

Winnicott and Parenting

By Ingrid Masterson

Donald W. Winnicott was giving radio talks and writing for mothers in simple language, easy to understand by ordinary mothers in the middle of this century. I regret not having access to his wisdom when my children were small as his insights are as relevant today as they were then. His insights are based not on fashion like many of the popular child-care books of the period but on a deep understanding of the developing needs of the small child being cared for by a “good enough” mother. He was aware of the significance of this relationship for the future personality of the child.

Winnicott was a paediatrician who later became a psychoanalyst and a child psychiatrist. He was able to integrate his knowledge of infants, his knowledge of the emotional life of babies and children, much of which was based on his work with war evacuees.

His famous statement: “There is no such thing as a baby ...”, meaning that a baby cannot be as a baby outside the orbit of the mother’s care, cannot meaningfully exist outside a relationship, has both challenged the traditional psychoanalytic view of the psyche as a closed system and has enabled mothers to better understand what some might call symptoms as actually healthy expressions of the child’s inner world, an attempt to communicate with its environment.

In writing of the mother and her infant/child I will use ‘she’ to refer to the mother and ‘he’ to refer to the child for the sake of clarity. Winnicott spoke of the infant’s needs from his mother using the terms ‘holding’, ‘handling’ and ‘object-presenting’. These refer roughly to the tasks mother is faced with, which he describes in his book: ‘The Child, the Family and the Outside World’. Mother starts ‘parenting’ before birth through her shift of focus during the end stages of pregnancy into a total absorption with the baby to the almost total exclusion of other areas of interest. This ‘primary maternal preoccupation’, as Winnicott describes it, lasts for some months after baby’s arrival and is the basis for the needed psychological continuity of the physical envelopment and cushioning experienced in the womb.

Writing on the parent/infant relationship, Winnicott describes this ‘holding’ that mother intuitively provides, as the basis of the empathy and containment of the baby’s moods and needs that he would otherwise experience as impingements on his existence. This fostering of the baby’s ‘going-on-being’, through provision

of a reliable, calm environment allows the development of the baby's ego-integration, a developing sense of self in space and time. As he identifies with and internalises his experience of mother's care he acquires the basis of future mental health.

In this early stage 'mirroring' of the baby, especially by the mother, is vital. This happens in healthy mothers without their awareness, both parents delight in responding to their baby's spontaneous expressions, not by exact imitation, but including in their reflections some of their own joy and personal expressiveness. This first exchange between the baby and his world builds up his sense of himself as he looks at mother and sees mirrored in her gaze an 'enlargement' or 'elaboration' of himself.

Shock or illness in the mother figure can upset this process but can be ameliorated by another, personally involved carer, taking the mother's place for the necessary period. Prolonged failure at this early stage can leave the child without a secure sense of 'being'. It can lead to primitive defenses and dissociations of a psychotic nature in the personality as the individual copes with the unallayed, extreme anxiety states of infancy.

Winnicott uses rather clumsy expressions to describe two aspects of baby's experience of his mother, the 'environment-mother' relates to what I have just described, the 'object-mother' relates to how she facilitates her baby's experience of herself, initially, and later, other aspects of the outside world. Her 'handling' of her baby occurs initially in providing him with total access to her body, ideally in the breast-feeding situation, which, because of the intense feelings afforded to the baby, provides a rich blueprint for later instinctual, including sexual, experience. However, Winnicott also explains why relaxed bottle feeding is preferable to breast-feeding in a context of tension and anxiety.

This relates to his concern with the early setting in which mother and baby develop their relationship. Here, fathers have an important role in supporting their partners and fostering the calm environment where the mother can feel free to 'follow her baby's lead', thus giving him the opportunity to feel his spontaneous gestures and desires have value. This is the phase of 'absolute dependence'. The infant is unaware of his need for mother, but would suffer impingements to his 'going-on-being' from within his own body as well as from outside if she were not there.

The unhappy alternative is the imposition of the mother's own worries or ideas of how her baby should be. This can have the unfortunate result that the child's personality develops on the basis of either 'compliance' or 'reaction to impingement', which lays down a need to live out of a 'false self in the first instance, or possible future anti-social behaviour in the second.

In other words, if the mother's action towards baby arises out of her needs rather than from an empathic response to his needs, this can be experienced as a threat to the self. It might seem strange to lay such emphasis on the early months, however, here, according to Winnicott, is where the developing child's future relationship to the outside world of reality begins.

A good enough 'fit' between mother and baby at the beginning means that her ego supports his existence while he lays down the foundations of his personality structure. Most mothers intuitively know their baby needs an illusion of omnipotence. (He creates what he needs by just having an idea of it in his mind.) They

provide a 'live adaptation to their baby's needs' for long enough, through the natural phenomenon of 'Primary Maternal Preoccupation' (pmp).¹ He writes that a baby must experience enough omnipotence (we know it as an illusion), before he can hand over his omnipotence to someone outside himself.²

This 'pmp', which would be an obsessional illness in any other context, is naturally grown out of by mothers as they pick up the threads of their former life. It is necessary for the baby too, that the mother should gradually fail to be perfectly in tune. Holding the baby for too long in her orbit means that he cannot begin to articulate his needs. Parents know innately that their baby needs to slowly begin to move away and explore the world, secure that mother is a base to which to return.

Gradual disillusionment, including the weaning process, is a task the mother has to perform for her baby towards the end of the first year. Her feelings about this may be ambivalent, depending on her own experience of loss and separation. Weaning is a type of loss, for both, of the special closeness shared by mother and baby. His readiness for this is expressed in play of dropping things and demanding their return. He can risk letting go and know all is not lost.

Winnicott stresses that this process, including tolerance of mother's longer absences, should proceed gradually, at a pace the baby can tolerate. It can only happen in a healthy manner on a foundation of previous 'illusion'; "... the mother cannot deprive the child of herself ... unless she has first meant everything to the child."³

A move into the stage of 'relative dependence' follows, where the baby begins to be aware of and to tolerate the mother's absence for increasingly longer periods of time and to be able to rely on the father and other members of the family. Prior to this he has become aware of his need for her and shows extreme distress at her absence for a longer time than he can hold her image in his mind. His move to perceive mother as separate and not under his omnipotent control is helped by his adoption of a 'transitional object' (Winnicott's concept of what the baby uses to fill the space between himself and the all-important mother in her absence). He chooses something – a teddy or blanket – to recreate in some way his experience of mother's presence.

Parents know of the importance of not going away for any significant period without the precious object, and of not altering it. What is important is that the baby himself choose this object from those he is enabled to find lying around (an idea Winnicott returns to in the area of morality). This 'transitional space' later becomes the location of art, religion, cultural and other creative pursuits.

This area of disillusionment or weaning is especially liable to suffer 'muddle' in the baby's immature mind. Usually a mother knows that a baby can only deal with one change at a time. She wisely avoids other significant happenings, such as moving, etc., during this period. Unavoidable losses, like separations or bereavement, during the period between (approximately) six months and three years, (when the child can understand simple language) can cause confusion in the child's mind between the external event and his normal angry reaction to shifts in his relationship with his mother, and his perception of the importance of his father in mother's life. Reasonable success, in the gradual introduction of the baby to a world of external reality which can meet his needs in a 'good enough' manner, helps him move from 'need' to 'desire'.

Presenting the world to her child in small doses, (Object-presenting), is usually accomplished in an unconscious and natural manner by the mother, and also the father, who can present a more exciting aspect of the outer world to his child. As well as letting him see aspects of herself that have other interests outside of him, she gradually introduces him to other people and experiences. The idea is to let him 'taste' these like new foods without him being overwhelmed or muddled. As he experiences desire and anger in his developing relationship with the wider world, he also needs his parents' help in managing his conflicting emotions.

Winnicott described the instinctual experience of the child as "breaking down the baby's efforts to gain love through compliance",⁴ and the importance of the parents' acceptance of these, which does not mean they have to accept every expression of them, without limit. He writes: "The intensity of infant feelings recurs in the intensity associated with psychotic symptoms."⁵

He was describing how in mental illness there is a re-experience of feeling-states which were denied admission to the 'self' because of the rational context in which the child found himself at the time.

The infant's love impulses are initially 'ruthless', without concern for his mother as he energetically bites her nipple or tugs her hair. She does not yet let the baby see her reaction to hurt, for now she welcomes this 'attack' which tells her the baby is satisfied with what she offers him. Echoes of this ruthlessness return in excited horseplay; mother and father get hurt, but succeed in protecting themselves. Parents can now begin to show when they have had enough, while also allowing their child an opportunity to repair the damage he fantasises having done in his excited states.

The innate aggressiveness which Winnicott distinguished from angry aggression against a person who has frustrated him, derives from an innate motility or vitality that begins in the womb; an expression of the baby's need to 'meet up' against something, and so feel its own power of movement against that object. Later, when it sees mother as separate, this assertive aggression is also expressed in anger, which is healthy. "Anger means that the child has got as far as believing in something or someone to be angry with." The mother is needed to accept the anger without retaliating i.e. without seriously altering her attitude to her child. If the mother radically changes or disappears, the child experiences it as emotionally disastrous because he experiences his anger as deadly. His need is for her to survive intact. When such anger has not been received or allowed to be mended, it may result in the child fearing his own anger and becoming compliant rather than spontaneous, generating a false self.

Of course, total absence of irritation is not implied for the parent. On balance the child needs to experience more of a loving tolerance and certainly an absence of retaliation. The father's presence is helpful as a support and as an alternative focus for the child's anger which he can perceive as too much to unleash on his loved mother.

Gradually, as parents enable their child to experience that both the mother who tolerates his anger and his fantasy that she is a 'bad object' when she frustrates him, and the mother who makes the world a safe place for him, are one and the same person, the child begins to bring together in himself his loving and angry feelings. Integration of the personality is underway. Parents who can hold reality for their child, especially the reality of their own good feelings alongside their human limitations, as well as his good and bad potential, until he can take over this function, are helping him to come to terms with a world that can be sometimes

gratifying, sometimes frustrating, but essentially good enough to realise some of his desires. Fairytales and nightmares are all part of this modifying of the extreme division between monsters and angels. "The mother ... (and father) ... alter the quality of a small child's fears by being a human being".⁷

During this move from 'absolute' to 'relative' dependence, what the child most needs from both his parents is congruence and a gradual cushioning of his growing awareness that he is not, after all, "His Majesty the Baby", the world and the people in it are outside his omnipotence. This is an area, frequently re-experienced in psychotic states if such integration has been seriously disturbed in early life.

Congruence is important. Winnicott maintains that a child can tolerate negativity openly expressed from his parents; mother's ambivalence matches his own. What is intolerable is unconscious negativity that is covered by its opposite, extreme but false tenderness. This is the double-bind that generates psychological disturbance. Along with speech comes the development of the child's imagination, and the ability to experience concern. This stage, following earlier ruthlessness where mother is 'loved to bits', evolves out of guilt for hurt inflicted, real or imagined. The parent who is able to recognise that what is going on in the child's imagination is more important than objective facts, will be more easily able to allow both anger and the very important subsequent gesture of reparation. This forms the basis for a future sense of having something to contribute to society.

A more complex stage of development is reached when a child experiences grief and sadness. The child needs the parent to be just quietly around and not distract him from his sadness, until he naturally recovers, secure in still being loved. In time the child will learn to distinguish what he is responsible for from what he feels responsible for.

The alternative experience of grief or anger unrecognised or unresolved leads to a person carrying around a sense of unfinished emotional business in later life. A parent's sensitivity to her child's need for her not to disappear at a critical uncomfortable moment helps here. The toddler who has a raging tantrum and who does not need to lose face (autonomy), yet to be reconciled in his own time, is a familiar experience around age two to three years. Usually, if all has gone fairly well, latency offers a period of calm respite from developmental challenges.

Adolescence

This is the next trying time for both parents and adolescent, not only because of the sexual tensions and concern over body image. Issues of identity, loyalty to the peer group, occur in a context of idealism and immaturity with its accompanying lack of responsibility. This puts the onus on all concerned to wait for maturity and the concurrent gradual disillusionment of adolescent ideals as they face the real world. One can see a recurrence of tasks of the toddler stage in the black-and-white world of the adolescent, this time in a body with strength, skills and developing sexuality, together with a mind with know-how and an often obsessional intellectual ability.

Apart from endless patience, what is needed from parents is maintenance of certain minimum boundaries, an adult who tries to understand the young person's outrageous demands, who can survive with his or her own view of the world intact and who is willing to carry responsibility for the adolescent until he is ready to

assume it. Premature abdication by parents leads to the young person having to adopt a false maturity and so forfeit their necessary time of idealistic dreaming and spontaneous action contained by a parental boundary.

Confrontation is an important experience belonging to this time and must be personal, as the adolescent needs to be met by a live, strong adult who is not jealous or vindictive. Then their movement to independence involving the demotion of the parents as authority figures goes hand-in-hand with a mature dependence on a parent who survives. An impersonal moral code, religious or otherwise is no substitute for this. Winnicott writes: "To the child who develops 'belief in', can be handed the god of the household or of the society that happens to be his". Without this 'belief in' i.e. trust, any god is experienced as a gimmick, or worse, evidence of the parents' lack of confidence in the unknown aspect of their own child's development process.

Conclusion

One can discern Winnicott's emphasis on parenting as being, not perfect, but 'good enough' to facilitate the emergence of spontaneous and creative expression in the child alongside a moral sense based on concern for the effect of his actions on parents and others in his environment. Development of a belief in his capacity for reparative and constructive activity in the world will be based on this and lead to an innate sense of responsibility and wish to contribute to the collective creative effort of humankind. The main demand of parents is that they be around long enough and be secure enough in themselves to survive emotionally 'intact', for the child to reach each stage at his own pace without forcing beyond his own developmental capacity.

Basically, what this means is being themselves, human and accepting of their child's human nature in all its aspects. Psychotherapy for patients with a distorted sense of self aims to echo some of the parental dynamics involved in normal child-care; reliability, consistency and congruence along with intact survival. Though not a re-parenting, this does provide a safe containing space for the re-living and transforming of dissociated emotional experiences which could not come to consciousness at the appropriate time in childhood.

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3. *CFOW* p.91.
4. *CFOW* p. 101.
5. *CFOW* p.50.
6. *CFOW* p.99.
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8. Ch.8 *MPFE* "Morals & Education", p. 93.

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