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**The importance of relational thinking
in the practice of psycho-social research:
ontology, epistemology, methodology and
ethics.**

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Introduction.

The object relations and relational psychoanalytic traditions can have a profound effect on the practices of social science research and, in the UK, this is taking place largely in the tradition that has come to be called 'psycho-social'. My own research practice has been moving in this direction for some time and it has become evident to me that the use of psychoanalytic concepts that derive from the object relations and relational traditions have radical effects on every aspect of research. By every aspect, I refer first to the substantive analysis of phenomena that have social and psychological aspects (which surely includes most phenomena of interest to social science). I also refer to the trio of principles informing research that I refer to in the title of this chapter as ontology (how the person as subject of research is theorised), epistemology (how the status of the knowledge generation process is understood) and methodology (how these together inform how the researcher goes about finding out). Not in the title, but also implicated, is the subject of research ethics. After an outline of the project that I use as an illustration, subsequent sections of this chapter deal with ontology, epistemology, methodology and research ethics.

The reason for calling this research 'psycho-social', rather than just psychoanalytic, is to emphasise that the social and societal parts of analysis should be inextricable from the psychoanalytic. Whereas the relational turn has often emphasised just that – relationality (among people in both the external and internal worlds), psycho-social research attempts also to situate this explicitly in the societal settings involved. Arguably the object relations tradition has always been capable of casting light on social relations, while concentrating on how they get introjected and projected and the transformations that occur in the internal world.

In this chapter I shall illustrate just how I have used concepts from relational and object relations psychoanalysis to inform one research project. It is about becoming a mother for the first time¹ and is part of a large research programme, funded by the British Economic and Social Research Council, entitled 'Identities and Social Action'. The focus on understanding identities in the context of social action is a relevant context in which to use a psycho-social approach and the mothering identity is perhaps the most relational of all identities, with intersubjective effects that ripple out into all other relationships and identities.

I am going to explore two interrelated ways in which my current research project engages in relational thinking, largely through the work of Winnicott and Bion. First I will briefly outline my theoretical approach to maternal identity, drawing on relational thinking. Second - my main emphasis - I describe the research practices that follow and what I learn from them.

Becoming mothers: the research project in outline

¹ 'Identities in Process: Becoming African Caribbean Bangladeshi and White mothers in Tower Hamlets'. Wendy Hollway (PI), Ann Phoenix, Heather Elliott and Cathy Urwin. ESRC-funded grant number RES 148-25-0058.

In order to include the ‘societal’², we wanted to be sure to situate the new mothers that we studied and, in terms of the sample, did this in two ways. First we drew all our mothers from one London borough – Tower Hamlets – which has high levels of deprivation and disadvantage, a history of accommodating waves of immigrants, and a recent surge of policy initiatives concerning children and families. The population of Tower Hamlets is ethnically mixed, has a high percentage of Bangladeshi Muslim families, many now second or third generation, and a growing number of young professionals, largely white, living in the newly developed areas close to the City, the financial district of London. Because we wanted to conduct all our interviews without translation, we did not include any of the newly arrived groups, for example from Eastern Europe, whose first language was not English. Apart from this, we aimed to reflect the ethnic and class mix of the borough as best we could with twenty mothers. Our research questions reflected the several theoretical frameworks that can inform an understanding of identity processes: we wanted to know about women’s experience of becoming mothers, how dimensions of social difference such as ethnicity, religion, culture, age and class impacted on their changing identities and how they were positioned by expert discourses that were available through health and social services and media.

Methodology was a central focus in our research project as well. Identities have been largely studied in social science through word-based methods. We wanted also to learn about the embodied, unconscious, taken-for-granted and practical aspects of identity formation and change that an interview-based method might not unearth. The choice of these dimensions already indicated the theoretical resources we were drawing on in formulating our research questions, notably psychoanalytic. Specifically we wanted to see if a method could illuminate what role is played by processes of identification in identity formation.

The fieldwork involves a combination of free association narrative interviews and psychoanalytically-informed observation. With regard to the interviews, each of the twenty women is interviewed three times, first ante-natally, focusing on the story and meanings of the pregnancy as well as anticipations of birth and motherhood, and twice after her baby is born. The second interview takes place between four and six months after the baby’s birth. It focuses on the birth, changes and issues since birth and the mothers’ evolving identities as their babies do more for themselves. The final interview is held around the baby’s first birthday. The interview record (listened to as well as read in transcript form) is supplemented by field notes that record aspects of the research interaction that takes place outside the recorded event. They also record the interviewers’ subjective responses to the setting and the interview relationship, based on the principle of the value of using the researchers’ subjectivities as instruments of understanding. The interviews are analysed using an interpretative methodology that pays attention to the ‘whole’ narrative, to the meanings produced in the researcher-participant

² I am a member of a European network called the International Research Group for Psycho-Societal Analysis which uses ‘societal’ to differentiate its focus from relational; the macro from the micro. Some prefer the term ‘social formation’ to avoid the static and unitary implications of society and social.

relationship, links between parts of the account, to conflicts and tensions within accounts and the unsaid as well as what is said.

With regard to psychoanalytically-informed observation, trained observers visited six of the sample mothers, once a week for one year, and observed them with their babies. The observers use no mechanical recording device but after the event write detailed descriptive notes in the tradition of baby observation (Rustin 1997, Miller et al 1989). Despite our attempts to select for diversity, the observer group was predominantly white (5 of 6) and largely British (4 of 6) and all middle class, less ethnically diverse than our sample mothers. We were not aiming for social matching of researcher and participant (Gunaratnam 2003) but wanted cultural heterogeneity that would provide diversity in the insights that the seminar group could bring to bear on the observation material.

A child psychotherapist³, also experienced in baby observation and developmental research, led a weekly observation seminar group (which included the researchers) to develop understandings of the observations based on their total subjective responses to the presented notes. Notes of the observation seminars provided a further source of data, based on the preliminary and provisional impressions and building up over the year. This seminar also continued for a year. The resulting data illuminate the relational, embodied and less conscious aspects of identity processes as well as everyday, relational practices during the transition to motherhood. Those who are familiar with the infant observation method, as developed for training purposes by Esther Bick at the Tavistock clinic (Bick 1964, Briggs 2002), will recognise how closely we paralleled that method.

2. Ontology.

What are the theoretical tenets about maternal subjectivity which informed this research? The understanding of identities in the context of settings, practices, relations and biographies as well as intrapsychic, intersubjective and discursive processes is the theoretical terrain for this work. By calling this psycho-social, we mean that it reduces to neither individual (internal, intrapsychic) nor social (external, discursive, structural, interpersonal) processes. A psycho-social approach (which draws on psychoanalytic paradigms of subjectivity at the same time as understanding the social construction and situating of identities) has the potential to transcend various troublesome binaries that abound in identity theory: natural-social, universal-particular, freely chosen-heavily regulated. In this context, I focus on the new mother's identity transition: one in which she experiences herself as primarily responsible for a totally dependent and vulnerable new life, which she grew within herself. It is therefore supremely relational.

My approach to understanding subjectivity (Hollway 2006) is as an ongoing dialectic based on the tension between intersubjectivity and individuality in

³ Dr Cathy Urwin acted in this role and led the observation side of the field work, taking considerable responsibility for the transformation of this method from a training into a research method and from a focus on babies' development to one on the identity processes involved in becoming a mother. A special issue of the *Journal of Infant Observation*, forthcoming in 2008, edited by Cathy Urwin features the six case reports written by the observers based on the research project.

relational life (and therefore in thinking and action). I draw on Thomas Ogden's idea of the analytic third as: 'a struggle with the complexity of the dialectic of individuality and intersubjectivity' (2001: 20). I have brought this out of the clinical situation and used it to think about subjectivity in dynamic movement as a result of the recurrent unconscious identification of the subject with another, which continuously creates a third intersubjective space which potentially transforms that subject. It is then possible to imagine how one or other of these two sets of dynamic tension – individuality and intersubjectivity - will dominate at different times of a person's life and in different circumstances and social positions.

I developed my theoretical approach to maternal subjectivity through the problematic of the capacity to care (Hollway 2006), starting with conceptualising the care involved in mothering a dependent and vulnerable infant and working outwards and forwards in time to think about triangular and serial relationships in families (fathers and other carers and siblings), gender differences, friendship, self care and caring across difference and distance.

Ogden said that his concept of the analytic third was indebted to Winnicott, specifically his idea that 'There is no such thing as an infant', meaning that without maternal care there would be no infant. According to Winnicott (1958), the infant begins to organise a sense of self within the psyche-soma of its mother. This development of self is intersubjective: from early omnipotence to the capacity for concern and its expression through reparative action. The mother is ruthlessly used as an extension of herself. This is bound to change her. The baby's intersubjectivity is in dynamic relation with the mother and with the child's individuality, successively grasped through processes of differentiation. The accompanying conflicts between ruthless use and care, omnipotence and reality, facing good and bad in the same object, tolerating frustrations, wanting to merge and needing to be separate, have continuing and profound effects on the mother's identity. The power of these effects can be partially explained by the way the baby's experiences chime with aspects of her own subjectivity in which these conflicts, while not as new, may remain and reemerge shockingly in her intersubjective experience of her baby.

Intersubjectivity is the infant's only available option and the resultant demands are likely to precipitate the mother into conflicts between her own needs and desires and those of her baby. The mothers in our research group expressed these in different ways and it changed over the course of a year. They can be understood as being situated on a continuum. At one end they could embrace being mothers with fervour, like an identity project, and at the other desperate to get their lives back, while feeling responsible, sometimes painfully so, for their babies' welfare. Their positions in relation to this continuum were not singular however. It seemed that these extremes represented a conflict present in all the new mothers, even though the strength of the various feelings varied across the sample and over time.

I came to see the identity processes involved in becoming a mother as revealing a fundamental tension that is more opaque in other relational identities; that is between putting oneself and the satisfaction of one's desires

and ego needs at the centre of one's actions on the one hand and care for others based on identification with the needs and wishes of another or others. I summarised the challenge to maternal subjectivity as follows:

The mother-infant relationship is paradigmatically characteristic of the dialectical relationship between individuality and intersubjectivity which characterises all post-infant subjectivity, but with a different accent. This is because the infantile experience of the intersubjective space shared with the mother is not expunged with the development of psychological separation and differentiation but coexists in dialectical tension with it. The demands of new babies (...) ensure that new mothers are challenged to re-experience the intersubjective state of her baby in an intensified way, in parallel with whatever state of differentiation she has achieved as an adult. At the same time this will involve identifying with her mother through the vestigial experience of her own infantile and child state. Thus the demands on the new mother call up a doubly intersubjective dynamic, from both sides of the mother-infant couple. The infant's self development will have to be paralleled by maternal development (Parker 1995), involving recognition of its need to differentiate. All this adds up to a picture of maternal subjectivity as unique amongst adult subjectivities. (Hollway 2006: 65).

It is possible that there will be systematic differences in how new mothers from different cultural groups experience this tension. Such an expectation is based on a sociological and social anthropological literature that sees western societies as continuing to go through changes that lead to individualisation, for example in family forms and women's roles (Beck-Gernsheim 1983). In terms of Tower Hamlets, we are looking to see how this is played out differently in the Bangladeshi mothers and the African mother in our sample, in contrast to the white British, and other white and black 'western' mothers, and if it varies with class. While the examples of some of our Bangladeshi mothers who live with extended families in cramped conditions suggest in some cases a lack of individuation (Woograsingh 2008 forthcoming), in others this can lead to the kind of reserve which led another Bangladeshi mother to describe herself as 'a very private person' even (or perhaps especially) within her husband's family where she lived. Psychological boundaries cannot be read directly off social arrangements.

From a social perspective, it is helpful to use positioning theory (Skeggs 1997) to analyse our data. It helps us to notice the multiple ways in which the women in our sample are repositioned when they become mothers for the first time. In their extended families they remain the daughters of their parents and the sisters of their siblings but the new baby is now the 'baby' of the family (displacing some who were youngest daughters) and many of them appear to get access to a new cluster of identifications with their own mothers. For example, Liyanna, a London-born Bangladeshi, at the second interview had ensured that she showed some family photos to the interviewer. The photo is of her mother with her older sister, herself and her younger brother. She and her sister, who she describes as having 'always been pretty close', have a

difficult relationship with their mother who has been chronically depressed. She says

It's this picture, it's so strange. ((baby cries)). I was showing it to my sister the other day, and I said to her that when I used to look at this before it was like "oh there's Mum and Amina" (her sister) ... and you just sort of flick through it, you know, and I never really stopped to analyse it. But I said to her, since I've had Maryam, I look at that picture and I know exactly what my Mum was feeling when she was looking down at my sister. (Int: Really?) 'Cos I know how I feel when I look down at her, and when I play with her, and it's just taken on a whole new meaning, you know, it's like there's my Mum and that's her first-born child, it's a little girl, same as me, you know, and I can just see the love and the emotion that she's feeling when she – when she – when that picture was taken.

In this case, Liyanna's identification as her mother's baby ('same as me') passes through her close older sister, to enable the parallel with her first-born daughter. Through this she acquires an emotional understanding that was not accessible before she became a mother herself.

In the above analysis, positioning theory has been rendered psycho-social by the use of the concept of identification. It goes beyond identification as used in social theory which usually refers to the process (untheorised) by which an individual identifies with a social group, to draw on the Kleinian tradition of psychoanalytic theory to emphasise processes of unconscious identification, introjective and projective. Bion (1962 and see Hinshelwood 1991) uses the concept of projective identification, which he bases on mother-infant unconscious intersubjectivity, to refer to normal, primitive processes of emotional communication. This is my basis for understanding relational thinking. It also forms the basis of how I understand the intersubjectivity at the core of all subjectivity – more or less overlaid by the separation processes that are central to the development of a differentiated self (Hollway 2006).

The claim that all subjectivity is underpinned by relationality (or intersubjectivity) is complicated by a set of theoretical problems concerning the relatedness and defensiveness or otherwise of differentiated individuals⁴ and the mergedness or otherwise of relationality. This issue remained mired in theoretical disagreement in the ethics of care literature that characterised the 1980s and early 1990s, starting with Carol Gilligan's 'In a Different Voice'. I have discussed this in detail elsewhere (Hollway 2006 chapter2). Here I want to clarify the difference between the Kleinian concept of identification and that used less precisely to imply 'overidentification'. In the latter, identification assumes that, in order to identify with another, one has to feel their feelings (like empathy) and that this involves losing the boundaries between myself and the other. In contrast, Hinshelwood defines identification as follows: 'Identification concerns the relating to an object on the basis of perceived similarities with the ego'. He goes on to comment that 'The simple recognition of a similarity with some other external object that is recognised as

⁴ For example, see Layton (2004) on defensive autonomy in young North American women.

having its own separate existence is a sophisticated achievement'. (Hinshelwood 1991:319). Liyanna's identification with her mother ('I know exactly what my Mum was feeling') perhaps illustrates that identification often falls in between these two ends of a continuum, perfect separation and total merger, and oscillates along it. Jessica Benjamin's problematic of identification with/across difference (1998) also reflects the fact that this is no mean achievement. It requires conceptualising a form of identification that does not involve the merging of parts of oneself with the other (connectedness held within the binary with separateness).

Bion (1962) takes the mother-baby relationship as the prototype for unconscious intersubjective communication in his theory of the container-contained relationship and how it provides the capacity for thinking and learning by experience. The mother's capacity to receive, via projective identification, the states that the baby is incapable of processing itself, is a crucial resource for the development of the baby's self. She is faced with her baby's need for her to contain and metabolise or detoxify the projected anxieties and desires of the infant and return them in bearable form, having been able to do the thinking that the baby cannot do for itself. She is plunged back into an identification with the vulnerability of infancy and at the same time needs recourse to her differentiated subjectivity which enables her to think about what her baby needs so as not to return his projection in an unmodified form. (Of course, depending on her own state of mind, this is not always possible.) It is possible, I think, to infer such relational dynamics from our data and thus begin to theorise the changes this requires in the new mother.

For example, Zelda, a white South African, is here described in an observation record as she goes in to see if her son, Tom (at 3 months old) is ready to wake from his daytime sleep:

Tom is at first still but slowly begins to wake, wave his arms, lift his legs, and cry out, one single cry... Zelda talks gently to Tom as he wakes up and sits on the edge of the bed, waiting until he is ready, she strokes his tummy and his chin, talks and brings her face close to his, she kisses him. She strokes her fingers gently down his torso, asking him if he is ready yet to be awake. Tom doesn't seem sure, his eyes flicker open as he begins to wriggle and stretch and rub his face, but they quickly shut again. Zelda talks to him about not being sure... 'Are you ready? Are you still sleepy?'

Slowly Tom's eyes open more and he looks first towards the light of the window and then towards the cupboard, which is on the opposite side of the room from the window. His eyes seem to fix here and he looks intently. Zelda continues to talk to him, and he turns to look at her; fixing her with his gaze. She tickles him gently and strokes his mouth and chin, encouraging him to smile. He yawns several times but then smiles and is greeted by Zelda's warm delight. Zelda now picks him up, he wriggles slightly and seems uncertain, she holds him at her shoulder and he yawns and crashes into her and then cries out a weary irritable moan. Zelda asks him 'what is the trouble, is he still

tired, perhaps he is not quite decided?’ She rocks him gently and pats his back and he begins to smile and hold his head up and look around. ‘That’s better,’ says Zelda, ‘now you feel better’.

This fully awake mother is capable of identifying with the uncomfortable transition between sleeping and waking which she has come to know in her baby. She is therefore capable of attuning to the subtleties of his changing state. Yet the boundary between her and Tom is clear ‘Are you ready, are you still sleepy?’.

In summary, identification is a valuable concept for conceptualising the constant psychic traffic between psyche-somas (to use a phrase from Winnicott that does not split minds and bodies). Through this process, and given sufficient separateness, people have the capacity to identify with another person’s affective states, experiences and meanings. This is a core principle of my relational ontology. The use of Ogden’s dialectical notion of the third tries to ensure that subjectivity is also understood to be in constant dynamic and often conflictual tension. In the following section, I discuss how it informs the epistemological principles on which the research is based.

Epistemology

Bion’s concept of the container-contained relationship not only affords a powerful tool for understanding the tension and mobilisation of intersubjectivity and individuality in new mothers, it also provides a radical foundation for a psycho-social research epistemology. We learn through identifications with objects. This is at the core of the idea that researchers can use their subjectivity as an instrument of knowing. Applied thus, it is not about mothers identifying with their babies, but about researchers identifying with the mothers and babies participating in the research. In clinical terminology, we are talking about transference dynamics. Thinking in this paradigm is based in intersubjective not intrapsychic processes; moreover it does not split the cognitive and affective (for Bion, the capacity to think depends on the processing of emotions). Bion’s phrase ‘learning by experience’ refers to this kind of thinking:

The capacity to know through the process of learning from one’s own experience is a function that has to be acquired and it comes about from introjecting an external object (mother) who can understand the infant’s experiences for him and then gradually introduce him to himself (Hinshelwood 1991:298).

The container-contained relation provides an explanation for the affective development of our capacity for thought and it does so, not from the perspective of a unitary rational subject, but through unconscious, intersubjective dynamics, initially in the relation of mother and infant, where the mother functions as a container and the baby’s projections are contained. This kind of unconscious intersubjectivity continues throughout life as we learn to use other containers (and parts of ourselves) to help us to think. Links between the containing mind and its content are of three kinds: love, hate and

the wish to know (L,H and K). The same goes for research (see below). The resulting principle is that we, as researchers, are exploring methods that draw on our whole selves – our subjectivities - as the research instrument. I understand these responses through the concept of identification.

To talk of using subjectivity as an instrument of knowing is to contest received ideas about objectivity. Although the possibility of objectivity in the positivist sense has been comprehensively dismantled, an understanding of what takes its place has become mired in the dualism of realism and relativism which underpins a similar binary between objectivity and subjectivity. I find the non dualistic treatment of objectivity and subjectivity in the psychoanalytic literature helpful in conceptualising subjectivity in a way that does not get mired in relativism. By objective, I mean, following Winnicott, when an object 'is discovered to be beyond omnipotent control' (Phillips 1988:114) which is when it becomes 'an object objectively perceived'. This usage can accommodate the critique of objectivity enabled by the constructivist turn, which is widely recognised as establishing that reality is nonetheless always mediated through the constructions that are involved in comprehending it. Objectivity conceptualised thus can be pursued through the use of oneself (the researcher) as an instrument of subjective knowing.

Bion's understanding of the difference between learning from experience and needing to know is one example (1962). He is sceptical of the kinds of knowledge that are stripped of emotional experience, whose *raison d'être* is to substitute rigid control of the world that can be thought (-K) for the uncertainty of being open to new experiences through thinking (+K). In pursuing the goal of a kind of knowing stripped of affect, the protocols of positivist science when applied to the human sciences resemble 'the aim of the lie' more than they resemble 'the aim of the truth' (Bion 1962 p48). This description resembles Horkheimer's and Adorno's critique of 'instrumental reason' which defines objects according to 'how they may best be manipulated or controlled' (Alford 1989:139). Instrumental reason stems from a failure to transcend narcissistic omnipotence so that it is pursued defensively through symbolic activity. According to Alford (*ibid*), it robs the thinker of the possibility of 'concern for the object qua object'. This kind of concern, which Alford links with 'reparative' as opposed to 'instrumental' reason, provides a way of thinking about an alternative condition for objectivity which is also the basis for a research ethics. In this mode, care or concern for the object will involve laying oneself open to the new experience and using the resources of one's mind as the instrument of learning, as free as possible of the defences against finding out something that could pose a threat to one's self and the beliefs that form a carapace around it. Keats made a similar distinction in his notion of negative capability (which is actually very positive...). As Keats saw it, there is an 'irritable reaching after fact and reason' which, for negative capability, needs to be countered by tolerating uncertainty.

In summary, the psychoanalytic understanding of objectivity is helpful in recognising that the objective use of subjectivity is a challenge involving

knowing the difference between myself and the person or situation I am trying to understand. Projective identification often refers to relational dynamics where this is not achieved, where it suits one or other party to lodge unwanted aspects of self in the other. Once this is recognised, it is possible to build safeguards into research to help awareness of these threats to objectivity, as I describe below in the section on ethics.

Methodology

So how does one design a piece of empirical research on the identity processes involved in the first-time transition to being a mother that is based, ontologically and epistemologically, on the principles of psycho-social subjectivity including the unconscious intersubjectivity of the baby-mother pair? The methodology must take into account this way of approaching identities both between the participants and in the research relationships. Relational thinking should inform the learning by experience of researchers, in ethics, data production and data analysis. I am going to focus on data analysis.

I will not dwell on the interview method used in the Becoming a Mother project – the Free Association Narrative Interview - since that has been documented elsewhere (Hollway and Jefferson 2000). Suffice it to say that it depends on eliciting the kind of experience-near accounts based on free associations, on the basis of which the subsequent interview questions and data analysis can suggest interpretations about the affective content and meaning of various parts of a person's narration. Its limitations inhere in the way that this method depends on an individual's narrative, based in language. This means that it may only partially bring out unconscious intersubjectivity, being most likely to miss how this works through embodied communication. We addressed this limitation in two ways. Our field notes around interviews became increasingly influenced by the genre of psychoanalytic observation and these feed in to our analysis in important ways. For example, the researcher who interviewed Sylvia write in her field note after the second interview 'At the end of the first interview I felt quite bored, ready to leave. This time I am fascinated ... I am keen for her to keep talking.' Another member of the team, having listened to both the interviews in succession, noted how she warmed to Sylvia much more in the second interview. These gave the group a clue as to what kinds of dramatic changes were taking place in this new mother which informed our further thinking about the data.

The second way was the use of the 'infant observation' method, adapted for research purposes, alongside the interviewing to provide us with data that were not dependent on participants' accounts. Significantly, the form of learning that it offers the researchers and observers is based on the very same processes that it assumes to be the basis of mother-infant communication: projective identification. In terms of a clinical psychoanalytic methodology, we are therefore borrowing a data analytic method based initially on transference dynamics.

We have used the Esther Bick infant observation method (see A. Briggs 2002) and adapted it as little as possible. This is the method in which our six observers and their group leader have been trained. For example, although our research focus is mothers, not – as has traditionally been the case in the observation method – the infant or child, if the mother and baby are in different rooms, the observer sits with the baby (as in the original method). Because of the relational principle concerning the infant's and mother's intersubjectivity (described above), we proceed on the basis that we can learn about the mother by observing the baby (and of course, observing the baby with the mother). CHECK CATHY. There are also often other family members around – notably the mother's partner and her mother and father and siblings. By observing their relationships with the mother and with the baby, we can ensure that the mother is multiply placed in her relational settings.

This attention to the setting is a key part of what makes the method psycho-social, as opposed to relational-psychoanalytic⁵. Observers can often observe the new mother as daughter, sibling and wife/partner as well. Additionally, there is a fair bit of movement between homes in our sample: both white working class and Bangladeshi women move between parents' (or parents-in-law) home and a home they are often just in the process of establishing with their husband/partner or on their own with the baby. This aspect of the setting also brings out different aspects of their relation to the baby and their maternal identity. For example, the interviewer and the observer both first encountered Rhamin, a British-born Bangladeshi new mother, in her father's house, where she lived until after her baby was born. For several years previously she had been primarily responsible for the care of her nephew while her older sister went to work. The house had the feel of a nursery since Rhamin's father's new wife also had two young children and other grandchildren spent time there. There was a great deal of action and liveliness in contrast to the 15th floor flat to which she moved with her husband after the baby was born and where she was often alone with her baby. She frequently returned to her father's house and the observer often visited her there. Her identity as a new mother came across very differently in these two locations.

In terms of the broader societal setting, the location of our sample in a single Borough, with the same local services on offer (including the same hospitals in which babies were delivered) makes it possible for us to research the environment, including its history in relation to different ethnic and class groups represented in our sample. We expect the research to have relevance for professional maternity and child care services in Tower Hamlets, for example, in relation to the continuing effects of traumatic births, the contradictory professional handling of breast and bottle feeding information and support.

Observers take no notes in the session, but have been trained to write up notes afterwards. This method is based on detailed, often microscopic,

⁵ Clinical relational psychoanalysts would perhaps point out that the setting of the clinical session is very well-defined and provides a strong frame in which to understand what takes place in the more general social context. In this light, perhaps 'psycho-social' simply refers to non-clinical settings; the kind that inevitably characterise research, as opposed to clinical, practice.

observation of embodied relations (see Zelda and Tom, above), including those with the observer herself. Her aim is to defer analysis and privilege description. A valuable source of data is her own emotional responses to what she is observing and these are duly written down. Taking her turn with the other observers over a cycle of a few weeks, her notes are read out to the group, which met for 90 minutes weekly. The group's task is likewise to use members' subjective responses to the case which the group can reflect upon them and help the metabolisation of observers' experiences. Identifications with any or all of the participants who have been observed will be present in this material. The different identifications in the group provide a kind of triangulation and contribute to the analysis of the material. An example of the first is when the observer was wondering what the significance of the mother's home culture in West Africa was for Martina when her mother visited and wanted to take the baby back with her. In this case group members could contribute their varying knowledges of that culture and together think about what the maternal grandmother's offer might signify in that context. An example of the second is when one observer who was treated in very inconsistent and careless ways by the mother she was observing, 'was able to process my hurt and angry feelings and to think about them as belonging to Azra who had no other way of communicating them. Azra lost her mother when she was fifteen and was denied the opportunity to work through some of her conflictual feelings towards her mother' (S.Layton, forthcoming in *Infant Observation* 2008).

A different group member acts as rapporteur for each session that deals with a particular case. Both sets of notes (individual observation and seminar discussion) constitute the data set for each observed mother. The three researchers attend most of these sessions, but absent themselves when the case is one of a mother they have interviewed. This is because the observation group does not wish to mix the data derived from the two methods until the seminars are concluded. The research team, who are conducting between them all the interviews, have chosen, by contrast, to hold together as much as possible the two sources of data.

The observation method was intended to enable us to see identities that are less the product of conscious, intentional production through narrative, more sensitive to affect, to unconscious intersubjectivity and to embodied aspects of identity. This has broadly turned out to be the case. Two further aspects are striking however. First is the way that the method captures the mundane practices (and the emotions that are inextricable from these) involved in the going on being of mother and baby over time. This is generally not what is expressed in words. Second, a weekly visit succeeds in recording the ups and downs involved in identity change processes. Becoming a mother involves conflictual dynamics which are not necessarily represented in words. The way that identity is understood is, not surprisingly therefore, more in line with psychoanalytic theory: recognising of unconscious conflict, changing over time and fluid and more embodied. Its concept of relationship is different (not two separate individuals interacting but two selves engaged unconsciously in communication, holding and transforming parts of each other). In summary, although this is a generalisation that does not apply across all cases, this

method was more likely to show us the emotional upheaval involved in becoming a mother.

The method also produced data that are richly descriptive, situated in space and time, particularly within the family and more broadly in Tower Hamlets. I have already referred to the fact that several mothers moved a lot between the family home of their parents or parents in law and their own flat (either shared with their husband or occupied on their own). The change in settings – which would probably have been missed over the course of only three interviews in a year - was informative because we saw them situated differently as daughters, sisters, aunts, wives, at the same time as being new mothers.

5. Ethics and the use of subjectivity as an instrument of knowing

The quarrel about objectivity and subjectivity in research has always had an ethical dimension: what kinds of research methods of data production, data analysis and interpretation are safe? Positivist science operationalised this question by concentrating on reliability and validity. Critics of psychoanalysis argue that the power relations that are inextricable from interpretation render its use for research unethical. In post-positivist circles, ethics of interpretation have been restricted to a social perspective: the power relations between researcher and researched and how to equalise them or minimise the power of the researcher. Despite widespread uptake of post-structuralist theory, power is almost always assumed to be negative and thus to be avoided, unlike in Foucault's idea of the positivity of power, which suggests that the beneficial and harmful effects of power are questions to assess empirically. I am bringing in to qualitative empirical social science research two principles that are commonly regarded as unsafe: the use of researcher subjectivity and the use of interpretation (according to some rendered all the more unsafe because it is outside the testing ground of the ongoing analytic relationship Frosh and Emerson 200?).

Identification also provides a useful starting point for conceptualising ethical relating, which should involve recognising others for what they are (not for what you want or need them to be nor for how they might want to be recognised). As I have shown, psychoanalytic theorising of identification problematises how we can differentiate between ourselves and others in ways that enable us to identify with their experiences without confusing their situation with our own. In research ethics, this applies to how the researcher construes what she experiences and whether it is a fair and respectful way of knowing participants.

The following extract from an observation raises ethical questions. Azra had started to feed Zamir (who is ten weeks old) with his bottle.

There was a knock at the door and Azra put Zamir in his chair and followed her husband to see who had called. Zamir looked at his mother as she was retreating. I could hear someone talking to them. Zamir was sick and a distressed look came over his face and he began

to cry. (I wanted Azra to return). Azra returned and told me it was someone selling rugs. (...) Azra noticed that Zamir had been sick and said that he was naughty. She reached down and held onto one of Zamir's legs. She pulled his leg and he came out of the chair and his head went towards the floor. He hung upside down for a few second before she turned him the right way up and put him on her knee. He was moving about, his legs agitating back and forth and his body was writing around. Azra said he is always moving about like this and she had to hold him firmly. She handled him a bit roughly. She wiped the sick from around his mouth two or three times and then removed his top. Azra tried to give him the bottle and he refused to take it (I found this painful to watch because she seemed to be forcing him to feed and he was struggling to prevent her.) She tried again but this time by putting the teat at the corner of his mouth and at an angle to find a way of his accepting the teat. Zamir gyrated his body in protest. Azra tried again and Zamir cried. I commented on his having more to drink this week as I noticed the bottle was bigger. Azra said yes it was a 6oz bottle. I said that must be because he is getting bigger. Azra said that her Dad thinks that he is too small. She told me that her cousin has a really big boy of four months (...) Azra tried again to make Zamir feed who was now clearly upset and distressed. Azra stopped trying to feed him and sat him up and he calmed down and looked around the room. Azra tried again to feed him and he accepted the bottle.

The infant observation training method is based on a recognition that every observer will powerfully identify with the vulnerability of the new baby (we have all been one) and that these emotions must be carefully managed on behalf of ensuring an ethical relationship to the family. Here the observer is witnessing a distressing scene and she is not meant to intervene to try and change the mother's behaviour or make recommendations. However, she does make a more subtle intervention which arguably has positive effects. By commenting on the larger size of the bottle, she elicits a story which conveys the pressure on Azra from her family to get Zamir to grow faster. Even before the story, she says something very helpful: 'that must be because he is getting bigger'. By witnessing the scene of the struggle with the bottle, by not getting agitated as Azra is, and by noticing the increase in the bottle size and Zamir's weight, the observer seems to be enabling Azra's anxiety to be processed by containing it. It is possible that this changes Azra's state of mind sufficiently to enable Zamir to feed, which he does soon after. This is an example of ethical relating in a research setting that goes beyond the formal ethics strictures of informed consent, doing no harm and not leaving a participant in an upset state (see also Hollway and Jefferson 2000, chapter 5).

The sensitivity to her own emotional reaction to the baby's unhappy state, recorded in brackets to differentiate it from the main focus of the observation which is outward looking, indicates that she is remaining capable of processing her own discomfort, which will make her a more containing and more accurately recognising presence, as her intervention demonstrates. This also enables subsequent data analysis to benefit by this processing and produce an understanding of Azra which is not blinded by unease into making

inappropriate judgements about her mothering. Earlier I gave an example of the seminar group's role in helping the observer process her difficult feelings about Azra. The group provides a mental space for relational thinking that is containing and helps symbolisation of these reactions. Group data analysis of interview material fulfils a similar function.

In recognising that the (inevitable) use of researcher's subjectivity runs the risk of not achieving good enough objectivity (in the psychoanalytic sense), we have built three sets of safeguards in to the research, all based on the relational principle that it is unprocessed, uncontained intersubjective dynamics that are liable to compromise objective knowing of external reality. First, as I have already described, the observation seminar provides some shared thinking to help the group process elements of emotional experience generated in the observers (and shared by other group members on hearing the observation notes read aloud). The seminar notes provide a record of this process. Second, we are increasingly using a group form of data analysis because of how fruitful this has proven to be in generating insight which combines and goes beyond the understanding of individual researchers. Third, the research fellow – herself a mother living in Tower Hamlets – has access to a consultant who is trained as a psychotherapist, whom she can use in the manner of clinical supervision to support her in articulating and working through dilemmas, difficulties and blind spots in relation to her potential identifications with the mothers and babies.

The relationship between interviewer or observer and participant (or the relationship, mediated by a transcript or a tape recording between researcher and participant) can be conceptualised in terms of the containment and recognition provided (Hollway and Jefferson 2000). The observation seminar goes further however to provide observers with a kind of supervisory and group containment for their experiences with mothering and family relationships. In this way there is structured, formal support, which is regular and reliable.

Conclusions

My purpose in this chapter has been to use the example of a research project on becoming a mother for the first time to illustrate how psycho-social principles can systematically inform the ontology, epistemology, methodology, design and ethics of research. I have shown how psycho-social principles are defined in practice, drawing on object relations psychoanalysis alongside positioning theory and close attention to the wider societal setting, to understand the processes involved in identity transitions. At the time of writing, the field work is only just complete but it is clear that this paradigm has radical implications for social research. First, this approach is capable of delivering a different understanding of identities: less dualistic and taking account of emotions, their embodiment and the effect of past experiences on present identity conflicts and change. Second it can go beyond the binary of realism and relativism by working rigorously through the implications of the principle of using researcher subjectivity as an instrument of knowing. This involves putting into practice a different conceptualisation of objectivity. Third,

this use of subjectivity and the safeguards put in place to help objective knowing, illustrate an extended treatment of research ethics.

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