

D. W. WINNICOTT

Babies and



Edited by
CLARE WINNICOTT
RAY SHEPHERD
MADELEINE DAVIS


A Merloyd Lawrence Book



Their Mothers

Introduction by Benjamin Spock, M.D.



Addison-Wesley Publishing Company, Inc.

READING, MASSACHUSETTS MENLO PARK, CALIFORNIA
NEW YORK DON MILLS, ONTARIO WOKINGHAM, ENGLAND
AMSTERDAM BONN SYDNEY SINGAPORE
TOKYO MADRID BOGOTÁ SANTIAGO SAN JUAN

Copyright Notice

This extract is copied under CLA licence.

This extract is made available by the Heythrop Library for students enrolled on courses with the London Jesuit Centre.

You must not further copy or make this this extract available, either electronically or in hard copy, to anyone else.

Heythrop Library
2021

CHAPTER NINE



Communication Between Infant and Mother, and Mother and Infant, Compared and Contrasted

IN the first lecture of this series Dr. Sandler has been talking about the nature of psychoanalysis. In the next two lectures you will hear about unconscious communication as between parents and children and as between husband and wife. Here in this lecture I am talking about communication between infant and mother.

You will already have noted that the word *unconscious* does not appear in my title.¹ There is an obvious reason for this. The word *unconscious* would apply only to the mother. For the baby there is not yet a conscious and an unconscious in the area that I wish to examine. What is there is an armful of anatomy and physiology, and added to this a potential for development into a human personality. There is a general tendency towards physical growth, and a tendency towards development in the psychic part of the psycho-somatic partnership; there are in both the physical and the psychological

¹ See preliminary notes written for this paper, p. 107. Eds.

BABIES AND THEIR MOTHERS

areas the inherited tendencies, and these inherited tendencies on the psyche side include those that lead towards integration or the attainment of wholeness. The basis for all theories about human personality development is continuity, the line of life, which presumably starts before the baby's actual birth; continuity which carries with it the idea that nothing that has been part of an individual's experience is lost or can ever be lost to that individual, even if in various complex ways it should and does become unavailable to consciousness.

If the inherited potential is to have a chance to become actual in the sense of manifesting itself in the individual's person, then the environmental provision must be adequate. It is convenient to use a phrase like "good-enough mothering" to convey an unidealized view of the maternal function; and further, it is valuable to hold in mind the concept of absolute dependence (of baby on environment), rapidly changing to relative dependence, and always travelling towards (but never reaching) independence. Independence means autonomy, the person becomes viable, as a person as well as physically (a separate unit).

This scheme of the developing human being allows for the fact that at the beginning the baby has not separated off what is not-ME from what is ME, so that in the special context of early relationships the behaviour of the environment is as much a part of the baby as is the behaviour of the baby's inherited drives towards integration and towards autonomy and object-relating, and towards a satisfactory psychosomatic partnership.¹

¹ It surprises some people to be told that a baby's inherited tendencies are external factors, but they are as clearly external to the baby's person as is the mother's capacity to be a good-enough mother, or her tendency to become hampered in what she is doing because of a depressed mood.

COMMUNICATION BETWEEN INFANT AND MOTHER

The most precarious part of the complex that is called a baby is the baby's cumulative experience of life. It really does make a difference whether I am born to a bedouin where the sand is hot, or to a political prisoner in Siberia, or to a merchant's wife in England's damp but beautiful west country. I may be conventionally suburban, or illegitimate. I may be an only child, an oldest child, or the middle one of five, or the third boy of four boys in a row. All this matters and is part of me.

Like Valdar the Of-born, an infant is born all of various ways with the same inherited potential, but from the word *Gol experiences* and gathers experiences according to the point in time and space where he or she appears. Even being born: once it was with the mother squatting, and gravity drew the baby to the centre of the world; and another time the mother was unnaturally laid out on her back, prepared as if for an operation, and she had to shove as if at stool, because gravity only pulled the baby sideways. In one birth the mother got tired of shoving, and developed uterine inertia, and so she put everything off till tomorrow morning. So she had a good sleep, but the baby, already alerted for the high dive, had to wait for ever. This had a terrible effect, and for the whole of life that person was claustrophobic and intolerant of the uncharted interval between events.

The point is perhaps made that some kind of communication takes place powerfully from the beginning of each human individual's life, and whatever the *potential* the *actual experiential* build-up that becomes a person is precarious; development can be held up or distorted at any point, and indeed may never manifest itself; in fact, dependence is at first absolute.

It will be observed that I am taking you to a place where verbalization has no meaning. What connection can there be,

BABIES AND THEIR MOTHERS

then, between all this and psychoanalysis, which has been built on the process of verbal interpretations of verbalized thoughts and ideas?

Briefly, I would say that psychoanalysis had to start on a basis of verbalization, and that such a method is exactly appropriate to the treatment of a patient who is not schizoid or psychotic; that is, whose early experiences can be taken for granted. Usually we call these patients psychoneurotic, to make it clear that they do not come to analysis for correction of very early experience, or for first-time early experiences which have been missed out. Psychoneurotic patients have already come through the early experiences well enough, with the consequence that they have the privilege of suffering from personal inner conflicts and from the inconvenience of the defences they have had to set up in themselves to deal with anxiety related to the instinctual life, the chief defence being repression. These patients are bothered by the work they have to do keeping the repressed unconscious repressed, and they find relief during psychoanalytic treatment in the new simplified experiences, samples carefully chosen day by day by themselves (not deliberately of course) for confrontation in terms of the ever-shifting transference neurosis.

By contrast, in our analytic investigations, the very early phenomena come forward as primary features in two ways: firstly in the schizoid phases that any patient may pass through, or in the treatment of actually schizoid subjects (this is not my subject here and now); and secondly in the study of the actual early experiences of babies just about to be born, being born, being held after birth, being cared for and communicated with in the early weeks and months long before verbalization has come to mean anything.

What I am trying to do here, therefore, is to look at this

COMMUNICATION BETWEEN INFANT AND MOTHER

one thing, the early life experience of every baby, with special reference to communication.

In terms of my hypothesis, at first there is absolute dependence, and the environment does indeed matter. Then how can it be that any baby comes through the complexities of the early developmental phases? It is certain that a baby cannot develop into a person if there is only a non-human environment; even the best machine could never provide what is needed. No, a human being is needed, and human beings are essentially human — which means imperfect — free from mechanical reliability. The baby's use of the non-human environment depends on the previous use of a human environment.

How then can we formulate a description of the next stage which concerns the baby's experience of life when in a state of absolute dependence?

We can postulate a state in the mother³ — a psychiatric state, like withdrawal or concentration — this is something that (in health) characterizes her when she is getting towards the end of her pregnancy, and which lasts for some weeks or months after the event. (I have written about this, and I have given it a name — *Primary Maternal Preoccupation*.)⁴

We must assume that the babies of the world, past and present, have been and are born into a human environment that is good enough, that is, into one that is adaptive in just the right way, appropriately, according to the baby's needs.

Mothers (or mother-substitutes) seem to be able to reach this state, and it may help them if they can be told that it

³ When I say mother I am not excluding father, but at this stage it is the maternal aspect of the father that concerns us.

⁴ (1936) In *Collected Papers: Through Paediatrics to Psychoanalysis*. London: Tavistock Publications Ltd. New York: Basic Books, 1958.

BABIES AND THEIR MOTHERS

only lasts a while, that they recover from it. Many women fear this state and think it will turn them into vegetables, with the consequence that they hold on to the vestiges of a career like dear life, and never give themselves over even temporarily to a total involvement.

It is likely that in this state mothers become able in a specialized way to step into the shoes of the baby — I mean — to almost lose themselves in an identification with the baby, so that they know (generically, if not specifically) what the baby needs just at this very moment. At the same time, of course, they remain themselves, and they are aware of a need for protection while they are in this state which makes them vulnerable. They assume the vulnerability of the baby. They also assume that they will be able to withdraw from this special position in the course of a few months.

So it happens that babies usually do experience optimum conditions when absolutely dependent; but it follows that a certain proportion of babies do *not*. I am saying that these babies who do not experience good enough care in this way do not fulfill themselves, even as babies. Genes are not enough.

Without pursuing this topic I must deal with one more complication that is obstructing the evolution of my argument. It concerns the essential difference between the mother and the baby.

The mother has of course herself been a baby. It is all in her somewhere, the experiential conglomerate, with herself dependent and gradually achieving autonomy. Further, she has *played* at being a baby, as well as at mothers and fathers; she has regressed to baby ways during illnesses; she has perhaps watched her mother caring for younger siblings. She may have had instruction in baby-care, and perhaps she has read books, and she may have formed her own ideas of right

COMMUNICATION BETWEEN INFANT AND MOTHER

and wrong in baby-management. She is of course deeply affected by local custom, complying or reacting, or striking out as an independent or a pioneer.

But the baby has never been a mother. The baby has not even been a baby before. It is all *a first experience*. There are no yardsticks. Time is not measured by clocks or by sunrise and sunset so much as by the maternal heart and breathing rates, by the rise and fall of instinct tensions, and other essentially non-mechanical devices.

In describing communication between baby and mother, then, there is this essential dichotomy — the mother can shrink to infantile modes of experience, but the baby cannot blow up to adult sophistication. In this way, the mother may or may not talk to her baby; it doesn't matter, the language is not important.

Just here you will want me to say something about the inflections that characterize speech, even at its most sophisticated. An analyst is at work, as it is called, and the patient is verbalizing and the analyst is interpreting. It is not just a matter of verbal communication. The analyst feels that a trend in the patient's material that is being presented calls for verbalization. Much depends on the way the analyst uses the words, and therefore on the attitude that is at the back of the interpretation. A patient dug her nails into the skin of my hand at a moment of intense feeling. My interpretation was: "Ow!" This scarcely involved my intellectual equipment at all, and it was quite useful because it came *immediately* (not after a pause for reflection) and because it meant to the patient that my hand was alive, that it was part of me, and that I was there to be used. Or, shall I say, I can be used if I survive.

Although psychoanalysis of suitable subjects is based on verbalization, nevertheless every analyst knows that along

with the content of interpretations the attitude behind the verbalization has its own importance, and that this attitude is reflected in the nuances and in the timing and in a thousand ways that compare with the infinite variety of poetry.

For instance, the non-moralistic approach, which is basic to psychotherapy and to social work, is communicated not in words, but in the non-moralistic quality in the worker. It's the positive of the music-hall song whose refrain goes: "It's not exactly what she says, it's the nasty way she says it."

In terms of baby-care, the mother who feels like it can display a moralistic attitude long before words like "wicked" make sense to the baby. She may enjoy saying: "Damn you, you little bugger" in a nice way, so that she feels better and the baby smiles back, pleased to be burred at. Or, more subtly still, what about: "Hushabye baby on the tree tops," which isn't very nice verbally, but forms a quite sweet lullaby?

It is even possible for a mother to show her baby, who has no language yet, that she means: "God will strike you dead if you mess yourself when I've just cleaned you up," or the quite different: "You can't do that there 'ere!" which involves a direct confrontation of wills and personalities.

What then is communicated when a mother adapts to her baby's needs? I now refer to the concept of *holding*. There is a valuable economy in the use, even exploitation, of the term *holding* in description of the setting in which major communications take place at the beginning of a baby's experience of living. If I adopt this line, exploiting the concept of holding, then we have two things — the mother holding the baby, and the baby being held and rapidly going through a series of developmental phases which are of extreme importance for the establishment of the baby as a person. *The*

COMMUNICATION BETWEEN INFANT AND MOTHER

mother does not need to know what is going on in the baby. But the baby's development cannot take place except in relation to the human reliability of the holding and the handling.⁵

We could examine the pathological or the normal, and as it is simpler to examine the normal I will adopt this one of the alternatives.

The mother's capacity to meet the changing and developing needs of this one baby enables this one baby to have a line of life, relatively unbroken; and enables this baby to experience both unintegrated or relaxed states in confidence in the holding that is actual, along with off-repeated phases of the integration that is part of the baby's inherited growth tendency. The baby goes easily to and fro from integration to the ease of relaxed unintegration and the accumulation of these experiences becomes a pattern, and forms a basis for what the baby expects. The baby comes to believe in a reliability in the inward processes leading to integration into a unit.⁶

As development proceeds, and the baby has acquired an inside and an outside, then the environmental reliability becomes a belief, an introject based on the *experience of reliability* (human, not mechanically perfect).

Is it not true that the mother has communicated with the baby? She has said: "I am reliable — not because I am a machine, but because I know what you are needing; and I care, and I want to provide what you need. This is what I call love at this stage of your development."

⁵ "The Theory of Parent-Infant Relationship." (1960) In *The Maturation Processes and the Facilitating Environment*. London: Hogarth Press and the Institute of Psychoanalysis, 1965.

⁶ "Primitive Emotional Development" (1945) In *Collected Papers: Through Pathways to Psychoanalysis*. London: Tavistock Publications. New York: Basic Books, 1958.

BABIES AND THEIR MOTHERS

But this kind of communication is silent. The baby does not hear or register the communication, only the effects of the reliability; this is registered in terms of on-going development. The baby does not know about the communication except from the effects of *failure* of reliability. This is where the difference comes in between mechanical perfection and human love. Human beings fail and fail; and in the course of ordinary care a mother is all the time mending her failures. These relative failures with immediate remedy undoubtedly add up eventually to a communication, so that the baby comes to know about success. Successful adaptation thus gives a sense of security, a feeling of having been loved. As analysts we know about this because we are all the time failing, and we expect and get anger. If we survive we get used. It is the innumerable failures followed by the sort of care that mends that build up into a communication of love, of the fact that there is a human being there who cares. Where failure is not mended within the requisite time, seconds, minutes, hours, then we use the term *deprivation*. A deprived child is one who, after knowing about failures mended, comes to experience failure unmended. It is then the lifework of the child to provoke conditions in which failures mended once more give the pattern to life.

You will understand that these thousands of relative failures of normal life are not to be compared with gross failures of adaptation — these do not produce anger because the baby is not organized yet to be angry about something — anger implies keeping in mind the ideal which has been shattered. These gross failures of holding produce in the baby *unthinkable anxiety* — the content of such anxiety is:

- (1) Going to pieces.
- (2) Falling for ever.

COMMUNICATION BETWEEN INFANT AND MOTHER

- (3) Complete isolation because of there being no means for communication.
- (4) Disunion of psyche and soma.

These are the fruits of *privation*, environmental failure essentially unmended.

(You will see that I have not had time to talk about communication with the intellect, even the rudimentary intellect of the baby; I must be contented with my references to the psyche half of the psycho-somatic partnership.)

It is not possible to think of *gross* adaptive failures as a form of communication. We do not need to teach a baby that things can go very wrong. If things go wrong and are not very soon mended, then the baby has been permanently affected, distorted in terms of development, and communication has broken down.

ELABORATION OF THEME

Perhaps I have said enough to draw attention to the silent early communications, in their basic form. I would say a little more by way of giving guidelines.

(a) The liveness of the intercommunication between mother and baby is maintained in special ways. There is the movement that belongs to the mother's breathing, and the warmth of her breath, indeed the smell of her which varies a great deal. There is also the sound of her heart-beat, a sound well-known to the baby, in so far as there is a person there to know anything before birth.

An illustration of this basic physical communicating is in the rocking movement, with the mother adapting her movements to those of the baby. Rocking insures against depersonalization or loss of the psycho-somatic partnership. Do

BABIES AND THEIR MOTHERS

not babies vary in their rocking rate? Is it not possible that a mother may find one baby's rocking rate too quick or too slow for natural as opposed to contrived adaptation? In describing this group of phenomena we can say that communication is in terms of mutuality in physical experience.

(b) Then there is playing. I do not mean fun and games, or jokes. The interplay of mother and baby gives an area that could be called common ground, shall I say a Tom Tiddler's ground, the no-man's-land that is each man's land, the place where the secret is, the potential space which may become a transitional object,⁷ the symbol of trust and of union between baby and mother, a union which involves no interpenetration. So: not to forget playing, where affection and enjoyment in experience are born.

(c) And then there is much that could be said that has to do with the baby's use of the mother's face. It is possible to think of the mother's face as the prototype of the glass mirror. In the mother's face the baby sees him- or herself. If the mother is depressed or is preoccupied with some other play, then, of course, all that the baby sees is a face.⁸

(d) From here and from these silent communications we can go over to the ways in which the mother makes real just what the baby is ready to look for, so that she gives the baby the idea of what it is that the baby is just ready for. The baby says (wordlessly of course): "I just feel like . . ." and just then the mother comes along and turns the baby over, or she comes with the feeding apparatus and the baby becomes able to finish the sentence: "... a turn-over, a breast,

COMMUNICATION BETWEEN INFANT AND MOTHER

nipple, milk, etc., etc." We have to say that the baby created the breast, but could not have done so had not the mother come along with the breast just at that moment. The communication to the baby is: "Come at the world creatively, create the world; it is only what you create that has meaning for you." Next comes: "the world is in your control." From this initial *experience of omnipotence* the baby is able to begin to experience frustration and even to arrive one day at the other extreme from omnipotence, that is to say, having a sense of being a mere speck in a universe, in a universe that was there before the baby was conceived of and conceived by two parents who were enjoying each other. Is it not from *being God* that human beings arrive at the humility proper to human individuality?

Finally, it may be asked, to what end is all this talk about babies and mothers? I want to say that it is *not* that we need to be able to tell mothers what to do, or what to be like. If they aren't, well we can't make them. We can of course avoid interfering. But there can be a purpose in our thinking. If we can learn from mothers and babies we can begin to know what it is that schizoid patients need of us in their peculiar kind of transference, if a treatment is in progress. And there is a feedback; from schizoid patients we may learn how to look at mothers and babies and to see more clearly what is there. But *essentially* it is *from* mothers and babies that we learn about the needs of psychotic patients, or patients in psychotic phases.

It is at these early stages of intercommunication between baby and mother that the mother is laying down the basis for the baby's future mental health, and in treating mental ill-health we necessarily come across the details of early failures of facilitation. We meet the failures, but (remember!) the successes appear in terms of the personal growth that suc-

⁷ "Transitional Objects and Transitional Phenomena," (1951) In *Through Paediatrics to Psychoanalysis*. London: Tavistock Publications. New York: Basic Books, 1958.

⁸ "Mirror-role of Mother and Family in Child Development," (1967) In *Playing and Reality*. London: Tavistock Publications, 1971.

BABIES AND THEIR MOTHERS

cessful environmental provision made possible. For what the mother does when she does well enough is to facilitate the baby's own developmental processes, making it possible for the baby to some extent to realize inherited potential.

All we do in successful psychoanalysis is to unhitch developmental hold-ups, and to release developmental processes and the inherited tendencies of the individual patient. In a peculiar way we can actually alter the patient's past, so that a patient whose maternal environment was not good enough can change into a person who has had a good-enough facilitating environment, and whose personal growth has therefore been able to take place, though late. When this happens the analyst gets a reward that is far removed from gratitude, and is very much like that which a parent gets when a child achieves autonomy. In the context of good-enough holding and handling the new individual now comes to realize some of his or her potential. Somehow we have silently communicated reliability and the patient has responded with the growth that might have taken place in the very early stages in the context of human care.

There remains for consideration the question whether something useful can be said about the baby's communication to the mother. I am still referring to the very early stages. Certainly there is something that happens to people when they are confronted with the helplessness that is supposed to characterize a baby. It is a terrible thing to do to plant a baby on your doorstep, because your reactions to the baby's helplessness alter your life and perhaps cut across the plans you have made. This is fairly obvious but it needs some kind of restatement in terms of dependence, because although the baby is helpless in one sense, in another sense it may be said that a baby has a tremendous potential for going on living and developing and for realizing potential.

COMMUNICATION BETWEEN INFANT AND MOTHER

We could almost say that those who are in the position of caring for a baby are as helpless in relation to the baby's helplessness as the baby can be said to be. Perhaps there can be a battle of helplessnesses.

In making further reference to the baby's communication with the mother I suggest that this can be summed up in terms of creativeness and compliance. About this it must be said that in health the creative communication has priority over compliance. On the basis of seeing and reaching to the world creatively the baby can become able to comply without losing face. When the pattern is the other way round and compliance dominates then we think of ill-health and we see a bad basis for the development of the individual.

So in the end we can come down to the fact that the baby communicates creatively and in time becomes able to use what has been found. For most people the ultimate complement is to be found and used, and I suppose therefore that these words could represent the communication of the baby with the mother.

I find you;
You survive what I do to you as I come to recognize you as not-me;
I use you;
I forget you;
But you remember me;
I keep forgetting you;
I lose you;
I am sad.

[1968]