

mother is present Eric affectionately tries to make contact with all the aspects of her. Being close to her in every way is very important to him.

Accompanying his search for emotional and physical closeness to mother is Eric's new response to mother's going away. He is now able to tolerate mother's departure through 'recreating' the situation of being held and fed by mother at her breast. He does this through sucking his fingers, resting his hand on his face and cupping his hand around his fingers in his mouth. Eric's new inner strength seems to be derived from his dialogue with the good mother he has inside himself.

Conclusion

This chapter highlights some of the baby's central preoccupations during his early experiences, in particular his lack of integration and fear of disintegration. The stressful task of taking care of a new unknown baby creates in a new mother a sense of loss of identity. The observations show how the impact of the baby's infantile terrors initially unsettles mother, preventing her from being able to understand his needs and feel emotionally close to him. Through the support of her husband and friends and a baby who welcomes her presence and can be easily comforted, mother is enabled to develop her sense of confidence in her mothering. Because father is able to assist mother in her many ways of caring for the baby, Eric is able to count on two caretakers. Thus Eric is enabled to develop and hold inside himself an experience of caring parents whom he loves.

Kathy and Suzanne: Twin Sisters

The observation reported on here arose from an interest in questions about heredity and environment. The observer also hoped that observation of the development of twins would allow her to explore the complexities of identifications and identity formation, and to understand some of the special at-risk factors in twinship. A pair of monozygotic twins could not be found at the time and the twins eventually observed were girls, dizygotic, born nine weeks premature, with a caesarian delivery. One of the two, Suzanne, was at one point in great danger, for she was squashed on one side of the womb by the other baby. An urgent operation was required when only one heart-beat could be detected and Suzanne seemed to be beyond hope. So the situation at birth was much more complex than had been anticipated by the observer. Reflection on the importance of pre-natal experience, both for the baby's subsequent development and for the parents' psychological state, was a significant part of the observer's experience. The interest in differentiating between innate and acquired aspects of the twins' personalities gave way to involvement in the painful drama of their early months of life; in a situation of so much real anxiety about survival, the observer was drawn into a vortex of emotion and distress.

The parents

I was introduced to the parents by a nursing sister in the hospital five days after the birth of their twin daughters.

Mother, a dark lady in her thirties, was in bed, looking sleepy and in pain. She seemed to have forgotten what the nurse had told her the previous day about my wish to observe the development of the babies; she explained that she was still taking a lot of drugs which made her feel very drowsy all the time. Father then came into the room and spoke rather loudly and enthusiastically almost as if to compensate for the weakness and pain audible in mother's voice. He told me that they both have twins in their families, and were thus not surprised to have twins themselves. I was surprised that the parents did not ask me any questions about my request to observe regularly. They seemed very

keen on the idea of having a weekly visitor; this made me wonder if they might be a lonely couple.

Mother told me about the birth which had been very painful, 'a terrible experience'. The intra-uterine development of the babies was apparently normal for the first months. Around the sixth month a scan was taken. Mother said one baby looked 'like a monkey'; she felt terrified at the idea that this baby might be 'subnormal'. She told me that she had said to her husband, 'I do not want the baby if it is not normal'. A subsequent X-ray showed that one baby was in a very dangerous position, squashed by the other, and only one heart-beat could be heard. At this point mother had an urgent caesarian delivery; the babies were thought to be nine weeks premature. But one of them, mother told me, the one who had been squashed, had in fact been conceived five weeks later, so she was 14 weeks premature. When I first visited, mother had not yet seen the babies since she could not stand up, and the babies were in the incubator. She had been convinced that one baby was dead until her husband showed her some pictures of them in order to reassure her.* Mother said she was probably going to be able to see the twins for the first time the next day.

Mother's account of the pregnancy and delivery was unclear at several points; she spoke as if she had learned it by heart. There was no space for questions and this habit of not questioning later appeared to be a characteristic of her personality.

I shall give a brief description of the parents here, utilising the material gathered over time.

Mother looks in her late thirties but is probably younger. She comes from a small village in East Africa where the rest of her family still live, apart from a younger sister who lives with them in London.

Her body and posture are characteristically African, but her face has marked Asian features. Her father's family, in fact, came from Sri Lanka. I never saw her wearing woollen clothes even when the weather was very cold; the babies too were hardly ever warmly dressed although their health was not very good.

Mother is rather overweight and gives the impression of a woman who is physically strong. Her hands are as large as a man's. She has a very sweet face and looks much younger when she smiles. Her tone of voice is always very soft and her English is still rather poor, both in grammar and in pronunciation. She came to live in London with her younger sister about ten years ago and worked at London airport until she got married. At work she met her husband, who appeared to be exactly the opposite of her.

He presented himself as being very efficient, educated and

* I think in retrospect that the deep anxiety mother felt in relation to Suzanne's health during the later stages of pregnancy, and especially during the five days after birth before she was able to see the babies, had a powerful influence on her expectations.

charming, and tended to use his qualities to draw attention to his wife's deficiencies. He is a short, rather plump man in his early forties. He works nights at the airport and was therefore often around during the observations. He is extremely good at making things and ambitious to improve their home. He was always busy while at home, possibly this served as an escape from family involvement at times, but it was probably also his way of contributing to family life.

Mother had very little education, and father used to react to her lack of knowledge with impatience and arrogance. She never seemed to resent this, as if she was almost expecting to be treated in this way. Their relationship appeared to be based on an expectation that mother would undertake all the hard work of child-care, and father would have the fun of playing with his daughters.

From the beginning of my observations mother wanted to establish an informal affectionate relationship with me. She asked me to call her by her Christian name, showed me pictures of her family and wanted to give me clothes that she could not wear any more. I came gradually to think that mother was worried about being 'too much' for me; she seemed afraid that I would feel as emptied as she did, and her gifts were intended to replenish my resources. Related to this was her habit of changing the position of the furniture in the sitting room: once a month, or more, there were changes in the room and the babies' clothes seemed to be always different. Possibly these continual changes expressed some of her dissatisfaction.

Despite her basic trust in me, mother was very embarrassed by dirt and untidiness. She never allowed me to watch her changing the babies and did not like me to go into the bedroom to watch them sleeping if the room was not tidy. At first I thought this was just an attitude of reticence towards the private parts of the house, but it continued. Perhaps it arose from some discomfort of hers about the intimate care of the babies which she wanted to keep private.

Father, when present, was always trying to attract my attention. He liked to 'explain' things he assumed that only he knew about; I felt rather patronised. Perhaps all women were felt to need educating. However, he became gradually less pressing and more eager to know my opinion rather than to impose his own, and as time went by he began to sit and watch the babies playing and show interest instead of falling asleep as he often used to do.

In the hospital

Observation at 18 days

My first observation was when the babies were 18 days old. Both were being tube-fed. Once a day mother fed them by bottle. She told me she

did not have enough milk to breastfeed them, but once later on she said that she had found it extremely difficult when she tried.

She seemed very pleased to see me and apologised for not being able to offer me a cup of coffee. She talked about the hospital, saying that she felt relieved that the babies were going to stay there for a few more weeks, because she did not feel ready yet to have them at home. She also spoke about the work she and her husband were doing in their home. After about ten minutes of this conversation, she introduced me to the babies. Kathy was sleeping in the cot and Suzanne was held on mother's lap and had just finished being fed; I remember I thought they were very similar and that it would take me time to be able to tell them apart. In that first meeting, mother showed clearly how she needed the observer for herself and that only after she received some attention did she want me to turn towards the babies. This became a pattern in many subsequent observations. Mother soon moved on to talk about the differences she had already noticed between the twins and it seemed very important for her to have the differences clearly in her mind. Suzanne weighed more and was more advanced than Kathy in taking milk; she was also more wakeful. Their birth weights had been identical, 1.67 kg.

Suzanne fell asleep soon after having been put in the cot. Mother went to prepare the bottle for Kathy who had just woken up. After a while Kathy had a short cry and mother, picking her up, commented on the fact that Kathy never cries whereas Suzanne does very often and very loudly. Mother said in a tone of complaint, 'You can hear her crying from the other end of the ward.' While mother was changing Kathy she said that she can feed at any time, while Suzanne will feed only if her nappies have been changed. A noise in the corridor was heard and mother said that Kathy was very sensitive towards every noise. 'Suzanne' she added, 'recognises only her father's kisses.' Kathy was looking at mother while she fed and finished the whole bottle; mother congratulated her and mentioned this to the nurses very proudly. Kathy looked very comfortable and relaxed with mother. I had the impression of having done only half an observation, because although I stayed for an hour, I had only watched one baby. I decided then to come back another day to observe Suzanne.

This feeling of 'having left something out' which I had during the first observation, became almost a pattern not only in my personal experience but also for the seminar, where my colleagues always felt frustrated at the end, not having had enough time for both babies.

Observation at 4 weeks

When I went to see Suzanne, she was four weeks old; mother was not there, as she had changed the time of her visit to fit in with her husband's shifts.

Suzanne had just finished being fed and changed by a nurse and was

lying in her cot; nobody else was in the room except me. She seemed to be trying to fall asleep and struggling with the fear of doing so. Many times she closed her eyes and opened them suddenly; she also kept moving her fist in and out of her mouth. After more than half an hour, she looked around for a while, then brought her hand in front of her eyes and watched it carefully, until it flopped on her face. She looked surprised. She seemed nearly asleep but suddenly woke up again; she touched her nose for a while then let her arm fall down on the blanket. Again she brought her hand in front of her face and then it flopped down; she pushed her fingers almost into her eyes which were now closed. Eventually she put her thumb into her mouth, then she leaned the other hand under her cheek and fell asleep.

Leaning on her hand seemed to have given Suzanne some feeling of comfort, of holding on to something, which allowed her to overcome the fearful feeling of letting go and falling asleep. It took her about an hour to fall asleep. It seemed to me that Suzanne was attempting to establish a link with a comforting external object, first with her hand movement then by pressing her fingers into her eyes and eventually by putting her thumb in her mouth. The baby seemed to be using her hand to fill the gap left by the end of the feed. It was when Suzanne felt she had something to hold and suck in her mouth that she could also enjoy the support of her hand for her face.

At home: initial interactions between mother and babies

The parents live in a rather remote area of London, which has few amenities. The closest shops are at about half an hour's walking distance. Their flat is very small and simply furnished; the babies did not have a room of their own and their cot was at the bottom of the parents' bed.

Observation at 6½ weeks

The first observation at home was when the babies were 44 days old. They had remained in the hospital for 37 days, but mother cancelled our first appointment at home the week before saying they were not properly settled yet. I think she may have meant not only that the work they were doing at home was not yet finished but also that she herself felt unsettled and disorganised and did not want visitors.

Mother was in the bedroom, feeding Suzanne; Kathy was sleeping in the cot. Mother seemed pleased to see me but rather embarrassed. Suzanne fell asleep while mother was giving her the bottle and she commented wearily that it always takes a long time to feed Suzanne because she so often falls asleep ... Suzanne cried when father put her in the cot and went on crying although he changed her position and then put her on

their bed. Both parents said to me that Suzanne was a real problem for them. She was really bad; she cried too much and took so long to feed. She also did not want her nappies to be changed after Kathy. Mother said pointedly that Suzanne gets everything she wants.

... I noticed that mother did not hold or touch Suzanne's body while she was feeding her but she just lay her on her arm; Suzanne kept her arms alongside her body and her eyes were closed most of the time – as if she was not interested at all and was not getting any pleasure out of it. Mother then fed Kathy who sucked the whole bottle straight away. Kathy was looking at mother intensely and holding mother's blouse with one hand and the bottle with the other one. Kathy appeared much more connected with mother, who commented on her being very nice and quiet. Kathy searched for anchorage with her eyes, mouth and hands, and found it.

Mother asked me to hold Suzanne while she went to the kitchen with Kathy to make some coffee. The atmosphere became very chaotic:

... Mother was describing their previous house; then father wanted to show me the new video-recorder and put a film on; the radio was also on and later father introduced me to their three cats.

... It felt to me as though they were distracting me by showing me new and exciting objects, perhaps thinking that being an observer was boring. Father certainly could not find anything interesting at this point in the babies and said he was 'looking forward to them growing' so that they would respond to him more.

In retrospect, that first observation at home contained some significant elements which characterised the relationship between the babies and their parents. The problem of finding a place for two distinct babies in their minds was temporarily solved on the basis of there being one 'good' and one 'bad' baby. Mother seemed capable of holding and giving attention to only one baby at a time. The observer was asked to hold the other. Father's excited conversation served to distract and seemed intended to enliven. Perhaps it was his way of covering up whatever he felt to be depressing, boring or empty. When mother leaves the room, he wants to turn on the video. When she is occupied with the babies, he introduces the family cats.

Observation at 8 weeks

I was left alone with Suzanne during this observation.

Mother went to change Kathy in the bathroom. Suzanne suddenly woke up and started crying very loudly. I was surprised by the power of her cry and by the fact that mother did not come but remained in the bathroom with Kathy. When eventually mother came in, Suzanne was still crying. Mother picked her up and took her into the bathroom without any attempt to soothe her. Suzanne cried even more and Kathy started crying as soon as mother came in with Suzanne. Mother left Suzanne on the divan and picked Kathy up, saying that she had some tummy problems and she may have difficulties in digesting milk. Mother asked me to hold Suzanne on my lap since she was still crying. I noticed

her rigid posture; her head was turned back towards the wall and she was watching it intensely.

It seemed to me that mother could cope with only one baby at a time; that is to say, if one baby got something the other manifestly did not. She did not seem to have enough inside her for both twins, and I felt she needed my attention quite urgently herself. Mother's own need for attention at times made me feel that she herself felt like a child.

Observation at 10 weeks

I noticed that the babies were fed with two different types of bottle. Mother explained to me that 'Feeding Suzanne is much more complicated as she continuously spills milk, so I use a larger and shorter bottle, which is easier to hold.'

... Mother was holding Suzanne a bit distant from her body; Suzanne was keeping her eyes closed and her arms hanging loose. She seemed to be supported just by her head against mother's shoulder. Suzanne cried briefly and distractedly looked around. Mother was talking to me non-stop. When she fell asleep, mother woke her up by bouncing her on her knees and distracting her with toys, but Suzanne clearly did not like this at all.

Mother's relationship with Suzanne

Observation at 11 weeks

I heard from mother that Suzanne had a very bad cold and the night before had been hardly able to breathe. Mother had called her husband at work and he came home. After a few hours Suzanne was a bit better and so they did not call the doctor. She told me she had been extremely frightened that Suzanne might die. She looked very tired and tense. Suzanne was in bed and cried frequently. Mother said she was doing it for attention. Father was also present and he commented on Suzanne's habit of 'pretending' to cry. 'Suzanne always cries when my wife's sister comes back from work because she knows that she will cuddle her until midnight.' It seemed possible that Suzanne was finding in this aunt some warmth that she could not evoke in her parents.

Observation at 13 weeks

Mother was holding Suzanne against her shoulder for burping. Suzanne was watching the wall intensely with her arms alongside her body. Mother was not touching Suzanne's body but just kept it against her. She then lay the baby on her knees, her feet pointing at her stomach. Suzanne was laid completely horizontal and she was watching the ceiling. Mother tried to give her the bottle again but she would not suck.

There were repeated observations of Suzanne being held at a distance and holding herself together by tensed muscles and intense gazing at walls or ceiling. She did not have the experience during my observations of having her cry responded to as a communication of her needs, or of being held physically close and secure.

Observation at 14 weeks

Mother talked to me about how much Suzanne was still a problem although her digestion had improved. The doctor had prescribed some tablets and she was now crying much less but nevertheless she was still very often awake at night and this was a problem for her and father. Mother, however, continued to deny the baby's need for special caring.

... While mother was telling me this she was holding Suzanne on her knees. When she cried mother commented on her being a naughty child and changed her position. She put Suzanne across her knees and upside down so that she was facing the floor, with her arms and legs weightless. Mother then patted her back with regular movements but Suzanne continued to cry. She was holding mother's dress in her fist and lifted her head giving me a very distressed look from that uncomfortable position. Mother pulled Suzanne up after a while and told her to stop crying, looking at her hard. Suzanne calmed down. Immediately afterwards mother passed her on to me saying she wanted to make a cup of coffee. The baby burst into tears again as soon as mother disappeared behind the door.

... In the same observation mother talked to me about one of her sisters who had been breastfed regularly until she was three years old and occasionally until she was five. Mother, looking disgusted, said that she did not envy her sister because '... it is revolting to see a child being breastfed.' Immediately after saying this mother pulled Suzanne up and made her bounce on her knees saying: 'We can dance, we can dance.'

By not holding Suzanne and hardly touching her, mother held at bay the impact of the baby's needs and demands. The discomfort that Suzanne had to bear seemed to be linked with disturbing memories of her sister being fed. The disgust that mother showed, followed by her play with the baby, seemed to me to express mother's defences against feelings aroused by images of breastfeeding. Suzanne's neediness sparked off memories of her greedy little sister and possibly also inflamed a greedy part of mother herself. Mother did not seem to have a hopeful conviction in the natural processes of growth, through which dependency can be met and lead on to separation and independence.

On the other hand mother seemed able to understand the different needs of the two babies, providing, for example, two different bottles and feeding techniques. Yet it was striking how she never attempted to consider whether Suzanne's distress was due to anger, discomfort or wind, for example; she always responded in the same way, diverting

the baby's feelings away from herself, making them vanish in excited play instead of offering to absorb distress within herself.

Mother seemed to experience Suzanne as difficult to be with, not enlivening but instead boring or depressing, rather fat and slow. This also seemed to echo the way in which father frequently made mother feel. Possibly Suzanne reminded mother of her own dependent feelings. When she felt inadequate as a mother, the baby was experienced as a big burden.

Mother's relationship with Kathy

The observations of Kathy were strikingly different and although they took place at the same time, it seemed at times as if she lived in a different environment, with different people.

At 9 weeks mother showed concern about Kathy's health. Kathy had a bad tummy.

Observation at 10 weeks

Mother gave the bottle to Kathy, holding her on her lap, close to her body. Kathy sucked regularly, watching mother's face, and touching the bottle with both hands. She stopped sucking after a while and closed her eyes. Mother caressed her cheeks gently and told her not to sleep. Kathy sucked again and finished the whole bottle in about twenty minutes, alternating sucking with pauses. Mother said that Kathy liked that and sounded very tolerant and respectful of her timing. After the feed, mother sat Kathy on her lap and massaged her back gently; the baby was holding mother's skirt tightly in her fist.

Observation at 14 weeks

Kathy had a bad cold. Mother held her on her lap all the time during the observation and justified her continuous crying, saying sympathetically that she was not feeling well. When Kathy refused to take milk mother said she might have difficulty in digesting it and it was better to wait and try later. When Kathy looked distressed, mother pulled her closely towards her body and held her in a foetal position, saying that this was what would calm her down. Kathy in fact relaxed very soon after.

Observation at 16 weeks

Mother played with Kathy, singing the words as she touched her fingers, hands and arms. This was unusual because it was rare for mother to play without using a toy as an invitation to very excited behaviour.

Kathy seemed much more 'real' than Suzanne. Mother was able to live through experiences with Kathy, to allow her to set her own rhythms and to reassure her by offering her physical contact; she also seemed to know well how much she could ask from her. In response to mother's attitude one could see Kathy smiling at her, reaching with all of herself towards her mother and looking absolutely delighted to be surrounded by mother's arms.

Kathy was a 'text-book baby' who sucked vigorously, slept with regular patterns, hardly ever cried and was on the whole healthy. Suzanne, however, required more attention and patience as a predictable consequence of her additional prematurity. One might have expected that precisely because she was relatively backward in her development and more needy, she would receive more care and protection from her parents; but as a matter of fact their reaction was the opposite. They seemed to find Kathy more appealing and attractive and less anxiety-provoking. Overall, Kathy's growth and contentment reassured the parents. Sadly Suzanne, who was already the weaker, was relatively neglected and her development in consequence less vigorous.

The tendency to neglect Suzanne was in contrast with the enormous fear and concern that mother showed each time she was seriously ill. The first time she mentioned this was in relating the details of her dangerous birth. Later she described more than once Suzanne's breathing difficulties in hot weather. On these occasions mother looked very tense and wanted to talk at length about her, to relieve her anxiety. Possibly she felt recurrently persecuted by the experience during the pregnancy, when she felt Suzanne might be dead or damaged. Perhaps in her tendency to reject Suzanne there was an attempt to avoid the pain of a loss she dreaded through limiting her awareness of Suzanne as a live baby. Later on, mother spoke of wanting to work in a hospital to help and support the dying, which seemed a further indication of her deep preoccupations with death.

Later developments

When the twins were 17 weeks old for the first time I saw a brief interaction between them.

Observation at 17 weeks

Kathy was complaining of mother's absence and I put Suzanne close to her on the divan; Kathy's cries increased but Suzanne's immediate reaction was to smile twice at her sister. Mother told me that on a previous occasion when they were sitting very close, Kathy kicked Suzanne and made her cry.

During the fifth and sixth months mother's perspective changed: both babies were described as clever; both could not sleep at night because of their teeth; both responded to her in the same way. Similarities, not differences, were the focus of comment. This important shift seemed to herald a very big spurt in development in Suzanne. When I returned to see the family after the summer holiday, the twins were eight months old. Suzanne looked much grown: taller and plumper. She smiled openly at me, showing two front teeth. Kathy did not have any teeth yet and struck me as shy and withdrawn, as if she did not recognise me.

Observation at 34 weeks

Although Suzanne looked bigger, she was not able to sit straight but tended to slip down to one side. However she looked content and watched what was going on around her. She looked at her feet and then touched them with both hands. She then scrutinised a ribbon on her dress and played with it, pulling it up and down; she enjoyed doing this for about ten minutes.

In observations from this period Suzanne often showed a capacity to be on her own, playing for a long time with a toy, generally a cube or the top of the bottle. Kathy by contrast could sit up straight but she tended to tire of her toys more quickly, occasionally asking Mother for others, using hand movements to indicate what she wanted.

In the observations that followed, Suzanne smiled readily at the observer and made herself understood when she wanted to stand up or jump. She could make sounds like words and occasionally this led to a sort of 'conversation'. Her interest in and capacity for reciprocity with the observer seemed to be more developed than with her parents; she was particularly interested in her clothes and jewellery. By contrast, Kathy was remarkably silent and serious, and when left on the observer's knee she would complain and cry. In fact, Kathy was anxious with strangers around this time, whereas Suzanne's social responsiveness was growing.

Relationship with father

At this time, father's active presence in the observations became a regular feature; mother was busy and often absent, in the kitchen, ironing or washing. From the time of the birth until the summer he had often been asleep during the observations.

He drew constant attention to the differences between the babies; he

not only ignored Suzanne but openly rejected her. He used to call her 'fatsy' although he knew she did not like this and would turn away.

Observation at 36 weeks

Suzanne did not turn towards father when he came in but looked at my jumper and at my brooch; she touched them both and tried to take the brooch out but eventually gave up and gently leaned against me while father was still trying to get her attention by calling 'Fatsy'. Father told me then that Suzanne was too fat, she was – he said – like the twins in his wife's family, whereas Kathy was slim like relatives in his family.

Father was very seductive towards Kathy, always trying to get her attention by offering her sweets or chocolates. Kathy would then climb on his knees and put her arms around him; very proudly he would then say to me: 'See what she wants? She wants me!'

Father regularly informed me about Kathy's developmental progress and very seldomly acknowledged Suzanne's. I felt at times that it was important for me to mention Suzanne's progress and so I did; in response, father would say that she was far behind Kathy and I would then feel I had to remind him of her greater prematurity. Here I found myself getting drawn into the family conflicts through identification with the rejected twin.

Suzanne often looked for father and was visibly jealous when Kathy was getting something from him and she was not. Possibly to evade this painful situation, she started to stare fixedly at the window and thus remove herself from the rivalry for father and everything else.

Observation at 38 weeks

Father was lying on the armchair watching TV and holding Suzanne on his lap. She was drinking milk holding the bottle against father's body. As soon as she finished it father gave her to me and left the room. Mother and Kathy were in the kitchen. Suzanne started to complain; I picked her up and sat her in front of me. Suzanne smiled briefly and then turned her look away from me and stared fixedly at the window for about five minutes. Mother came in with Kathy, she left Kathy on father's lap and went to make coffee. Kathy played with a piece of paper and put it in her mouth, showing a sense of disgust. She then looked at father's rather big tummy and watched it for a while. Then she touched his belly and eventually her hands slipped down onto his genitals. Father pulled her up and held her up over his head, saying to Suzanne: 'Look Suzanne, Kathy is a supergirl!' ... Father then gave an envelope to Suzanne and she played with it; he then turned again towards Kathy, who was still on his lap, now playing with father's neckchain. Suzanne made some

sounds, which got gradually louder. She then patted my knees with both hands and eventually again fixed her look on the window.

The first three times in which Suzanne cut herself off seemed to be related to father's presence in the room and his attitude towards Kathy; but later on these day-dreamy states seemed to occur without any external stimulus.

Father often increased the competitiveness between the twins by putting Suzanne in the position of wanting to do what Kathy could already do:

Father walked into the room and lifted Kathy up; Suzanne looked visibly angry at that. Father went to sit by the table and offered Kathy a biscuit. He then called Suzanne and told her to go and get one for herself. Mother put Suzanne on the floor although they knew that she could not crawl yet. However, with 'swimming' motions, she managed to get to the middle of the room. At this point father showed the biscuit to Kathy (the one which was supposed to be for Suzanne) and put it in her mouth. Then he said to Suzanne: 'Look Suzanne, Kathy can get it! She is a clever girl!' Suzanne was watching Father intensely, then she turned her eyes towards the door and moved in that direction.

Suzanne's day-dreams seemed to reveal a withdrawal from parental rejection as in this example and a search for something more satisfying elsewhere. At times, the observer provided a focus for her. Kathy continued to be a quiet baby, on the whole less vocally expressive than Suzanne.

At eleven months Kathy could crawl a long distance, whereas Suzanne was still finding it difficult at thirteen months. The pattern of their motor development was nevertheless very regular: Kathy was able to crawl at nine months and she walked at fourteen months; Suzanne crawled at fourteen months and walked at nineteen.

One year old

After the Christmas holiday, Suzanne did not smile at the observer but looked sad and was on the point of crying when she approached her. Kathy smiled briefly. Mother, perceiving the observer's surprise, said that Suzanne had become very dependent on her in the last few weeks (while her husband had been away). In fact she wanted to be with mother all the time and cried as soon as mother tried to leave her with the observer. Mother said she was worried about the degree of Suzanne's dependence and she was thinking of going to see the doctor. Kathy was clearly very jealous of this new closeness between mother and Suzanne and often attempted to join in; mother therefore had to carry both of them. She complained of having tendonitis in her right

arm. It seemed that father's absence or other events during the Christmas holiday break which were unknown to the observer may have made mother more available to the babies and in particular to Suzanne. Suzanne had found out that showing her feelings was more gratifying than cutting herself off. Moreover, during father's absence, Kathy was probably under less pressure to compete, as this was something he tended to encourage and this may have helped Suzanne to find a way to come closer to her mother.

This big change indicated how painfully Suzanne felt shut out by father's scorn. Her confidence and hopeful expectations were undermined and this suggests that her need to cut herself off was because he was really 'too much' for her. When this factor was removed, her expressiveness and struggle to gain mother's attention came to the fore.

Immediately after Father's return home (at twelve months and one week), the observation was cancelled because Suzanne had to be admitted to hospital for an asthma attack. This serious asthmatic episode may have registered her distress at the readjustment required by father's reappearance. A week later mother cancelled saying that she was not feeling well and Kathy had been vomiting all night. Kathy had been left at home with mother's sister when mother was with Suzanne in hospital, and the vomiting episode suggests this may have been difficult for her. Was she unable to contain the anxious and turbulent feelings evoked by the absence of mother and twin sister? The vomiting may well have expressed her psychic distress in a somatic form.

During the next observation Suzanne looked very pale and both twins had colds but nevertheless they were wearing the usual thin dresses. Suzanne had one hand bandaged and mother told me that she had got burned the day before. The accident apparently happened in the kitchen when mother was pouring some boiling water into father's cup while holding Suzanne, who suddenly brought her hand forward. They had taken her to hospital for treatment. In spite of this accident, Suzanne looked much as usual, smiling at mother and observer.

The following week Suzanne was attempting to emulate Kathy who could almost walk. There was also a great deal of competition for father and both the babies at one point tried to climb on him.

The week after, Suzanne poured some tea on mother's lap. Mother complained, very annoyed, saying: 'This always happens with this baby, because she never looks at what she does!' Father, for his part, continued to complain about her slow development. Again both babies competed for a place on father's lap.

Observation at 1 year 5 weeks

Mother was holding Suzanne on her lap, by the table; something dropped down and mother leaned to pick it up. Suzanne grabbed onto mother's

arms so as not to fall. When Mother sat up again she suddenly screamed because Suzanne had provoked a sharp pain in the arm in which she had tendonitis, by leaning on it. Mother was in tears while father said that it was nothing serious (but clearly being very frightened that it might have been). Mother calmed down after a while and said to Suzanne (whom I had taken on my lap): 'You are a bad baby, you always hurt mummy!'

A few days later Suzanne got burnt again on the same hand and she was again taken to hospital.

All these accidents might be seen as the result of Suzanne wanting to prolong the closeness with mother that she had found while father was away, and that now, because of the many needs around, she could only get this by desperate means. The accidents might be understood as attempts to convey her dread of being forgotten or 'dropped' by mother. This sequence of illnesses and accidents occurring just around the time of her first birthday might also be linked with mother's reawakened anxiety, the birthday recalling to mind the difficult birth and vulnerable beginning. Kathy seemed to represent the other pole, the excitement of growth, particularly in the successful achievement of walking.

Conclusion

One theme of particular interest in this observation was the influence which the twins' pre-natal experiences seem to have had on their physical and behavioural characteristics at birth.

Suzanne's greater immaturity in gestational age was followed by her being more active and wakeful, more irritable and more hungry at birth than her sister. Differences in these traits also appear in studies of monozygotic twins; this would suggest that they are acquired during the intra-uterine life or the process of birth.

The picture that mother gave me of Suzanne's behaviour at birth was of a voracious baby: she was taking more milk than Kathy at ten days when they were still fed by both tube and bottle. At fifteen days, Suzanne weighed 5 g more than Kathy and she continued to be the heavier child. At eighteen days, mother told me that Suzanne had a very loud cry, which was embarrassing; this characteristic also continued and she remained a 'noisy' baby, although this was partly due to her breathing difficulties. Suzanne was also reported to be more often awake than Kathy at eighteen days, and this remained a constant pattern in that she always had problems in falling asleep and tended to wake up at night.

Suzanne's prenatal experience was marked by a real fear for her safety and the frustration of inadequate space for her growth. Perhaps some anxiety about survival was expressed by the desperation of her

cry? Her hunger and restlessness at birth were probably signs of her unsatisfactory undernourished life in the womb. All these factors made her a very demanding baby to take care of. Her neediness was manifest both physically and psychically. She had very fragile health, with constant difficulties in digesting first milk and then some solid foods. Asthma attacks led to a number of sudden admissions to hospital. She showed great anxiety about being separated from mother on these occasions.

Having such an anxious and needy baby enormously increased mother's worries about her mothering skills, and made heavy demands on her. Mother seemed to react from the start by seeing the babies as distinctively good or bad. Suzanne was seen as greedy, insatiable and at times almost disgusting. There was evidence that mother herself had felt rejected as a child and stigmatised as clumsy and fat and these memories seem intertwined with her perception of Suzanne. Striking also was the fact that in her marriage she seemed to be repeating the experience of being looked down on.

Mother saw Kathy as the healthy and lovable baby, while Suzanne was an 'insatiable' baby who had to be kept at a distance. She avoided touching, holding or kissing her. When she did come closer, she showed no joy or pleasure in doing so.

Suzanne responded to this by withdrawing from interaction with her mother. She did not look at mother during feeds and hardly ever grasped her clothes when she was held on mother's lap. In the absence of gratifying active interchange between the two, a secure attachment to mother did not develop. Instead, Suzanne turned her attention to inanimate objects and would play for a long time with a toy or the top of the bottle; although she enjoyed being bounced, mother often chose the wrong moment to do this, to which Suzanne responded by becoming very upset.

As a baby, Suzanne dribbled constantly during feeds, to the extent that mother tried a different bottle. This continuous spilling was also an echo of the lack of physical and psychological containment, the 'poor fit' between mouth and teat, baby and mother.

Her illnesses were a source of persecution to mother and every complaint was interpreted as her wanting more attention and being envious of what Kathy was getting. This reaction served to establish a vicious circle in which Suzanne responded with even more desperate crying; the parents would then lose their patience with Suzanne, and feel angry with her.

During father's absence from home over a period of four weeks, mother and Suzanne made a closer relationship. But in the observations which followed father's return, this development came unstuck. When they were closer to each other Suzanne and mother seemed to show some similar features, clumsiness for example: while

mother once spilt boiling water on Suzanne's hand, Suzanne poured hot tea into mother's lap. Mother also told me about her own fatness as a child, to the extent that if she ran her legs used to bleed. She seemed to fear that Suzanne was going to be a fat child as she had been and would talk to me about this. In reality, Suzanne appeared an ordinarily plump baby.

Kathy's experience in the womb was also difficult although there had not been the risk of death. She was underweight at birth and her feeding was difficult to establish. But after that (when they were back home) Kathy became an easy baby. She began to have regular feeding and sleeping patterns and her health was always good; this profoundly reassured her parents. She was less needy and demanding than Suzanne and easier to respond to. Her attractiveness and affectionate nature made for benign interactions. The difficulties that Kathy had in feeding during the first month in hospital were reduced at home with the constant care and presence of mother; she became an extremely easy baby to feed, and her responsiveness meant a great deal to her mother who needed to feel appreciated.

These babies had the task particular to twins of finding space for themselves in their relationship with each other and in relation to their parents. It was interesting to see that when they were very close to one another Kathy would immediately show great anxiety. She would burst into tears of tremendous distress and Suzanne would be most astonished to have her play so rudely interrupted. This tendency of Kathy to withdraw and be frightened of any contact with other people did not attract mother's concern. Possibly it echoed some of mother's own sense of shyness and social isolation.

Kathy must have had a very difficult time adjusting herself to the presence of a second foetus after having spent some time on her own in mother's womb. Her sister was perhaps felt as a threat, as someone who intruded on the space that she needed to grow. This fear of damaging competition persisted markedly in post-uterine life. Suzanne's puzzlement at Kathy's reaction at times seemed a distressing repetition of the negative feedback that she already faced so frequently from her parents, and the turning away from interest in her family to preoccupation with playing on her own thus received further reinforcement. The problem of shared space was therefore resolved in the first year of the babies' lives by Kathy usually taking more of the parents' intimate involvement and Suzanne tending to look both beyond, to toys, to the observer (and perhaps other adults) and within, to explore her own resources.