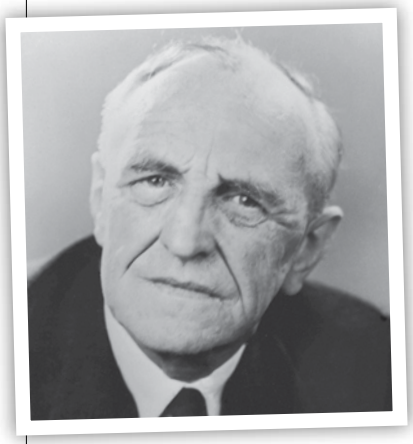
# D W Winnicott

Continuing our series on early years pioneers, *Margaret Boyle Spelman* explains some of the main theories of Donald Woods Winnicott, focusing on the relationship between mother and child



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Donald Woods Winnicott (1896-1971) never joined any group and eschewed a following of his own, privileging instead the idea of independence of thought. Nevertheless, he is considered to be the most prominent figure embodying the ethos of what began as the 'Middle Group' of the British Psychoanalytic Society, now its School of Independent Associates. After Sigmund Freud's death, this non-partisan group of psychoanalysts sprung up between the two groups, in dispute over who inherited Freud's legacy; one headed by Anna Freud and the other by Melanie Klein.

Winnicott was a paediatrician, adult psychoanalyst, writer, broadcaster (with BBC radio) and first male child psychoanalyst in Britain. He was a motivated and engaging communicator (described as 'better than The Beatles') across a wide range of audiences, lay and professional, and was twice president of the British Psychoanalytic Society. An analyst's analyst, Winnicott's influence is very considerable.

Many of his professional analysands are themselves significant figures within psychoanalysis, writers, thinkers and teachers, as well as psychoanalytic practitioners who continue and enrich Winnicott's legacy (Spelman, Boyle 2013a).

Winnicott's 1953 paper on transitional objects and phenomena has been the most used paper in the Psychoanalytic Electronic Publications, the database used in all psychoanalytic research.

As well as in his private practice, Winnicott worked in Queen's Hospital, Hackney, in London's East End, and in Paddington Green Children's Hospital, for more than 40 years until 1963. He liaised with the medical profession and multidisciplinary teams and was an engaging and motivated communicator with many other outside groups, bridging professional and lay audiences.

Two volumes of his collected papers were published in his lifetime, and *Playing and Reality* (1971), which was being published at the time of his death, can be seen as a summary culmination of his life's work. The majority of his writing, approximately 23 volumes, was published after his death.

## MOTHER AND BABY

Winnicott came from an upper-middle-class family near Plymouth, Devon. His father, John Frederick, a successful merchant and local politician, was twice Lord Mayor of Plymouth. Donald Winnicott saw little of his busy father and was brought up by his 'many mothers' – his mother (Elizabeth Martha Woods Winnicott), two older sisters, nanny, cook and all the female household staff.

The presence of so many women in his life may partly account for his emphasis on the time of the first dyad (pairing), that is, of the mother and baby. This is the time stretching from before birth right up to the oedipal stage – the phase of psychosexual development occurring between three and seven years of age and emphasised in classical Freudian psychoanalysis.

It is Winnicott's detailing of this developmental time, of the individual's gradual growth into subjectivity, that has had such an influence on so many disciplines, human development research and on the practice of psychoanalysis. Winnicott's formulation promises therapeutic benefit to many more cases than does the classical psychoanalysis formulation as developed by Freud.

**Winnicott believed that healthy development was reliant on aspects of care**

## CARE OF THE MOTHER

Winnicott was a 23-year-old medical doctor when he first became interested in psychoanalysis. His theoretical contribution rests on the basis of the thinking of both Freud and Klein, who held his work in very high esteem. Winnicott made his life's work from one of Freud's footnotes, which suggests that one must include the care of the mother in order to be able to consider the child a psychical entity at the beginning of his/her life.

He emphasised not inner or outer life but the 'between' or third area of experience, and attributed as much importance to the environment (the care of the actual mother) as Klein did to unconscious fantasy or Freud did to instinct.

Winnicott's view of human nature is optimistic. He did not believe in Freud's 'death drive' – an instinct to return to the state of quiescence before our birth that compels self-destructive acts. Instead, Winnicott became increasingly interested in enjoyment, aliveness, spontaneity, health and life's quality indicators. He said that we are poor, indeed, who are only sane. Winnicott's work relies on the clinically useful analogy between the analytic couple and the 'nursing couple', with the parallel of therapist's role/'mother function' (Spelman, Boyle 2013b).

## SOME OF WINNICOTT'S IDEAS

### Environment

Healthy development happens within a 'facilitating environment' or with the care of a 'good enough' or 'ordinary devoted' mother who is completely adaptive to her infant's need at the beginning of his or her life.

In the early days, there is 'no such

thing as a baby' because, from the baby's perspective (and the mother's in a limited way), there is no differentiation between 'me' and 'not me' (between the child and its mother) at the beginning of life.

Creating and maintaining this illusion of unity is the first part of the mother's function. Her immense sensitivity to her baby's need is called 'primary maternal pre-occupation'. The sensitive, adaptive mother protects and manages the effect of reality, and his own instincts, on her baby.

She maintains the baby's *experience* of omnipotence, whereby the baby feeds from a breast that is part of himself. Over time, this experience makes him confident that what he needs, he will create/find.

Also, in time, this state of 'relaxed identification' with his mother, when he can just 'be', so to speak, facilitates a rudimentary personal boundary to develop between them. At this point, she will complete the second part of her task, described by Winnicott as her baby's 'sensitive disillusionment', when she tries to create a growing space between herself and the child that corresponds to the child's developing sense of 'self' and independence. This part is necessary for him to feel himself as a separate real individual.

The importance of a healthy environment is only seen in the negative effects of its loss. Early loss of the 'love object' (person; usually the mother) is called privation and yields difficulties in forming personal boundaries and feeling real: it is the cause of narcissistic, schizoid and dissociative states.

The later loss of the love object is called deprivation and results in conformity, unreality and delinquency. De-fusion or splitting of the love and destructive impulses causes a lack of development of a 'guilt sense', or concern for another person, as well as 'false self' living – determined by the expectations of others and so characterised by compliance, rather than spontaneity and enjoyment, as in 'true self' living.

Winnicott believed that healthy development was reliant on aspects of care. The mother's 'holding' of the infant meant that the immature ego's sense of what Winnicott called 'going-on-being' was not disturbed to a degree greater than the infant could tolerate. Winnicott was concerned more with the needs of the ego – that part of the mind that provides a sense of self – than with instinctual or hunger needs. The sensitive mother keeps the child free of what Winnicott calls 'impingements' and the five primitive anxieties: falling forever, fragmentation, depersonalisation, de-realisation, and being isolated with no means of communication. And so his 'true self', characterised by his spontaneity, enjoyment, liveliness, and creativity, flourishes.

**From the baby's perspective, there is no differentiation between 'me' and 'not me' (between the child and its mother)**

**Playing bridges the inner and outer aspects of lived experience, giving it personal meaning**

## Dependence

The 'fact of dependence' is important for Winnicott and he proposes three stages:

- Unaware 'absolute dependence' relates to the environment of the mother's complete adaptation to her infant's needs, through her 'primary maternal pre-occupation'.
- 'Relative dependence' relates to the time – from four months on – when the space between the mother and the infant begins to be like everyday experience. The infant, with a rudimentary boundary between 'me' and 'not me', tolerates the mother's 'imperfect adaptation' and 'sensitive disillusionment' through non-serious small failures and 'immediate mending', as the space between mother and child evolves. She no longer predicts his needs but awaits a signal from him. This second part of the mother's task enhances the growing baby's sense of self and of feeling real. ➤

- 'Towards independence' is a lifelong aspirational endeavour accompanying relative dependence, which in health is never to be fully achieved. It involves one's sense of self growing into an ever-widening and enriching environment in society.

## Transitional objects

This is the best-known part of Winnicott's thinking: at the beginning of relative dependence, the transitional object, the infant's first 'me-extension' or 'not-me' object (typified by the teddy bear), is the pre-symbol (of the mother) and a visible sign of the infant's first provisional step in the journey towards separating out as an individual.

The question, 'Did you create it or find it?', cannot really be asked about the transitional object, because it is an external object, found outside, but with its meaning conferred on it from within the mother-infant unit.

The confidence that is borne out of the mother's reliable care of her baby experienced over time generates the individual's 'potential space', the aspect of personal space that offers infinite variability and possibility. This is the space of the capacity to play (playing bridges the inner and outer aspects of lived experience, giving it personal meaning), of every possible 'me', of freedom, alternatives and choice.

The term 'transitional space', by comparison, emphasises the paradoxical nature of the space, the fact that it provides a separateness that is also a form of unity.

For Winnicott, the individual is involved in the perpetual task of keeping 'inside' and 'outside' separate yet interrelated. The overlapping/interrelated space between inner (subjective) and outer (objective) reality – a 'third' or intermediate space – is the place of experience.

In the psychoanalytic literature, the comparison between Winnicott's first 'between space' of the mother and baby with the clinical psychotherapeutic space has proved to be very useful.

## Maturation, the mother's role and anxiety

As well as the two stages of first, creating the illusion of unity between mother and infant, followed by sensitive, gradual disillusionment through small bearable failures, the mother's care involves three tasks:

- 'Holding' – the mother's (therapist's) provision of an anxiety-free environment.
- 'Handling' – the mother's (therapist's) unique way or style of completing the tasks of baby-care/holding.
- 'Object-presenting' – the mother's (therapist's) provision for the need for recognition and feedback.

Each has also yielded a thriving literature.

Because of the baby's 'being' – his demand-free relaxed identification with his mother at the beginning – a frail and rudimentary boundary between the 'me'/'not me' emerges, marking entry into the stage of relative dependence and a feeling of being an intact separate individual person; 'unit status' – which not everyone reaches.

The baby now asserts his presence in the world by his 'doing', through his aliveness and activity. Another of Winnicott's (1989) well-known phrases encapsulating this is, 'After being – doing and being done to, but first being'.

## MORE INFORMATION


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- For our full series on early years pioneers, visit: www.nurseryworld.co.uk/early-years-pioneers


## The development of separateness

At this time, also, the experience of the mother as a different and separate individual is growing. The everyday childcare functions of the 'environment mother' is an ego-related experience. The id-relating mother who fills the baby's instinctual needs through feeding is the 'object mother'.

The mother's repeated non-retaliatory survival of her baby's primitive loving through feeding (in unconscious fantasy, the baby's unconscious destruction/eating of the mother) is called the benign cycle. Her survival of feeding allows the baby to realise that the 'environment mother' and 'object mother' are one and the same person.

The benign cycle allows the baby's ego to further integrate as he tolerates his own 'destructive' instinct, enhancing his 'sense of self' and his 'true self' living. It also confirms the separateness and 'externality' of the object, the mother. This represents a growth in the child's sense of reality.

## Use of an object

The 'use of an object' was the idea that Winnicott was working and writing on when he died. It is sometimes considered his most important and radical one. The 'use of an object' is the most integrated relation to the 'object'.

As well as ego-relatedness, there is accommodation of the child's instinctual life (destructive and libidinal impulses) in a way that enhances the growing sense of self. He does not have to deny parts of himself. For Winnicott, the ultimate developmental achievement in terms of object relating is not id-relatedness or even ego-relatedness but 'the use of an object'.

## GROWING INFLUENCE

Winnicott's influence continues to grow, evidenced by the conference held in London in November 2015, marking the publication for the first time of his complete works by The Winnicott Trust. Other organisations promoting his work include The Squiggle Foundation and The International Winnicott Association. ■

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