

The therapeutic potential of holding in the Bick Observation Method

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Lisiane Machado Oliveira-Menegotto  

PhD in Developmental Psychology from Federal University of Rio Grande do Sul, Porto Alegre, Rio Grande do Sul, Brazil. Professor in the Undergraduate Program in Psychology, the Master's Program in Psychology, and the Graduate Program in Cultural Diversity and Social Inclusion at Feevale University.

Amanda Wecker  

Master's degree in Cultural Diversity and Social Inclusion from Feevale University, Novo Hamburgo, Rio Grande do Sul, Brazil. PhD candidate in Cultural Diversity and Social Inclusion at Feevale University.

Maiquélen Silva  

Psychologist. Currently participates in the scientific training program at Feevale University. Completed an internship in Clinical Psychology at the Integrated Psychology Center (CIP), working from a psychoanalytic perspective. During the internship, she also worked with the Novo Hamburgo League Against Cancer and at the municipality's Mental Health Outpatient Clinic.

Ana Letícia Gerhardt  

Degree in Psychology from University of Vale do Rio dos Sinos (2003). She currently maintains a private psychology practice. She works as a psychologist at Estrela Mágica Early Childhood Education School and Duda Lele Early Childhood Education School. She also works as a volunteer psychologist at municipal early childhood education and elementary schools in Novo Hamburgo and Campo Bom. She has experience in Psychology, with an emphasis on Psychoanalytic Psychology.

Abstract

This article aims to discuss the observer's holding function as established through the Bick Observation Method. Accordingly, it seeks to understand holding within the observational field based on excerpts from four observation reports of mother-infant relationships drawn from a study involving nine infants and their families. The observations followed the procedures recommended by the Bick Observation Method, which was applied in three stages: observation itself, conducted weekly on the same day and at the same time; the observation report, written descriptively and with attention to the observer's subjective involvement; and the supervision seminar, during which the observation reports were read and discussed. The observation reports and notes taken during the supervision seminars were used as research materials. The findings highlight the therapeutic potential of the Bick Observation Method, as the observer, through sensitive listening and an empathic stance, provides emotional support to families during moments of distress and helplessness. Furthermore, the earliest stages of childhood constitute a fertile field for studying elements and indicators of mental health and may contribute to a preventive perspective by enabling the early identification of risks to healthy development.

Keywords: holding, Bick Observation Method, therapeutic potential.

Resumo

O presente artigo tem como objetivo discutir a função de holding do observador, que se estabelece a partir do Método Bick de Observação. Sendo assim, pretende-se compreender o holding no campo observacional, com base em excertos de quatro relatos de observação da relação

mãe-bebê de uma pesquisa, em que nove bebês e suas famílias participaram. As observações seguiram os procedimentos recomendados pelo Método Bick de Observação, o qual foi aplicado considerando os três tempos: observação propriamente dita, sendo semanal, no mesmo dia e na mesma hora; relato da observação, de forma descritiva e implicada, e seminário de supervisão, no qual são lidos e discutidos os relatos de observação. Como materiais de pesquisa, consideraram-se os relatos das observações e os apontamentos feitos nos seminários de supervisão. Quanto aos resultados, salienta-se o potencial terapêutico do Método Bick de Observação, uma vez que o observador, a partir de sua escuta sensível e postura empática, oferece acolhimento às famílias nos momentos de angústia e desamparo. Ademais, evidencia-se que as fases mais iniciais da infância são um campo fértil para estudar elementos e indicadores de saúde mental, podendo contribuir para uma perspectiva preventiva, uma vez que permite a identificação precoce de riscos para o desenvolvimento saudável.

Palavras-chave: holding, Método Bick de Observação, potencial terapêutico.

Resumen

El presente artículo tiene como objetivo discutir la función de holding del observador, que se establece a partir del Método Bick de Observación. En este sentido, se pretende comprender el holding en el campo observacional, con base en extractos de cuatro relatos de observación de la relación madre-bebé provenientes de una investigación en la que participaron nueve bebés y sus familias. Las observaciones siguieron los procedimientos recomendados por el Método Bick de Observación, el cual fue aplicado considerando tres momentos: la observación propiamente dicha, realizada semanalmente, el mismo día y a la misma hora; el relato de la observación, de manera descriptiva e implicada; y el seminario de supervisión, en el cual se leen y discuten los relatos de observación. Como materiales de investigación, se consideraron los relatos de las observaciones y las anotaciones realizadas en los seminarios de supervisión. En cuanto a los resultados, se destaca el potencial terapéutico del Método Bick de Observación, dado que el observador, a partir de su escucha sensible y postura empática, ofrece acogimiento a las familias en momentos de angustia y desamparo. Asimismo, se evidencia que las fases más iniciales de la infancia constituyen un campo fértil para estudiar elementos e indicadores de salud mental, pudiendo contribuir a una perspectiva preventiva, ya que permite la identificación precoz de riesgos para el desarrollo saludable.

Palabras clave: holding, Método Bick de Observación, potencial terapéutico.

Résumé

Le présent article a pour objectif de discuter la fonction de holding de l'observateur, qui se met en place à partir de la Méthode Bick d'Observation. Ainsi, on cherche à comprendre le holding dans le domaine de l'observation, à partir d'extraits de quatre récits d'observation de la relation mère-bébé issus d'une recherche à laquelle ont participé neuf bébés et leurs familles. Les observations ont suivi les procédures recommandées par la méthode Bick d'observation, appliquée en tenant compte des trois temps suivants : l'observation proprement dite, réalisée chaque semaine, le même jour et à la même heure ; le compte rendu de l'observation, rédigé de manière descriptive et impliquée ; et le séminaire de supervision, au cours duquel les comptes rendus d'observation sont lus et discutés. Comme matériaux de recherche, ont été pris en compte les récits des observations et les notes prises lors des séminaires de supervision. Quant aux résultats, il convient de souligner le potentiel thérapeutique de la méthode d'observation Bick, dans la mesure où l'observateur, grâce à son écoute sensible et à sa posture empathique, offre un soutien aux familles dans les moments d'angoisse et de désarroi. De plus, il apparaît que les premières phases de l'enfance constituent un terrain fertile pour l'étude des éléments et des indicateurs de santé mentale, ce qui peut contribuer à une approche préventive, dans la mesure où cela permet d'identifier précocement les risques pour un développement sain.

Mots-clés : holding, Méthode Bick d'Observation, potentiel thérapeutique.

Listening and observing are important tools for constructing psychological knowledge. More specifically, through observation, the observer can provide a space characterized by attentive observation and sensitive, containing listening. In this regard, the Bick Observation Method for mother–infant relationships constitutes a valuable means of accompanying infants and their parents. Taking the importance of the observer's role as its starting point, this article aims to discuss the observer's holding function as established through the Bick Observation Method. Thus, the study seeks to understand holding within the observational field based on excerpts from four observation reports of mother–infant relationships drawn from a larger study involving nine infants and their families. These reports illustrate holding within the observer–mother–infant relationship, which emerged prominently in discussions held by the supervision groups.

The aforementioned psychoanalytically oriented study is affiliated with an extension program at Universidade Feevale titled “Mother–Infant: From Pregnancy to the First Year of Life,” which aims to promote the health of women and children up to one year of age through interdisciplinary healthcare initiatives in an underserved neighborhood of a municipality in the metropolitan region of Porto Alegre, Rio Grande do Sul, Brazil.

The larger study aims to discuss the subject-constituting games that emerge within the mother–infant bond and can be regarded as the earliest forms of play and precursors of symbolic play. These games unfold within the relational field as the mother introduces pleasurable forms of play that extend beyond the mere satisfaction of needs.

The Bick observation method

The Bick observation method is a psychoanalytic method for observing infant development, conceived and developed in 1948 by the English psychoanalyst Esther Bick (1964/2002). Its purpose is to provide an experience of psychoanalytic observation of the mother–infant relationship, helping psychoanalysts in training understand their patients’ infantile experiences (Oliveira-Menegotto et al., 2006).

Bick (1964/2002) organized the methodological procedures into three stages: observation itself, the observation report, and the supervision seminar. During the observation stage, the observer enters the infant’s family environment and makes weekly visits to the family home from birth until the end of the child’s second year of life, thereby establishing a setting. In the observation report, the observer provides a detailed account of everything they remember, without discrimination, including their own personal experience (Rustin, 2006). It is recommended that reports be written shortly after each observation so as not to interfere with evenly suspended attention, one of the method’s technical principles (Bick, 1964/2002). Finally, the reports are read and discussed during group supervision, where the observer develops an understanding of, organizes, and attributes meaning to these experiences under the guidance of a psychoanalyst experienced in the method (Oliveira-Menegotto et al., 2006). Because it is grounded in the principles of the unconscious, transference, evenly suspended attention, and free association, the method requires data analysis to be conducted through reading informed by a clinical listening perspective.

Although the uniqueness of each researcher and the relationship they establish with the infant and mother are acknowledged, Bick (1964/2002) proposes that observers refrain from any direct intervention, ensuring that their presence causes as little interference as possible. Thus, the observer does not intervene in how the mother provides maternal care. Instead, the observer serves as an auxiliary ego for the mother and, drawing on Winnicott’s (1983/1990) conceptualization, supports maternal knowledge by seeking to establish an empathic and nonjudgmental relationship. This ethical principle is based on the understanding that direct intervention could disrupt the mother–infant bond and the process of becoming a mother, as the mother might perceive such intervention as disapproval, criticism, or censure.

Research project “Subject-Constituting Games in the Mother–Infant Bond”: Methodological aspects

The Bick Observation Method was not originally conceived as a research method. Its prominence as a psychoanalytically oriented investigative approach emerged gradually through its application (Oliveira-Menegotto et al., 2006). In this regard, recent studies, including those by Daró et al. (2017), Arpini et al. (2018), and dos Santos et al. (2020), have highlighted the Bick Observation Method as a teaching tool for students in training, a therapeutic tool because of the emotional support provided to families, and an investigative tool, as used in the present study. It can therefore be applied in a variety of contexts involving the presence of the mother–infant dyad.

Because the study was affiliated with an extension program, the mothers were invited to participate by members of the extension team. Participation in the study began with the signing of the informed consent form, through which participants authorized their involvement in accordance with the study objectives and methodological procedures. The study was also approved by the Human Research Ethics Committee at Universidade Feevale (CAAE: 51987315.6.0000.5348).

In accordance with the standard method, the present investigation followed three stages. The infants and their mothers were observed only during the first year of life, in accordance with the extension program’s framework. In the first stage, observations were conducted weekly at the infants’ homes, on the same day and at the same time, with each session lasting one hour. Observations took place between 2016 and 2018 and have therefore all been completed. They were conducted by undergraduate psychology students and psychologists affiliated with the research project through undergraduate research and scientific training programs. Importantly, all observers received appropriate training from the study coordinator, who has experience with the method.

In the second stage, each observation followed the principles of the Bick Observation Method. The reports were treated as research material and were carefully read and discussed during group supervision seminars, which constituted the third stage and were led by the study coordinator. The seminars were initially held weekly and subsequently every two weeks.

Given the psychoanalytic nature of this observational method, the present study relies on open-ended approaches to investigation and interpretation of the findings. Accordingly, specific objectives emerged a posteriori, guided by the

general objective and informed by attentive listening and evenly suspended reading of the observation reports, as well as by discussions held during the supervision seminars. These discussions took into account the uniqueness of the cases being followed and gave rise to new research questions within the supervision group. This aspect reinforces the notion that, in psychoanalytically oriented research, researchers remain open to being surprised by the discoveries that emerge from their investigations, entering the field without a fully predetermined systematization or exact prior knowledge of what they will encounter. Such research therefore involves rigorous, but not rigid, procedures.

Holding and its therapeutic role became subjects of discussion during the supervision seminar, ultimately leading to the development of the present study. The following sections present excerpts from reports of four observations that prompted this discussion, comprising observations of the infants Augusto, André, Nina, and Keila. The names have been changed to protect the identities of the infants and their families.

The concept of holding and its relevance to the Bick observation method

The containing environment created and cultivated by the observer within the context of the Bick Observation Method is consistent with what Winnicott (1971/1975) conceptualized as holding – i.e., the emotional support and containment that are essential in the relationship with the infant, given the infant's state of dependence and psychological vulnerability. Thus, the containing function is related to the concept of the good-enough mother, who provides the child with an environment characterized by emotional security. It is important to emphasize, however, that holding is a phenomenon that can be identified beyond the mother–infant relationship. Accordingly, this study focuses on holding within the mother–infant–observer relationship, insofar as the observer creates a containing space that supports the infant's relationship with their caregivers.

Through their noninterventionist role, the observer can provide a good-enough and often therapeutic environment, as it is within such an environment that the infant develops and the mother–infant bond becomes consolidated. From this perspective, Bick (1964/2002) was surprised by how readily she found mothers who wished to have an observer present. They frequently described a sense of well-being derived from having someone accompany them regularly, with whom they could talk about their infants, their development, and their own feelings about these experiences.

The observer's care and sensitivity are accompanied by the suspension of prejudice and judgment regarding how the family relates to the infant. Once again, a similarity can be identified between observation and the holding function, as the position occupied by the observer during observation resembles the maternal function, particularly with regard to the concept of holding.

Holding is closely related to the mother's capacity to identify with her infant. Satisfactory holding constitutes a fundamental element of care and is only experienced as such through reactions to inadequate holding. Inadequate holding causes extreme distress in the child and may give rise to a sense of disintegration, a feeling of falling into a bottomless pit, a sense that external reality cannot be used as a source of internal comfort, and other anxieties generally classified as psychotic (Winnicott, 1965/2011, p. 26).

From this perspective, by containing the emotional burden arising from the observation, the observer becomes an empathic instrument. Through attentive observation and sensitive listening, the observer provides holding for the mother and thereby supports her capacity to provide good-enough conditions (Winnicott, 1983/1990) for the infant's development. According to Winnicott (1965/2011, p. 5), a good-enough environment is essential to infant development because, given the child's extreme emotional dependence, their development and life cannot be understood independently of the care they receive.

The observer's stance is not clinical but reflective (Kompinsky, 2000) and should remain “receptive, attentive, silent, respectful, noncritical, [and] gentle” (Caron, 1995, p. 285),¹ enabling a form of participation that is not verbalized or interventionist but rather experienced. In this sense, observers adopt a position of “not knowing” in relation to the mother–infant dyad, distancing themselves from preexisting theories and knowledge and remaining open to observing what unfolds in the dyad's daily routine (Lemos et al., 2019). This stance poses a challenge because, through the transference relationship, observers encounter situations in which they must tolerate not only their own state of not knowing but also the family's doubts and uncertainties regarding the infant, confronting the sense of helplessness frequently experienced by those involved in this daily care (Sampaio & Camarotti, 2020).

The challenging task of maintaining a reflective stance while simultaneously providing holding is supported through supervision. During supervision, the observer's anxieties are shared within a group that provides containment and sustains the purpose established by the method, helping to reframe these anxieties so that they are not projected into the observational setting. In this regard, Winnicott's (1972/1991) propositions concerning the analyst–patient relationship are particularly relevant, as he reiterates the importance of holding within the analytic setting through the attention provided by the analyst, which conveys a sense of safety and trust to the patient. From this perspective, supervision provides holding for the observer

¹ For the purposes of this article, all direct quotations from the original sources have been translated into English.

by containing the ambivalent feelings that often emerge unconsciously in observation reports. Its purpose is to support and refine the observer as an “instrument,” expanding their capacity to observe nonverbal communication while refraining from judgment and prejudice. Supervision thus provides a space for reflection on the observed case through the search for clues that may help decipher what is experienced as enigmatic and provide a foundation for theoretical formulations.

The central role of the supervision setting should therefore be emphasized, as it provides fertile ground for reflection in which observers place a kind of magnifying lens over phenomena that often go unnoticed. While observations provide access to the subtleties of human experience and relationships, it is during supervision that these elements are carefully considered. Moreover, this setting requires sensitivity on the part of those who listen and provide guidance because the method places observers within the scene and reveals them in an exposed state, fully engaged in the relationship. Sensitivity therefore becomes a key concept: throughout the observation, observers are affected by what unfolds within the relationship and are often compelled to make certain decisions and, above all, to feel. Some situations may evoke distress, while others may elicit fear or apprehension. Within the scene, observers may identify at times with the mother and at others with the infant; beyond these identifications, however, their task is to observe and provide support for what they perceive as vulnerability. It was through this pathway that the present article arrived at the concept of holding and, particularly, at the texts “the holding clinic” and “holding the holding.”

The terms “holding clinic” and “holding the holding,” used by Benavides and Boukobza (1997), underscore the importance of supporting the mother so that she can care for her infant while herself being accompanied by someone who, through words, can mediate an intensely embodied interaction that often generates distress. This support makes it possible to restore the maternal function so that the mother can provide holding for the infant. From this perspective, the text “holding the holding” reflects on the support educators themselves require to perform the task of caring for young children.

The present article was developed from these discussions. One of the major themes throughout the supervision sessions concerned the contribution of observation to the development of therapeutic skills, including an appreciation of the importance of noninterventionist listening and careful attention to the behavioral expressions of both mother and infant. These skills also encompass the establishment and management of transference, processes that are fundamental to the constitution of holding.

Holding the holding: the importance of the observer’s containing function

By paraphrasing Benavides and Boukobza’s (1997) title “holding the holding,” we seek to make sense of some of the experiences encountered in this study, beginning with the context of an underserved neighborhood characterized by multiple forms of vulnerability. Families in this community strive to maintain their daily lives amid drug trafficking and unauthorized occupation of land at risk of landslides after periods of heavy rainfall. Against this backdrop, one of the greatest challenges faced by observers was coping with the sense of unfamiliarity elicited by entering this empirical field, where the somewhat elitist theories of psychology seemed insufficient to account for the realities encountered.

Women in this community generally marry and have children at a young age, and these roles appear to represent one of the few pathways through which they can experience a sense of belonging. Men by contrast rarely participate substantially in childcare, leaving these responsibilities primarily to women, whether mothers, aunts, neighbors, or grandmothers. Thus, the culture is predominantly patriarchal, and gender roles remain closely tied to conventional expectations of masculinity and femininity. It was not uncommon to observe mothers carrying out their maternal responsibilities alone, and in many cases, the observer was their only source of companionship.

During some observations, fathers or grandparents were present; on other occasions, observers shared the family’s attention with visitors. In general, the presence of these individuals in the observed setting did not provide additional support to the mothers. Indeed, when help was offered, it often took the form of criticism regarding how the mother performed her caregiving role. To illustrate these mothers’ often solitary journey in caring for their children, we present an excerpt from the ninth observation of the infant Augusto (2 months and 21 days old), which reveals a desire for the father to remain at home.

Lucas appears at the door carrying Antônio, Augusto’s 2-year-old brother, in his arms. He looks at his son and says, “Daddy is going to take a shower now, and then Daddy is going out.” The boy looks at his father and immediately appears ready to cry. His father continues, “There’s no need to cry. You’re going out too, with Mommy and your little brother.” The father hugs him and puts him down; the boy goes over to his mother, who also hugs him. After a while, Lucas finishes his shower and tells Valentina that he has been invited to an end-of-year gathering at work; however, Valentina does not seem to approve. He continues speaking to his wife from the bedroom and says that the gathering will take place that same day. Valentina grimaces but says nothing.

In most observations, the mother was found at home, often alone, engaged in household chores and caring for the children. Even when the father was present, he remained largely uninvolved in childcare, generally staying by himself in another room of the house. The mother, in turn, appeared to have little alternative but to undertake these responsibilities

on her own. In numerous situations, observers felt compelled to abandon their observational role and intervene to help mothers attend to their infants. Supervision sessions were often permeated by the distress felt and experienced by observers, making it necessary to revisit the principles of this observational method. At the same time, this distress itself became an object of analysis. Among the various meanings that emerged, one particularly salient interpretation was that, because this is an experiential method conducted within a setting over which observers have no control, numerous forms of distress may arise. The Bick observation method allows observers both to draw closer to and to distance themselves from the observed scene. Both movements can trigger distress while also creating opportunities for reflection through the writing, reading, and discussion of observations during supervision. The distress that became manifest throughout the observations can be associated with experiences of helplessness, which are common during the early stages of the development of the mother–infant relationship.

From Winnicott's (1987/1994) perspective, the birth of an infant evokes a sense of helplessness in the mother, insofar as she relives her own helplessness as an infant. In the face of this maternal helplessness, the observer, through holding, provides support to the person who needs to remain emotionally available to the infant. This idea brings to mind the first observation of Nina, an infant who gradually revealed a significant delay in neuropsychomotor development, which the supervision group understood as resulting from a difficult birth. The reports suggested an atmosphere of denial within the family regarding this developmental delay, along with a certain degree of complicity on the part of the observer, who also appeared to deny the possibility of a developmental lag. During this first observation (2 months and 3 weeks), Nina's mother already seemed quite comfortable in the observer's presence:

On the first day, the family already seemed very comfortable sharing the infant's life history. The mother had a urinary tract infection during pregnancy, which led to blood pressure problems and fetal distress. Nina was born at 36 weeks and experienced several episodes of respiratory arrest, requiring intubation for breathing support. She remained hospitalized for 21 days at risk of death, which caused intense worry and distress for the mother.

Although the infant's developmental delay was not explicitly addressed in this report, it contains a narrative of suffering related to the risks involved in the birth and hospitalization. In this context, sensitive listening and a nonintrusive stance were essential. It was also important to provide holding for those surrounding the infant so that family members could support her physically, symbolically, and psychologically (Winnicott, 1983/1990). In this regard, Menezes and Moratti (2014) emphasize that when one adult supports the adult caring for an infant, the relationship between the infant and caregiver is facilitated.

Because the mother returned to work shortly thereafter, Nina, at 4 months and 3 weeks of age (9th observation), was placed in the care of her maternal grandmother. The observations were therefore conducted at the grandmother's home, where she frequently described the infant's complex trajectory during the first six months of life, particularly because Nina required a second hospitalization due to seizures. The observer sought to maintain a quiet but empathic stance, directing attentive listening and observation toward Nina, her grandmother, and her aunt, who were present during the observation.

The grandmother said that after the hospitalization and the introduction of anticonvulsant medication, she began to notice more movement from Nina, who took her medication at 6 a.m. and 6 p.m. That week, Nina was beginning physical therapy at the university clinic to support her development, since the seizures may have affected her. The grandmother said that Nina had barely moved before and had always seemed apathetic, floppy, and still, but that she now brought her little hands to her mouth, perhaps because she was teething, and reacted more by trying to communicate. The grandmother said that she made sounds with her mouth for Nina and that Nina responded with the same sound. She added that sometimes Nina would see her somewhere in the house and make that sound, which had become something shared between the two of them.

When Nina was 5 months old (10th observation), her mother was at the grandmother's house because she tried to take time off work on observation afternoons so that she could be present and receive the observer, demonstrating both her bond with the process and her desire to participate in these moments. On that day, she described frustrating situations at work, such as having her salary reduced on the days when she had to accompany Nina during her hospitalization. The physician had suggested that she seek psychological treatment and recommended taking Nina to physical therapy. The observer listened to all of these accounts with empathy, particularly because the mother's distress was clearly perceptible, a situation that had also been recognized by the physician.

These reports illustrate the extent to which the family's distress is shared with the observer, consistent with the observations of Dias and Pinheiro (2022). Thus, in addition to observing, the observer faces the challenge of dealing with what produces an emotional impact, unease, and a sense of unfamiliarity. In such situations, the observer must maintain a sensitive stance, offering listening, attentive presence, and therefore holding, so that the family feels supported during moments of vulnerability. During numerous observations, this family recounted the hospitalizations, and at certain times some family members asked the observer whether the infant was doing well. In these situations, the observer had to make a considerable effort to preserve neutrality, as the supervision group had begun to notice that the family alternated

between denying and questioning the infant's developmental delays. It was therefore important to refer these concerns to the professionals who were following the family at the university clinic.

These reports not only pointed to the holding provided by the observer but also revealed the importance of a holding-based framework within the supervision setting itself. Supported by this containment, the observer was able to offer the family a space in which distress could be contained; the family, in turn, could provide holding that supported the infant's developing capacities. In this sense, the supervision group constitutes a containing space for the primitive anxieties mobilized in the observer (Sandri, 1997), assuming a witnessing position that allows emotional impact to be transformed into a process of psychological elaboration.

The observer reported many situations of helplessness related to Nina's birth. In addition to the vulnerability inherent to this early phase in the constitution of the mother-infant bond, many mothers participating in the study described dissatisfaction with the medical care they had received during pregnancy and childbirth. All relied on public healthcare services, and their accounts frequently described somewhat neglectful and dehumanizing approaches. These narratives often evoked feelings of compassion in the observers, which needed to be listened to and understood so that they would not interfere excessively with the observations.

Nina's 12th observation (5 months and 1 week) provides a striking example. Her mother shared her experiences of the pre-labor period and what she perceived as negligence by the hospital. She had unstable blood pressure, a urinary tract infection, pain, and bleeding, yet despite these symptoms, the hospital physician advised her to return home. Shortly thereafter, she had to return to the hospital and was immediately referred for delivery. Nina was admitted to the neonatal intensive care unit, where she remained for more than 20 days. During this period, she experienced two cardiac arrests and required resuscitation. Later, when Nina was 3 months old, she began having seizures. At that point, examinations revealed neurological impairment resulting from insufficient oxygenation of Nina's brain, which had not been detected at birth.

Another observation excerpt, concerning the infant André, highlighted the importance of the observer's nonintrusive presence in establishing a safe environment for the development of the mother-infant relationship. The observations were always shared with other children and adults from the neighborhood. The house was constantly full of people, almost as though it were an open house without walls, and the mother had few moments alone with her infant. Unlike the mothers in the other observations, this mother was rarely alone; however, the presence of other women did not always constitute support. Critical gazes were not uncommon and appeared in the report of the 42nd observation (11 months and 5 days), when several mothers questioned the excessive crying of the infant of a young mother who was present. When this mother attempted to breastfeed her infant in front of the other mothers, she revealed an emotional vulnerability that required holding: she began to cry and said that she was unable to breastfeed because of breast pain. Dora, André's mother, was the only person who offered support when she saw her friend's distress, taking the infant into her arms. While her own child played on the floor mat, she rocked her friend's infant and spoke softly in a melodic tone. The infant gradually calmed down and, consequently, so did the mother.

During supervision, the observer reported feeling uncomfortable while witnessing how easily a mother could become destabilized by the critical gaze of another woman. This discomfort became an important reinforcement of the need to maintain an empathic and respectful role. In this sense, the observer's stance – by refraining from judgment while providing the holding necessary for the mother to perceive herself as capable of fulfilling her role – is essential to the establishment of the relationship with the infant.

As in Nina's case, André also experienced hospitalization, a significant event for his mother, who discussed it during the 4th observation, when he was 2 months old. From this perspective, sharing such experiences with the observer may help reframe and facilitate the psychological elaboration of the feelings involved. Thus, the subject of hospitalization repeatedly resurfaced and circulated between the observer and the family, allowing emotions to be received and contained through holding.

Dora began describing André's hospitalization. She said that he had been subjected to many needle punctures while in the hospital because his veins were extremely thin and the intravenous lines frequently failed. She remained in the hospital room for 10 days without being able to leave. The room was shared with five other children who had different medical conditions. Dora went home only once, when her sister Kate stayed with André; the rest of the time, she remained there with her son and with the "awful children" who shared the room. She described the hospital routine and the visiting hours, when her mother, husband, and daughter would come to see them.

In supervision, the observer also found support within the group. While reading the report of the 7th observation, conducted when André was 2 months and 29 days old, the observer noticed feeling drowsy and began to question the meaning of this sensation.

When I arrived, Dora and André were already in the living room, as was Mara, Dora's mother, who came to open the door so that her daughter would not have to get up. From the moment I entered that day, I had an impression of naturalness. Dora spoke to André very spontaneously and, when I approached, included me in the conversation she was having with her son. I

spoke to him briefly, and André gave me the impression that he recognized me, although he remained much more interested in his mother's words. Dora began breastfeeding André, saying that afterward he would be ready for a little nap because, unlike on other days, she had made no attempt to put him to sleep, nor did he seem to miss it. I began to feel sleepy. I felt extremely drowsy. I thought to myself that I had slept well the night before, had eaten well during the day, and that the interaction I was observing was dynamic, so I could not understand why I felt so sleepy. After the observation ended, the drowsiness disappeared while I was driving.

This scene, characterized by a sense of naturalness, illustrates the importance of having someone present to support both the mother and the grandmother. It also highlights the relevance of the grandmother's presence: on this occasion, she opened the door so that her daughter would not have to get up, and on several other occasions she helped enable her daughter to provide the holding her son needed. During supervision, the observer's drowsiness was interpreted as a transferential phenomenon, with sleep discussed as a form of disengagement and a means of coping with the distress circulating in the environment. The infant's sleep, in turn, had already been a source of concern for the mother in previous observations and continued to be so in subsequent ones, as she often complained that her son did not fall asleep easily. Gradually, the supervision group came to understand how much this mother needed her son to sleep, even when he was not sleepy, because only then could she relax. These moments were regarded as particularly meaningful because they allowed each observer to reflect on their own position in relation to the content presented in each report.

At 10 months of age, during the 37th observation, the observer described a scene in which the mother appeared considerably more at ease in the absence of the critical gaze of the other mothers. During supervision, we examined the importance of the observer's empathic and nonjudgmental gaze in supporting the mother as she dealt with doubts and anxieties related to the maternal role.

André was moving around the house in his baby walker. Marcio peeled an orange and gave his son some to taste. Dora seemed very comfortable, as she usually did in scenes involving her father or husband. As I observed her, I realized that this "expression" changed only in the presence of the other women and mothers who frequently came and went. Before I left, she said, "Yes, he's already 10 months old." Her reference to time silently reminded us that the observation period was approaching its end.

The passage of time emerged as an issue, foreshadowing the separations inherent to development and those that would also accompany the end of the observations. In this context, the mother seemed to seek from the observer confirmation that she was a "good mother." This pattern recurred during the 45th observation, when the infant was 11 months and 26 days old, at which point she sought feedback about the observations, as though the observer were there to evaluate how she cared for her son. After all, the presence of other women in these moments had consistently carried a critical tone, as though she were under constant scrutiny. In response, the observer deliberately revisited the initial agreement that their role was to accompany rather than evaluate. In this case, the observation took on the meaning of offering the presence of someone who observes without judgment and who provides an empathic and respectful gaze toward how the maternal role is performed.

The following case also illustrates the importance of the observer's receptive listening in providing holding for feelings arising from family experiences and for significant events shared within the field of participant research. During the 7th observation of the infant Augusto (2 months and 21 days old), Valentina described the loss of her mother, which had occurred four years earlier. Keeping her gaze distant and fixed on a point somewhere along the street, she recounted the entire story of the death, including how she had received the news.

At 4 months and 6 days of age, during the 16th observation, the mother's difficulty in anticipating and responding to the needs of her two children became evident, revealing her exhaustion in carrying out this task. In this particular situation, we encountered a mother who bore sole responsibility for both household duties and childcare.

Augusto, who remained on the living room floor, began to cry. Valentina, however, did not seem concerned by his crying and continued dressing Antonio and talking to me from the bedroom. At that moment, I felt distressed. Augusto was crying and moving around a great deal. After some time, I asked Valentina whether I could pick him up, and she replied from the bedroom, "Of course, you can pick him up." I took Augusto into my arms, and he immediately stopped crying. I felt relieved and, at the same time, uneasy because the infant was drenched in sweat even though he was wearing only a diaper [...]. Valentina returned to the living room holding Antonio's hand [...]. As soon as the mother placed the infant car seat on the floor, Antonio lay down in it [...]. Valentina rocked it with her foot, and he asked for her hand. She held her son's hand and ended up in an uncomfortable position while breastfeeding Augusto. Noticing her discomfort, I again felt uneasy, took Antonio's other little hand, and began stroking it. After a while, Valentina released Antonio's hand and turned her attention back to the infant, who did not seem very interested in nursing. When I realized it, I too was rocking the infant car seat with my foot while holding Antonio's hand, and he did not seem bothered by my closeness [...]. I noticed that Antonio had fallen asleep and let go of his little hand. I told Valentina that he was asleep, and she replied that it was a relief whenever he slept because then she could rest too.

In this report, we can perceive the observer's distress in response to the mother's isolation, as well as the provision of holding. During group supervision seminars, these feelings are reframed, helping the observer remain in their role while containing the emotions evoked by the mother's helplessness. The main challenge in this observation lay in the observer's ability to maintain their position, as they found it difficult merely to observe without intervening after coming into contact with such profound maternal helplessness. The observer frequently described, in the reports, a mother overwhelmed by household responsibilities and the demands of caring for her children. This situation therefore reiterates the challenge of providing holding when the observer encounters a mother who herself feels unsupported. During the 30th observation, when Augusto was 7 months and 14 days old, the observer's concerns again became evident.

Antonio stands in front of me while I stroke his blond hair. I ask whether he wants to sit on my lap, and he nods yes and smiles. Sitting on my lap, he stays there for a little while, still eating his apple [...]. I notice that he is holding a padlock and a piece of wire, which initially worries me because he could hurt himself. Valentina does not notice the objects in her son's hand and continues talking about the laundry [...]. She comments on the lack of clothespins and the amount of clothing she needs to wash and says that Augusto needs winter clothes because some of his clothes no longer fit.

Holding permeates the observations because it is necessary to support the observer, allowing them to offer mothers and their infants an empathic, sensitive, and receptive gaze. Significant losses also emerged during the observations of the infant Keila. During the 17th observation (6 months and 15 days), the mother described caring for her father-in-law, who had died, and for her mother-in-law, who was now living with her. In response to this account, the observer felt compelled to point out the need for the mother to prioritize the infant's care, given the many responsibilities she had taken on.

She told me that she and her husband had cared for her father-in-law. She said that, toward the end, they had to change his diapers, that her husband carried him in his arms to bathe him, and that it had been very sad to watch him suffer, while her mother-in-law had also suffered greatly. "I think the same thing is going to happen again. The two of us are going to end up caring for my mother-in-law until the end too." I said that things were different now because she also had Keila to care for and would need help, and that she should talk to her mother-in-law's daughters so that they could help as well. She told me that she knew this and that, if necessary, she would talk to them. I said goodbye and told her that we would talk more the following week. Her mother-in-law was already waiting for her at the corner. It was clear that the mother needed to talk and to be heard, but this was difficult because, this time, her mother-in-law seemed very needy and dependent on her, quite different from previous occasions.

The observations of this infant demonstrate the bond established between the mother and the observer. As the observations approached their conclusion (31st observation, at 9 months and 10 days), the mother expressed a desire for the visits to continue, signaling how cared for she had felt through the observer's empathic gaze, which characterizes this observational method.

The mother tells me that she had been talking with her husband and realized that Keila was almost one year old, that the visits would continue only until she reached that age, and that I would therefore have to stop visiting them. She said that her eyes filled with tears and that she did not want me to stop visiting, so her husband told her to talk to me about it. I told her that we had not yet discussed ending the observations, but that, in principle, they would continue until the child turned one. I said that I could visit her from time to time and that we would always remain in contact by phone.

Thus, the observations continued until the infant reached one year of age. As that date approached, both the observer and the family experienced feelings of loss inherent to the ending process. During the 43rd observation, when Keila was 1 year and 4 days old, both mother and observer demonstrated difficulty with the conclusion of the observations. During supervision, the observer emphasized the importance of the role they had played in accompanying both the infant and the mother; in this sense, their gaze had provided support to a mother who at times showed signs of insecurity.

The mother goes into the house, and I follow her because it is already time for me to leave and I need to say goodbye and bring the study to an end. I tell her that, unfortunately, today we need to conclude the study. She looks at me in shock and says, "No!" She gives me a long, tight hug and begins to cry. I tell her that she does not need to cry, that we are ending the study but that we will remain in contact and that I will come by to visit them whenever I can. "You really are going to come back, right? You know you were more than a friend to me."

The observations revealed mothers living in contexts of social and, often, psychological vulnerability. In most cases, these mothers experienced motherhood largely on their own, without reliable help or support from others. In many observations, as illustrated in the excerpts above, the observer's challenge was to provide holding without lending their own body or even words and advice to the situation. On several occasions, observers stepped outside their observational role because they found it difficult to remain solely in the position of observing and understood that the moment called for a more interventionist stance. During supervision, it became clear that being immersed in a setting marked by unpredictability

can destabilize the observer; in such circumstances, offering physical comfort or a reassuring word may be as comforting to the observer as it is to the mother. At the same time, the supervision seminars emphasized the importance of the group process, which is consistent with the concept of holding (Dias & Pinheiro, 2022).

Regarding this issue, Winnicott (1965/2011) proposes that involvement with patients may evoke feelings of vulnerability in therapists, similar to those experienced by a mother in relation to her infant, as therapists identify with the child's helplessness in the face of dependence. These feelings, repeatedly reported by the observers, were contained by the supervision group, which provided the support needed for them to continue sustaining the holding function in relation to the family and infant. According to Winnicott, we witness the collapse of the child's false selves and the emergence of a true self, "endowed with an ego that is strong because we, like the mother with her child, have been able to support it" (Winnicott, 1965/2011, p. 28). If this process develops successfully, a child emerges whose ego is capable of "organizing its own defenses against anxieties arising from id impulses and experiences" (Winnicott, 1965/2011, p. 28). This appears to be the main reason why the holding function contributes to the promotion of mental health as part of research conducted using the Bick Observation Method.

Final considerations

The Bick Observation Method is grounded in the premise that the observer accompanies the infant and family in a participatory yet noninterventionist manner. This participation consists of offering the mother sensitive and empathic support in order to protect the development of maternal knowledge. Against this background, this article sought to discuss the observer's holding function, namely, the function of providing a supportive environment for the mother and infant. This constitutes a rich experience that can bring important benefits both to the mother–infant relationship and to the observer. The environment created by the observer is characterized by the absence of criticism and judgment, respecting the time required for the mother's relationship with the infant to develop and allowing motherhood to emerge in a singular and spontaneous manner. Observers, in turn, are afforded the experience of accompanying the emergence of the psychic subject while also developing the capacity to observe, wait, avoid premature intervention, suspend criticism and judgment, and cultivate other related skills.

The world of infants brings feelings of helplessness to the fore because the infant is born into a condition of fragility and dependence, unsettling the person responsible for primary care, who is generally the mother. In our observations, we entered a vulnerable field that required observers to manage the anxieties arising within the mother–infant relationship. In fulfilling the maternal function, the mother needs to provide containment for the anxieties experienced by the infant; however, this is a complex task, particularly when she is alone, even if other people, often other mothers, are physically present. As demonstrated above, the women who accompany mothers during the postpartum period do not always allow them to develop a singular and self-directed relationship with their infants, because their interventions may at times lack empathy.

This study provided access to a delicate developmental period in which the mother is often as vulnerable as the infant. In this sense, the holding provided by the observer creates an environment favorable to the constitution of the psychic subject. Such support, however, is only possible when the observer is in turn supported by the supervision group, which contains the anxieties evoked by the observations. We therefore understand that holding can only be provided insofar as the person offering it is not themselves in a state of complete helplessness. Within this experience, holding is established as an interconnected network involving the supervision group, the observer, the mother, and the infant.

Finally, this type of research demonstrates the therapeutic potential of the Bick Observation Method, as the observer, through sensitive listening and an empathic stance, provides emotional support to families during moments of distress and helplessness. It also illustrates how the earliest stages of childhood constitute a fertile field for the study of mental health indicators and may contribute to a preventive perspective by enabling the early identification of risks to healthy development.

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Correspondence address:

Lisiane Machado Oliveira-Menegotto
E-mail: lisianeoliveira@feevale.br

Amanda Wecker
E-mail: amandawecker@feevale.br

Maiquélen Silva
E-mail: psicomaiquelensilva@gmail.com

Ana Leticia Gerhardt
E-mail: anagerhardt@outlook.com



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