *Guide to Good Practice N°1*, Annex 7-11, Model form - Supplement to the general medical report on the child, http://www.hcch.net/upload/adoguide_e.pdf.

⁷ One example of such an instrument, which specifically makes reference to the assessment of children, is the *Children and Young Persons (Care and Protection) Act 1998* of New South Wales (Australia), art. 53, http://www.austlii.edu.au/au/legis/nsw/consol_act/caypapa1998442/s53.html.



Argentina: Observations of a baby upon his placement in the adoptive family

This article – drafted by two Argentinian Psychoanalysts¹ – is based on the observations of a baby, who entered the life of an adoptive couple without children at the age of six months. The names used to identify the three characters are fictitious.

The arrival of a baby through adoption was the result of countless failed attempts, which affected the life of Irene and Juan (hereafter, I. and J.), who had been married for 13 years, and who had been trying to have a baby for six years. The enquiries undertaken before receiving the baby enabled the observer – trained in the Esther Bick method – to participate, from a therapeutic perspective, in the building of their family storyline.

The observer helped this couple in ‘giving birth’ to the family group. Both, the observations of I. and J.’s background and those of the construction of baby Luca’s (hereafter, L.) subjectivity and self esteem and in each of the parents, are interesting.

Initial encounters

The observer had previously been consulted by I. and J. in order to undertake the couples’ therapy for a year, which focused on the difficulties in the personal backgrounds of each of them, in accordance with the fantasies that arose

in them when faced with the fact of becoming parents. When the hope had nearly vanished, they received news from a Court informing them of the possibility of a six-month-old baby being

placed with them. The therapist – aware of the wealth of emotional situations that offers the opportunity to observe the baby and his family at home – suggested visiting them once a week, in accordance with the Esther Bick method. They accepted with great commitment and appreciation.

The family storyline developed between the known story of the parents and the arrival of the unknown one relating to the baby, the explicit and implicit questioning in relation to the baby’s background, what happened to him during his first months of life, the emotional turmoil that arose when living the daily relationship between the three of them. The observations at home started when

L. was seven months old. Some of the observations are outlined in the attached box.

Summary of some observations selected by the authors

Luca at 7 months: I. opens the door carrying L. in her arms. How much they look alike makes an impact on me. L. shakes his legs. I. takes him down, stands him up, and holds his arms. L. moves his feet. I. shows me how he takes steps. She says: ‘since last week, he now sets his feet on the ground, he used to drag them and would not be well’. The expression is of being happy, he looks at me, he smiles (...). L. plays with a few cubes, throwing and fetching them. I. speaks about J.: ‘he is increasingly connected to L.; yesterday, he called him ‘son’ for the first time’.

Luca at 8 months: L. crawls, whilst before he used to slither. He moves closer to a box, takes sponge cubes out of the box, throws them, looks at I., looks at me and continues playing. I. and J. continue to speak about what they went through and felt at the weekend, when L. had broncho-spasms. In particular, I am thrilled at J.’s concern; he used to talk more about practical issues than about what he felt. L. stops playing with the cubes, crawls towards a coffee table, moves closer to J., looks at him and continues to go under the table, he moves closer to J. and says ‘Pa-pa-pa’ [Daddy]. I. says that ‘he is crazy about J.’.

Luca at 9 months: I. and J. talk about how much he has grown, they mention smilingly that his favourite game is to throw things for others to catch them; they give them back to him so he can throw them again; he plays this with a piece of bread then with some Lego pieces that make noise. I. goes towards him and gives him a kiss. L. takes her face into his hands. I. talks about a beauty mark that she has; L. used to try to get hold of it as he also did with the carer, who looks after him, who told her that when he drank his bottle, he would touch or stroke the beauty mark.

Luca at 10 months: I. carries L. to the living room, sits him, takes him down, he crawls, touches my feet, moves closer to I., gets between her legs, gets out, gets in again, looks at me. This game of moving into and out of I.’s body makes an impact on me, she says that he loves this game of moving between her legs. ‘Now, it is no longer like before, he comes and holds me, he asks me to carry him, I have to tell him ‘Mum cannot carry you all the time, I have other things to do’.

Luca at 11 months: L. holds a plastic bottle with small pellets inside it. He keeps moving the bottle for a little while and watches how the pellets move inside, he smiles and keeps the bottle. He gets a few cylinders of those where one is inside the other. He starts a game of putting one inside the other. He tries to do it several times until he manages and applauds smilingly, looking at me. I applaud. He repeats the game several times. His smile becomes a laughter.



Thoughts throughout the observations

In the transcribed observations of L. and his parents, we witnessed a display of vitality, games, hugs, kisses, conversations, healings, happiness, fears. In particular, I. and J.'s awareness that they remained unprepared, that they needed time to hold and protect the life of their son, who required their permanent care, attracted our attention. The bond between J., I. and L. required time. Slowly, I. started feeling confident that she could carry a baby in her arms.

L. had a seduction that made the observer be smitten by him, he was an explorer of glances, smiles, applauses. From the moment she arrived and saw them for the first time, the idea that they had the same genetics made its appearance: 'they looked physically alike'. When L. was looking for I.'s breast, the observer felt that I. was thinking and feeling that she could not breastfeed her son – the synthesis of milk and love. However, this maternal function in I. operated when she respected J. as a father, mentioned him in her words by remembering him, promoting the relationship between the three of them. J. was facing the worries of a father. These were times for the creation of subjectivity, each of them were no longer the ones they used to be before the adoption. For L., it meant recreating the impact of birth; for the parents, it meant starting to give birth to their son. Their subjectivity developed through contact with the primary emotions of this new birth. L.'s psyche was growing in stability and assertion.

In the game of the cylinders, which L. put one into the other, he was developing a feeling of arrangement and tranquility as well as safety, by finding objects that related to one another in a safe way. The shared applause – reiterated between L. and the observer – raised the emotion

of achievement that was celebrated, with the security and trust to start again.

Some conclusions on the observations

We now consider the request and the acceptance of the observations within the home, within the family, as a means for the parents to recognise their needs to be protected, supported, in the process of building themselves as a family. These observations ended when the family decided to go and live in another city. From time to time, they still contact the observer and maintain a bond of trust.

This is a story of attachment, with the understanding that a safe attachment is the condition for search behaviours, exploration of the external work and then, with reassurance, the return to his mother at times of need to be comforted and protected against dangers. For the parents, it is also a condition of mental health, not to repeat ambiguous relationship models of insecure attachment, focused on hostility and disruption. The opportunity of their son turns them into different parents from their own parents.

Journey and growth in the subjective constitution of the baby observer

We believe that the journey undertaken for this work cannot exclude reflecting on ourselves, the change in our subjectivity when developing an interest and a commitment in the research that was allowed by the babies and their families. We have adopted the method as part of our identity. We have grown emotionally and our ideas have also grown with the development of working groups of observation with various purposes: training of observers within and outside of psychoanalytic institutions, prevention in mental health. The transmission of the Esther Bick method continues with the same passion as that of its inventor.'

Reference:

¹ Authors: Susana Awiron and Maria Josefina Saiz de Finzi, Psychoanalysts and Members of the Argentinian Psychoanalytic Association and the International Psychoanalytic Association. A more detailed and complete version of this article is available upon request at the ISS/IRC.



Senegal: Implementation of the method of infant observation - Stages and cultural implications

In this article¹, the authors - Idrissa Ba and Rosella Sandri² – provide an overview of the various stages of the establishment of the training on the observation of the young child in Senegal, as well as its inputs for the involved professionals and parents. They explore, in particular, the cultural implications, which this process has had to face.

Training on infant observation in accordance with the Esther Bick method started in Senegal in 2008. This method, which was introduced in 1948 in the United Kingdom by Esther Bick, seems to us to be the most respectful one considering the baby's psychological reality and the observer's background. Indeed, it grants an important place to the latter's emotions. He does not resort to particular tools, such as a camera or an observation chart, and refrains from taking notes during the observation. It is only subsequently that he will proceed to taking notes as exhaustively as possible on what he was able to see and feel. His observations will then be presented to, and analysed by, an observation group that has been created for this purpose and is led by a trainer. Even though this method was initially created in the framework of the training of child psychotherapists and psychoanalysts, it was subsequently perceived as useful to other early childhood professionals. Its use has expanded and is also aimed at prevention.

Implementation stages of the training on young child observation and aims

Several stages had to be overcome in order to develop this method in Senegal:

- First stage: Experiences relating to the training on the observation of clinical situations were undertaken;
- Second stage: These experiences were followed up by the observation of babies within their families;
- Third stage (2012): Organisation in Dakar of the Ninth International Conference on Infant Observation³. This conference opened the door, not only to professional exchanges, but it has also allowed for the development of a true spirit for a mix of thoughts between different cultures;
- Fourth and fifth stages (2013): Creation of a new training group and of a group of in-depth study and clinical application of the observation. Its final aim is the creation of a university diploma

on infant observation and the training of child psychotherapists.

The interest of this training consists, first of all, in a personal experience of discovery of a baby's development within his family, and of the emotional impact of such an experience on the observer. From a professional perspective, it helps to better understand body and emotional communication among infants and children, and therefore opens channels to other levels of communication, such as non-verbal communication. In other words, it enables professionals, who work with young children, to sharpen their observation and comprehension skills in situations of their competence, in particular when they are faced with complex cases (staff in infant care homes, in homes for children with special needs, pediatric units, etc).

Cultural obstacles linked to the infant observation method

The training on the infant observation method started in Senegal in a context of strong apprehension, due to cultural beliefs and social concepts. Indeed, in Senegal, the 'evil eye' and the 'evil tongue' are often alluded to in order to explain difficulties or illnesses, which arise amongst the population. Thus, one can easily understand those apprehensions related to the implementation of a method, which is solely based on observation.

Furthermore, in Senegal's traditional society, to talk about a child that is not born yet is an issue, given the myths and customs that prohibit mentioning the birth and to talk about the development of the baby. In such a context, it is difficult to visit a pregnant woman, as the latter may sometimes hide for mystical reasons. In some families, a visit is only allowed a week, or even several months, after the birth.

In addition, in the framework of observation, the issue of the stranger may arise in relation to the observers. The latter are encouraged to remain flexible and to find their place. Thus, they must



not been seen as strangers but must try to integrate themselves into the family they observe without taking an active or intrusive role. In particular, it is recommended to carry the baby if the latter is held out, but most importantly not to play a role of parental substitute should the baby cry. The observer's neutrality in relation to the baby may also cause concern within the family. Even though, in reality, the observer is not neutral as he faces very strong emotions during an observation, it is, however, important that he does not interfere with the development of the events he witnesses. It is a matter of not maintaining specific and close relationships with the prospective parent and, at the same time, to display a kind behaviour.

The bond that is being created between the observer and the family is essential. It is based on the concept of respect – a vital element in order to enter a family. To this end, one must take into account the psychological functioning of the parents and respect the cultural dimension, which they live in. The observers' behaviour of kind neutrality, as well as the group tasks, have

Even though important stages have been overcome through this training, other aspects must be explored, in particular via the clinical application of this method, such as in situations of parent-baby separation. Cases of child adoption or entrustment (*confiage*), which are common practices in our country, may be mentioned in this context.'

References:

¹ The original version of this article, which is more detailed, is available in French at the ISS/IRC.

² Dr Idrissa Ba, Child Psychiatrist, Head of the Child Psychiatry Unit at the National Psychiatry Hospital Centre in Thiaroye, and President of Dakar's Association for the Development of Infant Observation (ADDOBB); BP 16780 Dakar Fann / Senegal; e-mail: idrisba@gmail.com. Rosella Sandri, Psychologist, Psychoanalyst, Trainer on the infant observation method according to Esther Bick, Brussels, Belgium, and President of the International Association for the Development of Infant Observation (AIDOB).

³ See: http://www.clinique-transculturelle.org/pdf/congres_bebe_dakar.pdf.

Observation according to Pikler: A revolution for children placed in institutional care

Isabelle Deligne, a Medical Doctor, Trainer at the French Pikler-Loczy Association, and involved in ISS's project 'A better future is possible for children living with disabilities in institutions' shares with us the founding principles of the observation according to Pikler and its important impact on children deprived of their family.

Throughout her periodic encounters with parents, Emmi Pikler – a Paediatrician working in Budapest in the 1930s – supported the latter's interested approach to their young children and observed them together, in order to accurately identify their needs and to respond to them,

enabled to underline a certain number of characteristics in the care provided to babies in Senegal (rituals of protection of babies, such as mystical baths, carrying on the back, massages, etc).

Benefits of the young child's observation for the parents

We have observed, throughout our training experiences on observation, that the parents and the baby may benefit indirectly from this method. The presence of a watchful observer often represents a form of support for the parents in the exercise of their parental function. The observer, who is not there to express judgements or issue advice, may help the parents to challenge themselves, to find their own responses and to develop, on their own, their ability to observe. We have noticed, among the parents, who have undergone this experience, that they internalise the observer's behaviour and, to some extent, keep his presence amongst them. They sometimes even share their discoveries and their baby's new learnings with the observer.



from the time of birth, how to give him the freedom to develop his abilities and how to help the parents to find a fair place that is inclusive and not restrictive. Through this process, Emmi Pikler suggested, for example, that parents kindly put their child on his back and allow him to discover, on his own, the possibilities of rolling onto his side, onto his belly, of turning... which is what she will call 'free motricity'.

Towards a child's individualised care

In 1945, Emmi Pikler assumed the challenge of opening an infant care home on Loczy street in Budapest. With her team, she monitored the causes of hospitalism, which was so often observed in infant care homes at the time, and invented a form of 'unusual mothering', which would allow each of the children to build individualised bonds of trust and to develop the feeling of being able and of self-fulfilment. Following up on the works of Spitz and Bowlby, Emmi Pikler correctly identified the considerable difficulty of working in institutions, with its risk of routine, weariness, caused by the repetitive care provided to an important number of children. She therefore organised the children's care in small groups, as stable as possible during their stay, with the intervention of 'reference carers' in charge of supporting them, gathering thousands of details that would make it possible to know them and adapt to them. The carers were the protectors of the story of the children in the institution. The personal and caring relationship that each child built with his carer would enable him to grow up with an obvious internal security and to face with him the insecurity linked to his family background and his future. The child could therefore develop his own personality, instead of

keeping his own expressions quiet and looking like all the others, as occurred following impersonal care.

Observation at the heart of the process according to Pikler

The observation task is central within teams of carers (in charge of caring for the child on a daily basis), nurses, education specialists, psychologists, paediatricians and managers, and allows for the development of a living, personalised and shared representation of the placed children. At all levels, each one is interested in the concrete details of this particular child's life, and is committed to the search for

proposals to submit to him, in order for him to be able to continue moving forward on his way, at his rhythm, with pride and courage.

The doctors cooperating with the institution undertake a search task on the basis of observation grids. They organise development grids, which provide details as to the multiple stages through which children may make progress, provided that the adults do not hinder them in their gains, for example, through

disproportionate

expectations or by being impatient, hence withdrawing from the child the pride and security of acting by himself, at the moment when he is able to. In particular, the doctors put emphasis on the wealth of the transitional stages, which enable a child to move from a comfortable position on his back to a trusted walk. The carers, who know these stages, therefore witness them being initiated and welcome them by sharing with the child his enjoyment of searching for something.

In parallel to motricity and the 'free' activity, *i.e.* the child's initiative, considerable attention is directed at moments of body care, mealtimes,

Child observation is one of the founding principles of the project led by the ISS 'A better future is possible for children living with disabilities in institutions', aimed at promoting the disabled children's right to live in a family environment. This project, which is being implemented in Burkina Faso, in cooperation with the Ministry of Social Action and National Solidarity, has made it possible to organise, in July 2014, an initial training workshop directed at a team of Burkinabe trainers and at the staff of a care facility. The techniques of observation according to Pikler are at the heart of this process. 30 care facilities in the country will be supported in the use of this technique until December 2015, in order to refine their understanding of the needs of the disabled child, to improve his daily care, to promote team work and, ultimately, to determine an adapted life project for each disabled child, who is placed in institution. During this training workshop, and following the observation sessions relating to four disabled children in institutions, a 'guide on observation' was drafted with the participants (carers, psychologists, medical personnel, social workers, facility support staff and experts). The ISS is pleased to be able to share this tool with you, which is aimed at professionals, and allows for their look to be directed at the child and his potential.



baths, etc. The carers can make the most of these personal encounters, which proceedings are known to the child, to welcome his initiatives. Thus, the child participates, from his youngest age, for example, by holding out his hand to the carer for the latter to wash it. This containing framework provides him with an opportunity of raising his spontaneity, without prompting irritation or rejection. The three or four carers, which care, in turns, for the child, need to know, very precisely, his mode of participation, refusal, of undertaking practical jokes (as children, who are well, do!), and must therefore share precise observations, such as 'J. told me that you had touched the spoon!'. This permanent observation behaviour feeds into the relationship and grants

the child the 'ongoing feeling of existing', which is so vital for his prospective psychological life.

Three inseparable elements of the Loczy infant care home

- Personal and caring relationship between the child and a number of adults that is as limited as possible,
- Importance given to free activity upon the child's initiative,
- Institutional work that promotes the interest surrounding the child.

These three elements are based on a permanent observation behaviour, which currently inspires many teams in nurseries, care facilities or children/parents consultation centres; each one developing in its own way this 'observation according to Pikler'.

Training on non-verbal communication for prospective adoptive parents: An experience in accordance with the current reality of intercountry adoption

Considering the changes taking place in the world of adoption, the more complex situation regarding children and the long waiting periods, CIAI¹ has developed a training on non-verbal communication aimed at underlining the importance of the use of the body to build the adult-child relationship.

Non-verbal communication, intended as the use of the body to create an adult-child relationship, is used to help communication with the child right from the start, regardless of language, ethnicity, social and cultural differences. This initiative enriches parental coaching and aims to give a response to initial communication between parents and child.

Body language as the first means of communication between parents and children

The first exchange with the child will be exclusively through body communication. Body, glances, expressions, tell the child who his new parents are, this builds the foundations of a new relationship based on trust, to begin a 'new story' together. If this is true, seen through the eyes of a child, it is also so for the parents: it is twice as strenuous for them to recover within themselves

that primitive availability to use body expressions towards a child that certainly has different somatic characteristics. A presentation of the experience will be made.

The workshop focuses on non-verbal communication, where the body is a privileged means to relationship, exchange and play. The communicative virtue of gestures, motion, mimicry, postures, glances or lack of them, is experimented as fundamental components of the relationship. One of our workshops called 'the train' may be described as follows: a small group of persons sits on chairs, one in front of the other, as if they were passengers travelling on a train, but

they are asked not to communicate to each other, for a few minutes. The rest of the group has to observe the situation. After the session, the

Some of the comments expressed by the couples at the end of the training

- 'We don't' need words to communicate with each other'
- 'We don't need to attend language courses to speak to our children'
- 'I didn't realise I was still able to play'
- 'I understood I have to enjoy myself to allow the child to enjoy himself'
- 'I felt that pleasure moves adults and children towards new experiences'
- 'We have shared so many strong feelings among the group'
- 'After this weekend, it seems that we have known each other for ages'
- 'All parents should receive this training when expecting'



couples observing the scene comment the many non-verbal communication signals that each actor gave to the other passenger, attributing a clear meaning to each of them.

Goal and outcomes of non-verbal communication

The goal is to make the couples experiment the first axiom of communication: it is impossible not to communicate within a relationship, highlighting that 'our body speaks before we do'. Particular interest is given to physical contact as the child's primary means. The result shows how important and necessary physical contact is for the individual, in order to establish the initial fundamental relationship. Thus, it is through non-

verbal communication that a common world is built, where it is possible to meet, to recognise and to accept each other.

Moreover, the use of body communication awakens the adoptive parents' inner child, laying the foundations for the construction of a connection, based on a speechless dialogue, and not on reasoning and intellect, but made of gestures, emotional bonds and creativity, which are fundamental in an adult-child relationship.

The characteristics of this experience are re-connected to the adoptive psychology topics, which are considered in this phase of CIAI's training.

Reference:

¹ Centro Italiano Aiuti all'Infanzia, <http://www.ciai.it>.

READERS' FORUM

An expert perspective on the method of infant observation and its application

Anne Frichet, a Clinical Psychologist¹, shares with us her views on the inputs of the method of infant observation that was developed by Esther Bick and its promising evolution.

1. You are behind the Conference on Infant Observation that was held in Africa in 2012; what were the outcomes?

This Conference was held on Senegalese territory, a welcoming and pioneering country in this type of research (see p. 7). **It was an event full of symbolism, which reflected a particular interest in babies of the African continent, in their future and, in general, in young children in developing countries.** The original method of observation of an infant child's development in his family environment, created by Esther Bick in 1968 (see pp. 7 and 13), now constitutes a key stage in the training of childhood professionals. It concerns those, who, in various functions, are in a living bond with the earliest levels of psychological development, with older children and even adults. The direct observation of babies is also aimed at helping babies to be born better psychologically, in parallel to the efforts of paediatricians, who, for decades, have helped them to be born better physically.

2. What are the cultural implications of the application of this method in the African countries at stake?

Whilst the psychology of early development, psychopathology, the psychiatry of babies and psychoanalysis have developed intensively in the 'Western' world since the end of the last World War, time has now come to make of the young child a universal ambassador of our humanity. It appears to us that if 'woman is the future of man', as the poet would say, as for the young child, he is the future of humankind. A particular attention must therefore be directed at babies/young children in general, and, **in particular, at those who are at risk of those violent changes experienced by families living on all continents, when there is a transition from a traditional culture to a Western-type culture.**

The fact that Dakar was chosen for this conference partially reflects the efforts of the Francophone community, solicitous over taking into account the various local cultural identities, which may only integrate such a practice if they



subtly incorporate it into the framework of their respective human and ethical values. Far from being a simple transfer of knowledge or techniques, this conference created a forum for dialogue and put early childhood into perspective, together with everything it requires in terms of psychological care and openness to human sciences. As highlighted by Professors Didier Houzel and Suzanne Maiello, the Esther Bick method *'must be disseminated everywhere possible, whilst also questioning its very founding principles and the complex process of cultural integration required by its introduction into new cultural contexts. In this regard, we believe that the concept of 'cultural melting pot' that underlines the need for a mutual permeation amongst cultures ... does not mean a 'symbiotic mix' that would result in a loss of collective identity in each of the cultures at stake'*.

3. To what extent does this method have an impact on the preparation of the files of children?

The African professionals from a variety of backgrounds, who attended the conference (psychiatrists, (ethno)psychologists, psychomotor therapists, childcarers, paediatricians, caseworkers, nurses, etc) staged their comprehensive and coherent multidisciplinary functioning, by making constant references to the group, which is the basis of Senegalese life. Staying true to the spirit of the method, it is not a matter of making a prognosis but rather, **with the help of previously-gathered observations, recorded with meticulousness and subsequently analysed in a group, of being able to offer a reliable 'assessment' of the subject's global, physical and psychological development.** The drafting of the files, the decision-making in relation to the child's life within or outside his family, the need for alternative or specific care are based, among others, on the direct and indirect effects of this observation.

4. To what extent does infant observation promote a form of care that is better adapted to his needs?

The application of the Esther Bick method in the medical and psychosocial field makes the theoretical and clinical framework more flexible, whilst maintaining the methodology and the

rigour, in particular by taking into account the observer's formulation of his own psychological and emotional movements during the cross-disciplinary team work.

A better understanding of all the aspects of the development of 'this child' and not of 'the child in books', or the opinion one develops of these children or of the children, who may have family difficulties, makes it possible to respond to his own needs, in accordance with his age, environment and the various stages in his life. It also contributes to a better adjustment of the decisions relating to his living environment and to a better consideration of the bonds he may have developed. Finally, it makes it possible to **refocus on his individuality** when his partners are too much at risk of 'forgetting' the child himself.

5. Does the observation of the mother-child couple play a role in the prevention of abandonment?

Abandonment often results from a diversity of factors. Perinatal health demonstrates what may impede before (pre-), during (peri-) and in the first weeks/months after birth (postnatal), and jeopardise the quality of maternal care and the establishment of initial bonds. Amongst the tools held by professionals to support the mother-baby couple and the father-mother-baby triad, observation plays a leading role. It places a kind approach to looking and listening in a difficult relationship. It makes the two/three partners in the interaction 'interesting' and leads them, in turn, to be 'interested', curious and increasingly aware of their abilities.

External factors must not conceal more internal, psychological and emotional difficulties, which do also deserve, even more so, the attention of the professionals. Direct observation that is freed from stereotypes and projections may play an essential role in the prevention of abandonment, by rallying several other appropriate means in each situation. There is no 'fatality' as long as everything has not been tried! However, **some separations may be unavoidable**; nonetheless, these are not abandonments in the strict sense (sudden break-up) but rather separations. Thanks to the prior observation of the children, the latter may be better prepared and arranged. They may or may not be reversible, but they must, in any



case, protect the child's global development and his future.

In Senegal, for example, children, who are the victims of migration from rural to urban areas, are the priority target of the care, of which direct observation is now a part, at least in the capital. The devastating impact on the family structure and its values, as well as the torn support of the group, have been a concern for a while. Recently, an initial core group of professionals called upon the country's health and social authorities, which they were able to meet during the conference. Since then, new groups that are being coordinated locally by the trainer **Rosella Sandri** make the implementation of this coordinated process durable (see p. 7).

6. At what levels does infant observation have an impact on practices and regulations?

In particular in Europe and in France, thanks to the training on the Esther Bick method and the development of thoughts according to Pikler (see p. 8), care facilities for young children increasingly benefit from this tool. Infant care homes, maternal centres and foster families are increasingly being trained on this process, which contributes, in particular, to the preparation for

an adoption. Prospective adoptive parents and children themselves find, in these framed attentions, a valuable basis for their ongoing 'adjustment', the passing from one bond to another.

In the framework of regulations, the concept of observation is implicitly included, but must be strengthened by distinguishing, very explicitly, the concept of **spontaneous observation** – an essential quality required from any early childhood and protection professional – from the **process of codified observation** – which is framed and supported by a precise methodology (Esther Bick, Pikler). The expectations of the early childhood professionals in this field reflect the intensity of their needs. According to the current regulations relating to adoption in various countries, it is likely that the requirement relating to the implementation of applications of infant observation according to Esther Bick may soon be stated explicitly in them, combined with other processes that mutually strengthen each other. It is a matter of willingness and belief, given the results obtained.

Reference:

¹ Formerly linked to the Service for Child Guidance, Child Psychopathology and Neonatology of the Institute of Puericulture and Perinatology in Paris, former Director of COPES and Member of the Organising Committee, of the Administrative Board and of the Office of the International Association for the Development of Infant Observation according to Esther Bick (AIDOB); see: <http://www.net1901.org/association/ASSOCIATION-INTERNATIONALE-POUR-LE-DEVELOPPEMENT-ET-LOBSERVATION-DU-BEBE-SELON-BICK-AIDOB,1023248.html>.

For further information...

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FORTHCOMING CONFERENCES AND TRAININGS

- **Ethiopia:** *Sixth International Policy Conference on the African Child (IPC) - Social Protection in Africa: Making it Work for Children*, The African Child Policy Forum, Addis Ababa, 27 and 28 October 2014. For further information, see: <http://www.africanchildforum.org/ipc/index.php/en/>.
- **France:** **a)** *Adoption, attachement et mémoire du corps* [Adoption, attachment and the body's memory], COPES, Paris, 13 October 2014; duration: 4 days; **b)** *Les mineurs et jeunes majeurs isolés étrangers: Comprendre pour mieux accompagner* [Isolated foreign children and young adults: To understand in order to better support], COPES, Paris, 13 November 2014; duration: 2 days; **c)** *L'enfant et ses parents face aux grandes étapes de la séparation: un incontournable entre angoisse, perte et créativité* [The child and his parents faced with the important stages of separation: the unavoidable between anxiety, loss and creativity], COPES, Paris, 23 October 2014; duration: 4 days; **d)** *Handicaps et cultures: Approche théorique et clinique, ici et ailleurs* [Disability and cultures: A theoretical and clinical approach, here and elsewhere], COPES, Paris, 23 October 2014; duration: 3 days. For further information, see: <http://www.copes.fr>.
- **Mexico:** *VI Congreso Mundial de la Infancia y Adolescencia* [Sixth World Congress on Childhood and Adolescence] (Third day: Child migration and the right to live in a family), 12 and 14 November 2014, Puebla de los Ángeles. For further information, see: <http://vicongresomundialdeinfancia.org/>.

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