



# WINNICOTT'S BABIES AND WINNICOTT'S PATIENTS

Psychoanalysis as Transitional Space

Margaret Boyle Spelman

ROUTLEDGE



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Transitional Space

*Margaret Boyle Spelman*

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*For Ciana, Cara, Conor, and Claire*



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## PREFACE

This book marks many beginnings. It retraces the beginning of my personal journey as a psychoanalytic psychotherapist and my simultaneous discovery of the thinking of D. W. Winnicott (1896–1971), paediatrician, psychiatrist, psychoanalyst, communicator, broadcaster, and writer.

This discovery, which is a continuing process, was of very great help to me then—and still is. My hope for this book is that it will facilitate others with their own versions of these kinds of beginnings. The other types of beginnings that might be the case here include a retracing of one's own beginnings in life, or of one's life as a parent, whether one is actually at the beginning of that career or at a progressed stage.

I found Winnicott's thinking to be of tremendous help to me when first I was a beginner psychotherapist. (I hope that I still am a beginning psychotherapist in my outlook!) My discovery of Winnicott's writing helped me distinguish my emerging working life at the time from my previous professional life as a clinical psychologist, often working with children of the nought to five age group and their parents.

It has been noted that with Winnicott's thinking, everyone has, and needs to have, his or her own personal response. It has often been said that everyone has their own "Winnicott". I hope that in sharing some of

my early personal response to Winnicott that I will facilitate the reader in developing his or her own.

Also, because the prospect of doing a first baby observation was a daunting one, I include notes on a fictionalised composite baby observation in the hope that it is helpful in bringing Winnicott's thinking alive. My experience of baby observation has been a truly joyful one—and particularly in the case most featured here—but I know that I have been very fortunate and perhaps unusual in this. It is important to note that it is not always that way. Not only positive feelings of pleasure and joy are induced in the observer by what is observed.

It was a little strange for me going into what was ostensibly a familiar situation. I say "familiar" because in my life as a psychologist I had for years gone to see mothers and their very young child, or baby, at home—often making several visits of this kind in a week. I would arrive with my Bayley Infant Scales or equivalents, casually referred to as my "box of tricks", and occasionally accompanied by a psychologist in training. But those visits, with the emphasis on providing structured immediate support to the parents—and focusing on the baby's intellectual and adaptive development—seem as though they were in a parallel universe of a kind because here in the baby observation situation, although the scene was outwardly identical, there was a new emphasis and a new role. I was simply there to observe and the emphasis was on the emotional rather than developmental life of the infant. The vista was at once familiar and yet so profoundly new and scary, but nevertheless exhilarating.

In this book, I compare the "good enough" situation of the baby to early situations where there is a degree of what Winnicott refers to as "environmental deficit". These situations are looked at here in retrospect in the situation where they have ultimately resulted in an adult attending for psychotherapy. When discussing the therapy situation, I refer to "the therapist" of the theoretical discussion and "the therapist" of the clinical example. This means that I am sometimes referring to myself in the third person, as "the therapist". I do this so that the theoretical discussion and the clinical examples run together smoothly and I hope that it is not too distracting.

The example of the "good enough" situation of the baby is comprised here of a fictionalised/composite baby observation involving the fictionalisation and amendment of one particular baby observation, with added features which have arisen in others and from baby visits

made for other reasons at other times. The baby observation provides an opportunity to look at the original developmental situation and to bring it fully alive. The adult examples allow us to view the deficit situation in the clinical/therapeutic situation. The first involves the "nursing couple" and the second involves the "analytic couple" or "therapeutic couple".

As I write, I feel privileged and grateful to my patients for the intimate view of their lives which they have shared in the course of their therapy. I am also very grateful to the family of the baby observation mostly involved here and to all the families who, in the course of my work, helped my learning. I wish to gratefully salute those families everywhere who volunteer to share this precious time in their family's and in their baby's life, and to acknowledge the very great value of what they contribute to the continued investigation of human nature and also to the business of making competent psychotherapists and psychoanalysts.



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## INTRODUCTION

Donald Woods Winnicott died in 1971 at the age of seventy-five, but his legacy is growing in importance. What accounts for this? What is it that makes Winnicott's thinking helpful and what is so special about his approach? What distinguishes it from what has gone before? This book attempts to go some way towards answering these questions. It also gives something of the experience of discovering Winnicott's thinking through a baby observation and through glimpses of the infant who remains and manifests in the adult patient.

One of the distinguishing features of Winnicott's thinking is that for him it is the relationship between the first dyad, commonly known as the mother and the baby together, which is of central importance to the formation of the individual person (or subject), to the particular nature of human experience, and to the nature of the relation to loved ones (or objects).

In psychoanalysis as it was developed by Freud, it is very clear that it is the Oedipus complex that is of great importance. We are told that for Freud the first phase of the baby's development is autoerotic, with the baby taking himself as the object of his own affections in what is called "primary narcissism". Eventually, by virtue of the pleasure experienced in feeding, the baby leaves autoeroticism and narcissism and takes the

mother as his first love object and we have the beginnings of what is called object relations. Freud saw this first relation as the basis for all other love relationships—he considered this process to be a universal phenomenon.

Yet this first situation with the mother and the baby cannot continue indefinitely. In Freud's formulation a triangular situation ensues where the father intervenes to separate the baby from the mother. It is generally considered that this process ultimately helps the baby to take up an acceptable position in life which eventually leads to his being a distinct and law-abiding member of society.

In Freudian thinking, this model is internalised within the individual baby as the ego ideal and the superego, and the sexual instincts are then channeled such that they do not incur censure. This last statement summarises the process of sublimation, which is Freud's explanation for the non-climactic behaviours of daily experience. The explanation provided by the idea of sublimation was not adequate for Winnicott.

For Freud, psychoanalysis deals with neurosis, and all psychoneurotic illness has its origin in this triangular oedipal situation. The importance of the dyadic relation of the baby with the mother neither received the same emphasis in Freud's thinking nor did he attend sufficiently, in Winnicott's view, to an exploration of the nature of this first relationship and the traces that it leaves in the psyche.

Many questions remained for Winnicott: how does the baby get from this unintegrated autoerotic state at the beginning, to the one of Freud's emphasis, in which he is resigned to the facts that he cannot rival his father's affections for his mother and that he must wait for a similar relationship of his own in adulthood? What are the developmental stages that intervene? How does the baby get from a state in which he cannot tell the difference between his mother and himself, to this psychogenic stage in which he sees that he is one separate entity in a situation involving two others and in which he recognises that one of these, like himself, has a penis and one does not? It is difficult to see how the baby's subjectivity comes about or how this developmental stage manifests in analysis. For Winnicott, it sometimes seemed that Freud saw the significance of this stage as simply setting the scene for the important Oedipal stage.

Winnicott felt that there was a gap in Freud's theory at this developmental point. He felt that Freud was unclear and inconsistent in his explanations of what happens between autoeroticism and the first

that she enjoyed this stage of her life so much, made the task of saying goodbye to her child's babyhood at least as difficult as the welcoming of it. Overall, I consider the infant observation presented here as an example of a "good enough" experience. I believe that for the healthy development of her baby, this mother provided a facilitating environment which contrasts in an obvious way to the deficiencies in the environments of the examples from my adult cases, which are included.

Whilst the infant observation represents the "good enough" "ordinary devoted mother" and the developmental situation, the clinical examples represent the analytic space and those difficulties that result from deficient and non-facilitating environments. Although the baby observed in this infant observation is a girl, I have decided to observe Winnicott's convention of referring to the baby as "he" in the course of my theoretical discussion.

### *The book plan*

In [Chapter One](#), I look briefly at the roots of Winnicott's thinking in the work of Freud and Klein, his two main recognised psychoanalytic influences, and at the general climate which influenced him in the area of child development. It is worth remembering here that the proper and conventional referencing of the writing of those who influenced Winnicott was something of a weak spot for him and something that he knew, towards the end of his life, was important but which continued to be an area of special difficulty for him.

After this [first chapter](#), further chapters are developed along the lines of the three stages of dependence posited by Winnicott: "absolute dependence", "relative dependence", and "towards independence".

In [Chapter Two](#), I give an in-depth examination of Winnicott's idea of absolute dependence and look at those concepts he considered to be most pertinent to the laying down of the boundary of "self" in its original setting of the nursing couple. Here too, I look at the foundation which is a prerequisite for the growth of transitional space and then, also, we examine the difficulties to do with this stage as they manifest in the treatment room. In this way the parallel between the analytic and developmental spaces is explored with particular reference to the concepts of holding, being, primary maternal preoccupation, and setting.

In [Chapter Three](#), I explore the transitional nature of the space that emerges between the mother and the baby. We see here that the central