WINNICOTT'S THEORY OF THE PARENT-INFANT RELATIONSHIP

SEMINAR ON D. W. WINNICOTT'S PAPERS

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OVERVIEW

- Who was Donald Winnicott?
- Winnicott's Primary Questions
- Overview of the three papers we'll discuss in this series
- Primary characteristics of the holding phase
- Clinical considerations and the case of Mary

WINNICOTT'S LIFE

- 1896-1971
- Originally a pediatrician
- 1923 began 10-year analysis with James Strachey
- 1927 began training as an analytic candidate
- 1936 began analysis with Joan Riviere, part of Melanie Klein's inner circle
- Rose to prominence during the Controversial Discussions (1941-1945) – belonged to the "Middle Group" with Fairbairn, M. Balint, Bowlby, Milner, M. Little
- Supervised by Melanie Klein

INITIAL OBSERVATIONS

- DW was a dialectician. He:
  - rejected the law of the excluded middle
  - saw people as interactive systems, not necessarily as individual beings
  - believed that no important question could have a definitive answer
  - offered his conclusions in the form of paradoxes that he didn't try to resolve
- He didn't try to develop a systematic view of infant development. Instead, he recorded impressions that were sometimes contradictory
- His descriptions of early development could also be taken as descriptions of unconscious layers of the adult psyche (e.g., omnipotence = transference)

WINNICOTT'S PRIMARY QUESTIONS

- How is it that the "infant ego eventually becomes free of the mother's ego support, so that the infant achieves mental detachment from the mother, that is, differentiation into a separate personal self"? (1960, p. 588).
- What happens when the infant/mother dyad fails to fully facilitate the infant's psychological development?

THE THREE PAPERS IN OUR SERIES ATTEMPT TO ANSWER THESE QUESTIONS

- Theory of the Parent-Infant Relationship: What is the foundation for the infant's development of a self?
- Transitional Objects and Transitional Phenomena: What does the infant's emergence into independence (and acceptance of external reality) look like?
  - The fourth paper we distributed, Hate in the Countertransference, outlines another means by which the acceptance of external reality is achieved
- Fear of Breakdown: What can happen when the infant's development of self is interrupted, or ruptured?

THE HOLDING PHASE: EARLY FUSION BETWEEN MOTHER AND INFANT

- ""[A]t the earliest stages the infant and the maternal care belong to each other and cannot be disentangled. … There is no such thing as an infant" (1960, p. 587)
- Altered the traditional (Kleinian and Freudian) view of the individual as an isolated entity
- Infant development was now conceptualized in unfamiliar terms: dialectical, paradoxical, nonlinear (i.e., no direct causal arrow), circular, and conglomerated (fusion of self and other)

CHARACTERISTICS OF THE HOLDING PHASE: NECESSITY OF MATERNAL HOLDING

- Primary Maternal Preoccupation
  - "provides a setting for the infant's constitution to begin to make itself evident, for the developmental tendencies to start to unfold, and for the infant to experience spontaneous movement and become the owner of the sensations that are appropriate to this early phase of life."
  - "could be compared with a withdrawn state, or a dissociated state, or a fugue"
- Through mother's primary maternal preoccupation, "the infant's own line of life is disturbed very little by reactions to impingement, which would interrupt the infant's development of self." (1956, p. 302)

CHARACTERISTICS OF THE HOLDING PHASE: INHERITED POTENTIAL

- Infant's inherent tendency towards growth and development
- In a good-enough holding environment, inherited potential becomes a self, a "continuity of being"
  - "With 'the care that it receives from its mother' each infant is able to have a personal existence, and so begins to build up what might be called a continuity of being. On the basis of this continuity of being the inherited potential gradually develops into an individual infant. If maternal care is not good enough then the infant does not really come into existence, since there is no continuity of being; instead the personality becomes built on the basis of reactions to environmental impingement." (1960, p. 595).
- "Being belongs to the true self and the inherited potential." (Abram, p. 57)

CHARACTERISTICS OF THE HOLDING PHASE: CONTINUITY OF BEING

- Continuity of Being is the "result of the infant's subjective experience of being merged with a good-enough mother. Winnicott also describes this sense of 'being' as the 'centre of gravity'. "(Abram, p. 57)
- "By good-enough child care, technique, holding, and general management the shell becomes gradually taken over and the kernel (which has looked all the time like a human baby to us) can begin to be an individual." (1952, p. 100)

CHARACTERISTICS OF THE HOLDING PHASE: INFANT'S PRIMARY CREATIVITY

- The infant's creativity is "primary, pre-sexual, and characterizes the naturally reciprocal relationship of a baby with his 'ordinary devoted mother.'" (Phillips, p. 102)
- It represents the primitive love impulse fused with aggression
  - "In this era there is not even ruthlessness; it is a pre-ruth era, and if destruction be part of the aim in the id impulse, then destruction is only incidental to id satisfaction." (1950-55, p. 210)
- Aggression is part of the infant's natural appetite; it is "purpose without concern" and "destructive by chance" (1950-55, p, 206, 211)

CHARACTERISTICS OF THE HOLDING PHASE: INTEGRATION V. UNINTEGRATION

- The kernel of the potential self needs to be in touch with states that are not yet integrated into the (growing) sense of self.
- To be in touch, the infant needs a secure environment that does not overwhelm the infant with need or anxiety, and that lets the infant experience its own body in calm and with a sense of security.
- Abram: "The ability to unintegrate and relax is paradoxically a sign of integration and maturity." (p. 60).

CHARACTERISTICS OF THE HOLDING PHASE: ISOLATION OF THE CENTRAL/TRUE SELF

- "The central self could be said to be the inherited potential which is experiencing a continuity of being, and acquiring in its own way and at its own speed a personal psychic reality and a personal body scheme.
- It seems necessary to allow for the concept of the isolation of this central self as a characteristic of health.
- Any threat to this isolation of the true self constitutes a major anxiety at this early stage" (1960, p. 591)
- Primary defense: "the organization of a false self"

CHARACTERISTICS OF THE HOLDING PHASE: OMNIPOTENCE AND THE AREA OF ILLUSION

- "Under favourable conditions the infant establishes a continuity of existence and then begins to develop the sophistications which make it possible for impingements to be gathered into the area of omnipotence (1960, p. 591)
- "[E]verything shall seem to him to be a projection." (1960, p. 587).
- "The mother, at the beginning, by almost 100 percent adaptation affords the infant the opportunity for the *illusion* that her breast is part of the infant. It is, as it were, under magical control." (1953, p. 94)

CHARACTERISTICS OF THE HOLDING PHASE: ANNIHILATION ANXIETY

- The infant's **unthinkable** or **primitive agonies** (1962b, p. 58):
  - Going to pieces
  - Falling forever
  - Having no relationship to the body
  - Having no orientation.
- "For Winnicott, the primitive agonies constitute *impingement*. The result in the infant of too much impingement is that the sense of self is annihilated." (Abram, p. 161).

GROWTH REQUIRES DISILLUSIONMENT AND A GRADUAL LETTING-GO

- In a holding environment provided by a good-enough mother, the infant is able to transition:
  - From omnipotence to the acceptance of limitations
  - From pleasure principle to the reality principle
  - From illusion to disillusionment
  - From the "subjective object subjectively perceived" to the "objective object"
  - From primary maternal preoccupation (and mother's "magical understanding of [the infant's] need") to separateness (1960, p. 593)

WORKING WITH PATIENTS WHO EXPERIENCED RUPTURES IN THE HOLDING PHASE

- **Waiting for the emergence of going-on being and the integrated self**. People, can't be forced to develop, but they will do so spontaneously in an unintrusive setting: "As a psychoanalyst, I have had very good training in this matter of waiting and waiting and waiting." (1964, p. 372)
- **Importance of the reliability of the therapist**: "[I]f the patient did not experience reliability in the maternal care of infancy, he will need to find it for the first time in the analyst's behaviour." (1960, p. 586)
- **On the capacity to use the object (the therapist)**: "[I]nterpreting by the analyst, if it is to have effect, must be related to the patient's ability to place the analyst outside the area of subjective phenomena." (1969, p. 711)

THE CASE OF MARY

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