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# **An exploration of the use of infant observation methods to research the identities of severely learning disabled adolescents and to enhance relationship-based practice for professional social work practice**

**Helen Hingley-Jones**

## **Abstract**

This paper considers how infant observation methods may be adapted to explore and research the identities of severely learning disabled adolescents, a group of young people whose experiences are poorly represented in the literature. Through focusing on emotion and relationship, this 'practice-near' research method also offers a way for social workers to develop their reflective capacity in relation to the often hidden, uncomfortable emotions aroused by experiencing impairment and difference, but without the defences usually involved in assuming the professional role. The importance of taking time to get on a disabled child's 'wavelength' is illustrated through extracts from the research which show how a young person's agency and identity can be appreciated. The method also has the potential to develop social workers' awareness of the powerful undercurrent of emotions apparent at times within families of severely disabled young people and tentative suggestions are made about the projective processes and hidden hostilities at work within one of the families observed as part of the research project. Professionals may be able to use this knowledge to become resilient and reflective practitioners and the observation method itself has something to offer by way of a containing experience for families.

## **Introduction**

Professionals working with children and families with complex needs, impairments or any distressing and difficult to live with aspects of the human condition, need assistance themselves to deal with the emotions aroused by such encounters if they are to avoid burn-out or 'banalisation' (Hadjiiski cited in Miller-Pietroni, 1998). Having worked for a number of years in statutory field social work with disabled children and their families, the author is

familiar with the optimism and idealism exhibited by those new to the work and the gradual process of wearing down workers often experience, sometimes after only relatively short amounts of time. In her first year as a qualified social worker for example, one young woman is recalled as expecting she might only last two years before seeking a career change (although this gladly did not happen) and another very experienced worker after ten years is remembered declaring that she was 'sick of disability'. Parents of disabled children were known to express frustration too, as they complained that professionals never spent enough time with families to find out what their lives were really like; as though they felt professionals did not get close enough to them and their experiences, despite the overloaded feelings workers were recounting.

To assist workers in finding ways to 'contain the containers' (Bion, 1962), in relation to the parents and carers they work with, supervision can provide a chance for feelings evoked by the work to be mulled over (Hughes & Pengelly 1997); though in modern social work, far from exploring feelings, there is often complaint that supervision does not give space to do more than to follow managerialist, bureaucratic aims (Cooper, 2005; Munro, in DfE, 2011). Another form of support is that offered by opportunities for further study which provide workers with time to reflect on their experiences while arming them with useful theoretical perspectives to help them make sense of the work (for example, work discussion, Rustin and Bradley, 2008; case discussion, Ruch 2007). Research derived from such reflective experiences forms one arm of methodologies which have been described as 'practice-near' in nature (Froggett and Briggs, 2009). These too have potential to bolster and develop social workers' competence and resilience along with uncovering important knowledge about the experiences of service users, carers and professionals.

This paper describes 'practice-near' research which draws on infant observation methods and which contributed to a professional doctorate in social work. The study is exploratory and it involved the author making a series of observations, over six months each, of four severely learning disabled (SLD) adolescents and their families in their own homes. To be considered will be how and why this method was chosen and adapted to research this vulnerable and often research-neglected group of young people and their families (Stalker and Connors 2010). Two sets of extracts from the observations will be provided. The first considers the observer's encounter with a SLD young person and involves reflection on the

uncomfortable, but informative emotions aroused by experiencing impairment and difference at first hand without the protective cloak, or defences, of the professional role. From this, the importance of taking time and attempting to get on a child's 'wavelength' is described so that SLD young people's agency and subjectivities as aspects of their adolescent identities could be better appreciated. The inadequacy of conventional literature and research available to social workers working with disabled children is alluded to, with its focus on social constructionist models of disability which discount the significance of emotions and relatedness for practice.

The second extract then shows how the experience of observing brought to light some of the unconscious processes thought to be at work within the families. Observing families with SLD young people reveals the enormous practical challenges of life faced by parents, carers and young people, but also the powerful undercurrent of emotions experienced by professionals (Simpson 2004;2005) and by extension by researchers (Bridges 1999). Projective processes and hidden hostilities displayed in one family situation are described and reflected upon as experienced by the observer in the counter-transference. Looking closely at these, making tentative suggestions as to the emotional dynamics of family life, forms useful research knowledge to aid reflection for practice. Comprehending the ways in which projection may be employed by parents, for example, is helpful for professionals in the front-line of practice. Rather than feeling blameworthy, professionals may be able to use knowledge of the unconscious processes involved to become more resilient but also more effective helpers of service users and carers experiencing high levels of practical and emotional stress. Out of this emerges the containing potential of an observer, of professional contact and supportive networks in making a difference to the lives of families living in such circumstances.

The paper begins by briefly considering why infant observation methods were chosen for this study and from there a link is made to more traditional sociological studies of learning disabled young people's identities and the ethical/theoretical and technical challenges of researching in this area. A case is made to use a contemporary psychoanalytic model of adolescent identity development 'subjectivation' (Cahn, 1998; Briggs 2008) as a way of theorising this stage of human development to frame a psychosocial research approach. Reference is also made briefly to psychoanalytic research on learning disability, to set the

context, and to how infant observation methods were adapted for use in this study before two research extracts are introduced and discussed.

### **1. Why use infant observation methods?**

The origins of infant observation as a research methodology lie firmly within the practice domain. Bick (1964) provides an account of its usefulness as a technique to provide psychotherapists in training with a powerful pre-clinical experience. From 1948 trainee child psychotherapists, at the Tavistock Clinic, carried out two year observations of babies from birth on. Bick (1964) describes several reasons for carrying out these observations. First, they are intended to 'help the students to conceive vividly the infantile experience of the child patients' but also to help them understand 'the child's non-verbal behaviour and his play, as well as the behaviour of the child who neither speaks nor plays' (1964:558). Added to this, is the opportunity afforded students of learning in the context of the family:

'...to observe the development of an infant more or less from birth, in his home setting and in his relation to his immediate family, and thus to find out for himself how these relations emerge and develop' (Bick 1964:558).

Rustin (2006, p35) provides a review of the current uses of infant observation as a research paradigm, arguing that while it has much in common with clinical methods and research, it is also 'productive as a new source of knowledge' in its own right. Infant observation offers a useful methodology for researching in situations which require sensitivity to intersubjective communications and emotionality beyond study of young babies' development (Rustin 2006; Hollway 2001). Examples adapting the method in this way include, for example, exploration of emotional aspects of learning in the classroom (Price, 2001 ); older adults' experiences (Davenhill et al 2003) and; identity changes involved with first time motherhood (Urwin 2007).

It can therefore be hypothesised that adapting infant observation methods to the context of researching SLD young people's identities, a vulnerable, socially excluded group of young people whose perspectives are often missed in traditional sociologically based research (Stalker and Connors 2010) is a worthwhile task. The methodology has the potential to

make good use of the 'emotional intelligence left intact' despite the young people's severe cognitive impairments (Sinason 1992, p6).

## **2. Ethical/theoretical issues and a psychosocial model of adolescent development**

There are a range of issues which help account for the lack of research on SLD adolescents' identity development. To begin with, it is important to understand that much learning disability research fits within an academic discipline which has a strong tradition of using social constructionist theory as a framework: the Social Model of Disability. Oliver (2004) describes the origins of the social model as emerging from a UPIAS publication (1976):

This turned our understanding of disability completely on its head and argued that it was not our impairments that were the main cause of our problems as disabled people, but that it was the way society responded to us as an oppressed minority (Oliver 2004:7).

One problem of theorising disabled identities as socially constructed however is that actual impairment and its impact on individual experience is downplayed, resulting in research (and practice) which tends to be more concerned with locating sources of oppression than in trying to understand personal perspectives. Parents may be seen as potential oppressors of disabled children as they may not be able to empathise with or act as role models for their disabled children and this can 'lead to feelings of isolation and pressure to downplay their disabilities' (Garland- Thomson and Bailey 2010, p 407).

This social perspective has been critiqued recently by those who take a more relationship-based approach to research and practice concerning learning disabled young people's lives and identities. Clegg et al (2010) for example suggest that parents' views should be fully part of any person-centred planning for young people and that SLD young people's varying level of subjectivity should be taken into account instead of professionals, who are informed by neo-liberal policy, 'knowing best'. Redley and Weinberg (2007, p783) also recommend that learning disability research, instead of being dominated by rights issues, should be 'supple enough to distinguish between ability and disability in all their various interactional incarnations'.

Contemporary psychosocial theories of identity are helpful when considering SLD young people's identities, making use of psychoanalytic concepts to account for human agency in a manner that social constructionist views do not (Craib 1998; Hollway 2010). In this study, a psychosocial model of adolescent identity development, 'subjectivation' is referred to (Cahn, 1998). Adolescent development is seen as a process; young people are thought of as oscillating between different states of mind (Klein, 1957), bodily and social conditions. They are in one position, seen as being 'subject to' (Kennedy, 2000) their own internal emotions, bodily conditions and their external objects as made up by parents, society and the outside world. At such times personal agency is thought to be weak and they are 'subject to' events and feelings in their lives. Such feelings are connected with puberty and the associated bodily changes as well as a developing sense of self. When they achieve a greater sense of agency at other times, they can be thought of as 'subject of' these experiences (Kennedy 2000). This is a condition which is associated with a fuller developing adult subjectivity. The theory suggests that the process of subjectivation leads the young adult gradually to become a more settled adult subject; though echoing Klein's (1957) model of movement between paranoid-schizoid and depressive positions, there remain times when experiencing 'adult' subjectivity may fail, individuals becoming 'subject to' events and experiences in their lives (see Briggs 2008 for a fuller discussion).

Subjectivation might therefore be expected to provide a helpful way of consider the development of severely learning disabled adolescents. It does not assume that anyone is a fully formed 'subject' so it allows for the varying and shifting experience and presentation of learning disability; in line with Sinason (1992, p7) who characterises intellectual impairment as 'a fluid state that people moved in and out of throughout the day'. The model proposes adolescent development as emotional, relational, bodily and social in nature, in an inclusive way which can apply to all adolescents regardless of the presence or otherwise of impairment.

### **3. Technical issues in researching learning disabled people's experiences**

There are also technical difficulties to overcome in carrying out research with severely learning disability young people, as research subjects are often non-verbal and may not have alternative forms of communication with which to offer 'rational' answers to questions

asked of them. They may be unable consciously to express their views or to give informed consent to taking part. In some cases, this has resulted in social researchers excluding learning disabled participants who they find are not 'narratively competent' (Lesseliers et al, 2009). New methods of researching are therefore important to find out about learning disabled people's experiences.

Stalker and Connors (2003) have worked to develop new communication methods for research with disabled children, but they have found this difficult when making contact with children with high levels of cognitive impairment. For two children in a study they conducted for example, the authors identify that eye pointing, head turning and other forms of non-verbal communication were important, but as researchers, they did not have the time to explore these with the children. Instead, they relied on information supplied to them by parents and carers. It would be necessary, they concluded, to spend some considerable length of time with those children 'to become familiar with their ways of communicating and be able to distinguish, for example, what crying meant on one occasion from what it meant on another' (Stalker & Connors, 2003:33). They propose that 'an ethnographic study using participant observation over many months' (ibid) might be one way of gaining this understanding.

#### **4. Contribution from psychotherapeutic research on learning disability**

While traditional sociological approaches to researching learning disabled identities have not strongly broached the themes of emotionality and relatedness, psychoanalytic psychotherapists have developed valuable theory from clinical work with learning disabled young people and their families, who are experiencing difficulties, to illuminate these areas. Hollins and Sinason (2000) for example, formulate a set of 'shared psychic organising principles' which they have found many learning disabled patients have described and revealed during therapy. These commonly experienced features are the individual and particular effect of the disability itself; the theme of loss; issues to do with sexuality; dependency and fear of death or murder. Miller (1998) looks at complications around separation and individuation experienced by some with learning disabilities and Hartland-Rowe (2001) considers the related issue of the difficulty some in residential settings for

learning disabled adults face in achieving any level of independent life. Sinason's (1992) work on 'secondary handicap' helps to show that the expression of learning disability can vary greatly in individuals through the day, with emotions greatly affecting states of mind and levels of 'competence'. Simpson (2004;2005) describes some of the difficulties experienced by parents of learning disabled young people, in the form of defence mechanism which tend to emerge in clinical work: projection, idealisation and denial are described and the notion that learning disability can represent a 'refuge from knowledge' in families (Simpson, 2004).

These ideas, briefly summarised, derive in the main from clinical work undertaken with learning disabled people and their families, referred because of problematic experiences and emotional difficulties. The study described in this paper however sought to research families who were not in receipt of therapy, to learn about 'normative', community based experiences of SLD.

### **3. How was infant observation adapted in this study?**

There are clear differences between observing newborn infants and teenagers with SLD. The close bodily contact of mother and baby which is usually experienced during an infant observation, including feeding, cuddling and caring for the child for example was expected to be different in quality, though the young people would probably need help with their personal care as well as supervision to keep safe and to be stimulated through play. As the needs of each young person in this study varied, it was unclear at the outset how I as observer would place myself in each home; what kind of stance to take and how the families might accommodate me. Bick emphasises that the observer needs to 'find a position from which to make his observations' and to 'allow the parents, particularly the mother, to fit him into her household in her own way' (Bick 1964, p 559). My strategy therefore was to begin with an open mind, to see how things evolved and to be flexible.

Careful discussions were had with the families before starting about how I would observe, where the family wanted me to be placed and how the parents might let me know their views as things developed on how the observations were experienced. Parental consent to the research going ahead was obtained and University ethics panel agreement gained.

In terms of preparing myself to observe, I was accustomed to the possibility that I might encounter uncomfortable feeling states and uncertainty about observing, as unconscious anxieties can be aroused by encountering learning disability and impairment (Simpson, 2004;2005). As Bridges (1999) comments:

‘This pain and anguish stimulated by concentrated observation of children with very high dependency needs is almost indescribable. Adjusting to the slow pace of activity and the careful, ingenious methods used to improve the children’s functioning requires stamina and concentration...Watching can be a shocking experience’ (Bridges, 1999, p61).

As an observer therefore, I had to remain alert to my counter-transference experiences as these would form data to be reflected upon later, while I also needed to respond in real-time to events as they unfolded. For example, I needed to contain my feelings on witnessing Billy’s scars and evidence of his bodily impairments:

*I could see his tummy and the scar across the right hand side, along with the gastrostomy peg and his incontinence pad under the top of his trousers. I felt he seemed so damaged. (4:5).*

Maintaining careful notes of the observations was an important tool in this process of containment and this was done as soon as possible afterwards, for discussion and reflection subsequently in research seminars. When things went ‘wrong’ as they did at times, for example when Daniel’s mother left me at home looking after him for two hours during a visit near the end of the six months of observations, I needed to reflect and speculate on what she was communicating to me unconsciously; perhaps about feeling abandoned and alone as an over-stretched parent of a young person with ASD?

While planning the observations it was decided that they would take place over a six month period in each case, rather than over one or two years as they are in infant observation. This was in recognition of the age of the young people and the likely situation that parents, carers and young people would be working hard to fit the observations in to their busy lives. Also, given the severe impairments the young people have and the hypothesis that families might find being observed stressful, a shorter period of time seemed more manageable.

Once families had been identified, three allowed the observations to continue for the full six months, though due to a family bereavement overseas, Carly's observations only extended to five months.

Research seminars to discuss the observations and supervision from a psychotherapist working with learning disabled young people assisted the process of data analysis. Grounded theory approach (Glaser and Strauss, 1967) was used and adapted as themes were searched for and refined further by discussion and close examination of the observation notes. From this, case studies were prepared concerning each young person, enabling the richness of the data to be maintained in a manner which echoes the 'experience near' methods of Geertz (1974), now drawn upon in 'practice-near' social work research methodology (Froggett and Briggs 2009). Data analysis used in this research is more fully discussed in Hingley-Jones (2009).

#### **4. The young people and their families**

The study involved four SLD adolescents from a wide range of backgrounds: Daniel (12 years); Asad (15 years); Billy (14 years) and; Carly (14 years) who have a range of disabilities (respectively): ASD; Down's syndrome with severe learning and communication difficulties; cerebral palsy and; Angelman syndrome. The young people attend schools for children with severe learning disabilities; their parents contacted through a process of networking via voluntary organisation parents' groups. Families were sought that were thought to be managing well (for example, there were no child protection concerns).

#### **Extracts from the observations and discussion of findings**

Two sets of extracts from the observations illustrate some findings of the study which were originally presented as whole case studies as part of a doctoral thesis. The first concerns Carly, 14 years, and her family and second involves Billy, also 14 years.

##### **a. Observing Carly**

Carly is a young woman of Chinese/White UK heritage, who has the neuro-developmental condition of Angelman's syndrome, with severe cognitive impairment. She lives at home

with her mother Sally, father Richard and an older brother. Carly is unable to communicate verbally and she has severely restricted physical mobility. She relies on a wheelchair to move around and her parents make use of hoists and other equipment at home to transfer her from her bed to her chair or bath. Carly requires a great deal of personal care, including careful spoon-by-spoon feeding by her parents. Prior to this visit, I had sat with Carly mostly through her mealtimes, when she had to be coaxed and cajoled into eating her tea by her mother. On occasion these observations were emotionally draining for Sally, Carly and for me as observer too, as Carly often resisted taking the food. Accommodating to Carly and her family's needs and wishes, we decided that I should observe at a later time of day, after the mealtime. Sally had found it particularly stressful to be observed while feeding Carly and as it was not a containing experience for her to be observed, it was ethically correct as a researcher to respect her wishes and to shift the time of my visits.

In the seventh observation, Carly's parents arranged for me to be able to sit with her for a while as she rested in her bed after tea. This was a new situation for me and while I was with Carly I experienced a feeling of panic, wondering how I was going to pass the hour of my observation. It was then that I began to acknowledge some of what it felt like to be with her at that moment. I sensed her vulnerability and I felt anxiety at being with someone with such significant impairments. Also there was a fear that I might be left with her and worst of all, a questioning of the validity of her very existence:

*I suddenly noticed how disabled she is; a fourteen year old lying in a large bed with cot sides, with fingers that don't work and baby toys around her, pulling and banging those toys. I spoke gently to her as I stood to the side of her bed, noticing the soft quilt placed over the raised side of the bed protectively in case she threw her hand over in that direction. The bed looked like a giant baby's cot, padded and safe. 'How are you getting on there? Have you got tangled up?' I wondered if the tone of my voice would mean much to Carly. I leant over to gently try to disentangle her fingers from the fabric holding the toys. Once free, I handed the toys again to her and she again grabbed them and bashed them about, rather as she does when sitting on her chair. Carly did not look at me in a way which made me feel she registered my presence; instead she seemed self-absorbed.*

*I stood by, saying a few words from time to time about what she was doing, as though narrating. Carly carried on playing. I felt aware of the need to relax and to lose any sense of expectation while with Carly. Reflecting on this later, I wondered if some of this feeling was about the pointlessness and disappointment of Carly's life, when viewed from one perspective. It seems difficult even to write this down and to stay with the feeling of hopelessness, to admit to those feelings. It must be difficult to be positive when the rewards of caring for a child seem so limited. (7:3)*

A little while later however, Carly connects with me in a manner which shows her agency, her ability to take her space and to relate to me in what feels to me a powerful way. Despite significant intellectual impairments, she is able to be a subject and to reward those close to her with her warmth:

*She looked up at me, giving me a clear look, which opened up into a smile. I responded, 'that's a nice smile Carly' (7:4)*

Following the theory of subjectivation mentioned earlier, despite her severe impairments Carly demonstrates in this look, an ability to take her own space, to be a 'subject' in that moment in that I experience her as fully present and engaging with me. I am enabled to join her 'wavelength' briefly and to appreciate her ability to reciprocate feeling to those she is close to. This is only possible through having spent some time with Carly and then particularly that we were able to be alone together. This kind of emotional connection and relatedness, experiencing and reflecting on being with SLD young people, is not well explored or explained within the research and literature on disability. Having the opportunity to observe and to learn to take time to be with Carly is therefore a worthwhile task. Such an experience may help social workers and other professionals to breakdown professional defences which can be used to avoid seeing the difficult experiences (such as the distressed feelings when she rejects food, exhausting her mother) but also the moments when a young person emotionally connects with another, helping to sustain and build close family and social relationships around them.

## **b. Observing Billy**

Billy is a 14 year old boy of white British heritage living at home with his mother Maggie and his two younger siblings Catherine (ten) and Sean (six). Billy's father Tim is divorced from Maggie, but he still visits at least three days a week after school to help out. Billy has complex disabilities including cerebral palsy (spastic quadriplegia) severe learning disabilities, very restricted physical mobility, feeding difficulties and some physical health problems. He is non-verbal and he has a limited ability to communicate his wishes through some nodding and indicating his feelings with his eyes, though the parents do appear to find it difficult to interpret Billy's wishes and feelings. Billy requires help to carry out all aspects of his daily routine. From the practical tasks of feeding, dressing, washing, toileting and moving from space to space in his wheelchair to social and leisure activities, he is largely dependent upon the care of others. Billy has paid carers who visit twice daily to help with his personal care needs.

When I first met Maggie at the parents' drop-in she had told me, while laughing, that her family lurched from one crisis to another, mainly concerning Billy's difficulties. One such crisis had occurred between my first and second visit, as Billy had fallen from his bed while being looked after by two carers. Maggie described how she had heard the fall from the living room and ran in. She had been unable to discover exactly what had happened as the carers had been evasive, unable or unwilling to account for what happened.

On my second visit, I was only able to see Billy at the end of the time as he had been lying in his bed resting. He was indeed a shocking sight:

*Billy was lying in his bed, which is a hospital one which raises and lowers and which has fabric cot- sides fitted either side. He lay, with his head nearest the door side of the room, with two huge, purple, bruised eyes and fading, grey bruises extending down by the sides of his nose. There was a large 'egg' bump in the centre of his forehead. Billy looked sleepily up at me from lying position as I came in. (2:4).*

The lack of information available to Maggie to account for how the accident came about was understandably very difficult for her to cope with. It was impossible to discover whether the carers had been neglectful or whether Billy's disability was such that there was a risk accidents were likely to happen to him, despite the carers following the care regime diligently (for example if Billy was prone to strong and unpredictable movements).

My next visit was postponed by Maggie and when I visited again two weeks later discussion of Billy's accident was still in the air and by now, Maggie was very angry at the response of professionals to recent events. Her social worker had not managed to visit until several days after the accident and no formal investigation or risk assessment review had been held to quiz the carers over what exactly had happened. The household seemed chaotic and I noticed that Catherine, Sean and Maggie all wanted me as their observer to pay them attention:

*I felt Catherine's desperation to gain my attention, competing with Sean who was circling, trying to get a word in. Maggie had also joined us, standing on the edge of the group, between where I was sitting and dad on the sofa. She said it had been 'quite a week', last week. As she spoke, Catherine got between me and Billy and I was aware of wanting to see Billy- he seemed so much more active and communicative than I'd seen him before. It was frustrating that my view was blocked and that I had to listen to everyone in the family all at the same time. (3:2).*

Maggie went on to say how angry Billy's hospital consultant and the local police child protection team, both of whom she had contacted, had been over the accident. While she was filling me in on the details of how upset and outraged those who knew Billy were, I observed that he had now been left unsupported on the sofa and I had a real fear he was about to fall over again, un-noticed as he was by those around him today:

*Billy by now was finishing his tea and the carer took the plate away, leaving him for a minute on his own on the sofa which made me feel anxious as I knew he had fallen from his bed a few weeks ago and I wondered how safe he was propped in this way and not in a supported chair. Billy moved to a slightly lopsided position, but no-one repositioned him. (3:2).*

This led me to ponder the emotions aroused by the accident for Maggie. During this visit and several others afterwards, her unwavering fury with the carers and professionals involved in the accident at times seemed disproportionate to the event. While anger was to be expected, she seemed to go over and over events, seeking blame and wanting retribution. I too found that it was easy for me to feel angry at the supposed negligence of the carers, without considering the difficulties that they might have been struggling with. It is well known that private agency carers are often not well paid, trained, or supported, so it would be best to know how to improve their ability to do their job and what risk management had been carried out, rather than to condemn them out of hand. The fact that Maggie seemed not to notice during this visit that Billy might fall again, despite his sitting right in front of her however was something I was in a position to witness as an observer and it hinted that other emotional dynamics might be involved.

If parents defend themselves against the thought of their disabled child's vulnerability and dependency and their anger and resentment about this, then there is a real potential for unconscious neglect in this kind of situation. In my own practice experience with disabled children and their families, neglect does emerge as a concern occasionally in families where physical care seems good and superficially it appears that parents are coping well. Uncovering hidden feelings of hostility towards extremely vulnerable and dependent children is often one of the most difficult to work-with situations for a practitioner as parents, understandably, will fiercely deny these feelings of rage, murderousness and hatred. The offer of practical support services does not necessarily solve problems in this kind of situation and blame is often projected powerfully onto others. Instead of expressing anger and frustration at having to care for a dependent, child who is felt unconsciously to be

‘damaged’ or even ‘monstrous’ (Simpson 2005) the professionals can become demonised and blamed in the way I felt might have been happening in Billy’s case.

One of the drawbacks of observing in this way is that there are limits to how feelings might be explored therapeutically with a parent, but it was perhaps the case that Maggie was using me here to bear witness to what was going on. I was aware that by listening to her, some form of containment might have been experienced, but it felt as though a more robust, structured form of professional support was indicated. This was quite a frustrating experience for me as an experienced social worker and I found that I had to limit my wish to become more involved; to ‘take on’ and work with this angry parent and Billy as a vulnerable young man. Gradually, over the weeks, however the situation calmed down, one result being that the parents became more thoughtful about how they might make use the paid carers, taking greater control over the situation.

## **5. Evaluating the use of infant observation methods to research SLD young people**

It can be proposed that there are some clear benefits to using infant observation methods to research SLD adolescents, given the primacy given to emotion and relatedness as a research medium. Conventional learning disability research tends to draw on social constructionist ideas and has little space to notice and give precedence to the emotions which are often a lively part of the experience of spending time with SLD young people. The two extracts suggest that professionals may benefit from time spent observing and reflecting on the experience of observing. Observation may help them to avoid ‘banalisation’ or the danger of professionally defending against noticing the pain and distress faced at times by parent-carers and the young people. Time is available when observing too, to be able to see the agency and subjectivity of a young SLD person emerging, even fleetingly as in the case of Carly. Data is made available from this to help in formulating understandings of a socially excluded young person’s identity development in a manner which is inclusive and joins the experience of those SLD teenagers with the rest of the community.

In Billy's case, the hidden feelings experienced by an extremely stressed and harassed parent can tentatively be interpreted, in terms of the need to project anger and hostility onto those who seek to help the family. The projection of this anger is understandable given the particular accident described, but also the emotional context of caring becomes available to be considered, this research suggesting the need for professional and social network containment of an active nature alongside the provision of supportive, practical support in caring.

Limitations of observation can also be identified. As a practitioner-researcher, I found it difficult at times not to intervene. I recognised that had the situation boiled-over into very a very clear risk situation, I would as a registered social worker have had to abandon the research to ensure the young people were safe through referring to the professional network. In Billy's case, emotions ran high and all the children in the family were affected by the parents' difficulties in coping. Having an observer in the house did give Billy's mother someone to off-load to weekly and in turn this was at times quite a burden for me, as described in the following extract from week ten.

*It was getting late and I was feeling more and more tired and a little low in blood sugar- a bit jittery. Maggie carried on talking to me, holding my gaze and in my vulnerability I saw how tough and demanding she can be- very difficult to escape from if she wants your attention. I wanted to go, but it was hard to get away.*  
(10:6).

Engaging in this kind of research, which is close and intimate in nature, by necessity affects and changes us. As Cooper (2009, p432) says, we experience 'the smell of the real', which may or may not be pleasant! Also, Cooper describes how researchers have the potential to get psychically confused and mixed up with research subjects in this kind of 'practice-near' research. I certainly found the experience of observing and containing my feelings at times difficult and exhausting. Opportunities for supervision from an experienced psychotherapist helped in managing this along with regular research seminars, enabling me at the very least to do no harm to the families and young people I observed. Possibly something was gained

by families however, as described in Billy's observation where his parent was at least listened too and some of her feelings noticed and to an extent contained.

## **Conclusion**

This paper has ranged over a number of themes emerging from observations of four families. Extracts concerning two of the families have been provided with indications of how these were reflected upon in the research seminars and supervision sessions which took place during the research, to link with theory on adolescent development and the defence mechanisms at work in some families facing the stresses described. There are some drawbacks to using infant observation methods to research in the intimate circumstances of a family. It is, for example, an emotionally exhausting method to choose and intensive observer support is required to ensure the researcher's own transference issues do not become too tangled up in the observation relationships. On the other hand, using this method does enable the observer to get close to SLD young people, whose emotional worlds may be 'intact and rich' (Sinason, 1992, p6) despite the extent of their intellectual impairment. Conventional learning disability research does not provide this richness of data on the lives, experiences and identities of SLD young people, caught up as it is with concerns about oppression and how society constructs of disability. Something of the close relationships experienced by some SLD adolescents with their parents and siblings comes across in these observations of ordinary families coping in extraordinary circumstances, constituting valuable research to enhance professional practice in this neglected area of social work and social care.

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