

Winnicott's theories on the influence of an infant's early environment on the development of anti-social tendencies in adolescence.

An Interpretive Literature Review

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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), or material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signed:

Date:

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Abstract

This dissertation explores the links between the infant's early environmental experience and the development of anti-social tendencies in adolescence. Using an interpretive literature review of the work of Donald Winnicott, a psychoanalyst and paediatrician, this study considers his theories on both the early infant experience and juvenile delinquency and establishes a relationship between them. It also explores the relevance of Winnicott's theories to contemporary practice in Aotearoa New Zealand. The research findings demonstrate a clear correlation between failures of the environmental provision at a stage of relative dependence and the onset of anti-social tendencies in adolescence. The study also suggests Winnicott's theories are relevant within contemporary psychoanalytically informed psychotherapeutic practice in Aotearoa New Zealand. The study offers suggestions for further research in particular with regards to Winnicott's contributions to practice within Maori models of health.

Introduction

This literature review considers how the infant's early environmental experience influences the development of anti-social tendencies in adolescence. The review is a consideration of one author's work on this subject, Donald Woods Winnicott (1896-1971), and, specifically, his concepts of delinquency and its aetiological roots being embedded in the experiences of infancy.

Winnicott was a paediatrician and psychoanalyst who rose to prominence in the 1930's. His psychoanalytic contributions were informed by his experiences as a paediatrician working with children and their families. Winnicott was trained by Melanie Klein and subscribed to the Kleinian school of psychoanalysis before eventually parting ways with Klein philosophically and establishing himself in what became to be known as the "Middle Group" of the British Psychoanalytical Society, later known as the Independent School of PPsychoanalysis (Kahr, 1996). He was instrumental in challenging the popular theories of the time, including that personality development is embedded in instinctual drives and infant fantasies. While he agreed that the concept of disturbed psychological functioning is rooted in the experiences of the earliest months of life, he believed that emotional development was inextricably tied to the early relational experiences (Rodman, 2003). Winnicott coined the phrase "the good enough mother" which described the importance he placed on the role of the mother or mother substitute in the healthy emotional development of the infant (Winnicott, 1960). His term "good enough" recognized that the mother is not perfect and, indeed that perfection is not desirable, but, rather that the "good enough mother" is able to adapt to the infant and anticipate his needs. He also suggested that the mutual adaptation of mother and infant was the cornerstone of emotional development (Abram, 2007). Failures of maternal adaptation or impingements were, in

Winnicott's opinion, inevitable however, their frequency, timing and intensity were central to the development of emotional health.

During the Second World War, Winnicott worked closely with evacuees, and it was during this time that he became interested in adolescents and the development of delinquency and anti-social behaviours. While he noted the effect of separation, loss and death on these evacuees, he also became curious about the manifestation of delinquent behaviours in some children and not others. This led him to propose that there are crucial developmental stages during which the infant's environment, rather than instinctual drives and innate personality, are predictors of anti-social traits and delinquent behaviour (Abram, 2007). These observations also led him to theorise on the differences between anti-social acts and delinquent behaviour and the implications of this for people who come into contact daily with troubled children. Winnicott is widely regarded as having deep understanding of and compassion for his young subjects, together with a practicality that has seen his theories and concepts endure.

Rationale for Study

Adolescence has long been recognised as a turbulent, difficult time of transition from child to adult. Developmental psychologist Erik Erikson described adolescence as a time for establishing a new sense of ego identity (Erikson, 1968), a search for who you are and where you fit in society (Crain, 2000). This necessarily includes searching for, exploring and discovering new experiences, testing limits and reaching new boundaries, all of which can be perplexing and frightening for the adolescent and their families, and also for society at large. The majority negotiate this period with few long lasting ill-effects however a small number of children and adolescents struggle in their quest for independence and adult status and it is these teens who are the focus of this research.

In New Zealand, treatment for conduct disorder, anti-social behaviours and delinquency has traditionally been centred on behaviour modification techniques. Social agencies in New Zealand charged with the care and protection of children and adolescents typically focus treatment on structured programmes that seek to change problematic behaviours. While the juvenile's history and trauma are acknowledged, the treatment rarely focuses on resolving the emotional wounds but rather attempts to "cure" the symptoms.

Brandchaft (2007) suggested that behaviour modification contributes to pathological accommodation instead of improving the traumatized child's ability to tolerate painful affect without resorting to destructive behaviour; and Powell (2011), stated "Many treatment programs pathologise and punish the child's best efforts to right him or herself when in a traumatic state. However well-intentioned, these interventions often produce compliance at the price of healthy development." (p. 6). Winnicott himself disparaged behaviour therapy in a letter to the editor of *Child Care News* in June 1969. He was replying to an article advocating the use of behaviour therapy in the treatment of maladjusted children to which he responded, "For Behaviour Therapy (I give it capitals to make it into a Thing that can be killed) is an easy way out. All that is necessary is for the therapists to be agreed on a morality" (Winnicott, 1969/1989, p. 559).

Winnicott condemned the oversimplification of this method of treatment and its prolific adoption by agencies, committees and ministries which he viewed as due largely to the cost saving benefits.

My own experience, both as a therapist working with conduct disordered youth as well as a foster parent to an adolescent with anti-social tendencies, has stimulated my interest in this subject. My instinct lies with Winnicott, that behaviour modification alone cannot effect change. My interest in this research has also been stimulated by my desire to see practice based on wider

evidence, and more rigorous debate and dialogue amongst those who work with disaffected youth in order to ensure that best practice does indeed mean best practice and not best affordable practice.

This study, using the methodology of an interpretive literature review aims not to rework or revise Winnicott's concepts, but to attempt to identify new understandings of the relationship between early infant experience and anti-social tendencies in adolescence as well as determining the relevance of his theories for current therapeutic practice in Aotearoa New Zealand.

Structure of Dissertation

This dissertation comprises five chapters. Chapter one describes the methodology used to conduct this research. It discusses the method as a suitable tool for this project and the philosophical underpinnings of this study. It describes the undertaking of the data collection and the process of selection and evaluation. Chapter two reviews six key concepts in Winnicott's theory of early maternal care and their implication for infant emotional development. Chapter three examines Winnicott's theories of adolescence, anti-social tendencies and delinquency. Chapter four discusses treatment options and the therapeutic implications of Winnicott's concepts and their relevance to practice in Aotearoa New Zealand today. The final chapter summarises and discusses the findings of the study and its limitations and suggests recommendations for further study.

Writing Style and Clarification of Terms

This dissertation is an interpretive study of Winnicott's work and, as the analysis and interpretation are my own (unless otherwise specified), I will be writing in the first person.

Referencing throughout is in accordance with the American Psychological Association style guidelines (6th edition).

For ease of reading I use the terms “mother” or “maternal care” to describe the primary caregiver. I also refer to the infant as “he”, in order to distinguish between baby and the mother as “she”, a convention I have adopted to create simplicity in the flow of reading.

References for all epigrams in this dissertation are in Appendix 1.

Chapter 1

Methodology and Method

“The data I need cannot be culled from a form filling questionnaire”

D.W. Winnicott

Introduction

This chapter describes the research approach to this study, the identification of the chosen methodology as an appropriate tool to conduct this research and the framework and philosophical underpinnings of the review.

Research Question

The aim of this research is to establish the relationship between early environmental failure and anti-social tendencies in adolescence in the theories of Donald Winnicott. The question posed is “How does the infant’s early environment influence the development of the anti-social tendency or juvenile delinquency?” A further aim of this study is to ascertain the relevance of Winnicott’s theories today and, specifically in Aotearoa New Zealand.

Qualitative research

Qualitative research as distinct from quantitative research is the most common method of research undertaken in psychotherapy. Psychotherapy is not easily quantifiable and research is generally conducted in order to get a deeper understanding of a subjective experience rather than a quantifiable absolute (Geddes, 2000).

Berg (2001) describes qualitative research as seeking answers to questions by studying social settings and the individuals who inhabit them. A qualitative approach to social research can provide a greater depth of understanding of observable facts within our environment. This process of enquiry aims to interpret and describe behaviour as it occurs in a social context. “Qualitative methods provide a means of sharing understanding and perception of others and how they give structure and meaning to their lives” (Berg, 2001, p.7). The intention of this research is to consider the relationship between an infant’s early environmental experiences and the development of anti-social tendencies in adolescence.

Myers (n.d) suggests that all qualitative research is based on underlying philosophical assumptions and identifies three categories: that of a positivist, interpretive or critical approach (see Figure 1).

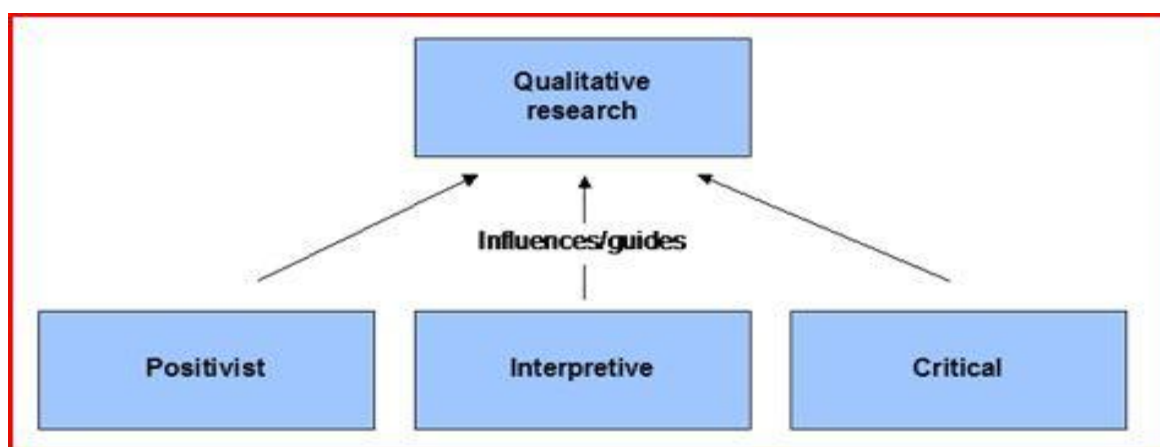


Figure 1. *Philosophical Perspectives* (Myers, n.d.).

While the three categories are philosophically distinct, Myers (n.d) argues that these distinctions are not always unambiguous and can be accommodated in one study. For this study I have chosen an interpretive review within a constructivist approach, both of which rest on the

foundations of phenomenology. (These terms are defined in the following sections of this chapter).

Phenomenology

Phenomenology was established by German philosopher Edmund Husserl who believed that scientific examination needed to take cognizance of human motivation as human actions are motivated by their perceptions (Lopez & Willis, 2004). His philosophies underpin the descriptive school of phenomenology in which the researcher suspends any preconceptions or assessments of the phenomena being studied and attempts to describe the lived experience. Heidegger, expanded on Husserl's ideas and postulated that research should go deeper than the description of core concepts to look for meanings that are not always apparent to the original participants (Lopez & Willis, 2004). It is Heidegger's phenomenology which underpins the interpretive method of research.

Interpretive phenomenology is the philosophical idea underpinning this qualitative research. Patton (2002) says phenomenological research is based on the assumption that there is a shared element to an experience and suggests it is a suitable method of studying emotional and affective experiences. The goal of phenomenological research is not to develop a model but to describe and interpret the experience (Lopez & Willis, 2004). Phenomenology attempts to get below the surface of perceptions to discover and identify how the phenomenon is experienced. It emphasises the importance of personal perspectives and interpretations and is, therefore, effective for gaining insight into people's motivations and challenging conventional assumptions. It attempts to understand how the world appears to others and how they make sense of it. A phenomenological approach is therefore considered appropriate when studying psychodynamic

and psychoanalytic concepts as psychotherapy is a subjective experience. This study is not only trying to identify how relationships effect emotional development, but also the experience of the author. The interpretive position therefore looks not only at the content but also at the implied experience.

Constructivism

Constructivism is primarily concerned with how people construct their own understanding of the world through experiencing and reflecting on experiences. It is a theory based on observation and scientific study, and postulates that people create realities through the meanings they attribute to experiences (Flick, 2009). Constructivism endeavours to make sense of the social world and views knowledge as constructed as opposed to created (Andrews, 2012). Constructivism and interpretivism share philosophical roots in that they focus on the process by which meanings are created or negotiated (Shwandt, 1994). Constructivism sees truth as made not discovered and is therefore concerned with the nature and construction of knowledge. Thus this study reflects on how Winnicott may have constructed his understanding of the phenomena of his theories at that time.

Interpretivism

The interpretive phenomenological methodology was chosen instead of a critical or systematic review as the focus of this review is to gain meaningful insight into Winnicott's theories and concepts of anti-social tendencies. It will be interpreting Winnicott's ideas and looking for relationships between them. Dunkin (1996), states that the purpose of the interpretive review is not to generate predictive theories but to facilitate a deeper understanding of the phenomenon being explored. The procedural systematic literature review which, although

deemed more rigorous due to the systematic approach, thereby lessening the possibility of bias, does not fit this research model, due to sole authorship. A systematic review generally involves multiple reviewers and is usually designed to answer questions where several primary studies exist whereas this review is concerned with reviewing one author's work with the aim of constructing and interpreting new understanding of the topic.

While this study is rooted in the interpretive paradigm, I also offer a critical lens as this gives weight to my interpretations. However, this work does not fall under a critical literature review as the main task is to gain an understanding of the aetiological roots of the anti-social phenomenon, rather than a social critique of Winnicott's writings.

Interpretivist positions are created on the theoretical basis that reality is socially constructed and changeable. Therefore, what we know is always negotiated within cultures, social settings, and relationship with other people (Angen, 2000). The challenge of interpretive work is making meaning of text rather than measuring, comparing and cohorts. Interpretive research does not follow a prescribed linear process with an answer revealed, but rather engages with the text in order to make meaning of it and to gain comprehension (Walker, 1996). Understanding and making meaning of Winnicott's writings, as well as any conjecture I make, will, inevitably be coloured by my own subjective experiences, understandings and reactions to the texts. By conceiving a reality that cannot be separate from our knowledge of it, the interpretivist paradigm supposes that researchers' values are inherent in all phases of the research process (Angen, 2000). Indeed, as noted in the epigram to this chapter, Winnicott himself wrote: "The data I need cannot to be culled from a form -filling questionnaire." He continued: "A computer cannot be programmed to give motives that are unconscious in the individuals who are the guinea pigs of an investigation." (Winnicott, 1968/1986, p.156). I am conscious, therefore, of

the fact that my review of Winnicott's theories will necessarily hold interpretations informed by my own unconscious processes, as well as my values, culture and the context I apply.

Winnicott's theories of early environmental experiences, adolescence and delinquency were all conceived within the context of his own cultural and social framework, favouring a Western interpretation of values which was typical of that era. Winnicott's work is from an age when the family make-up was more traditional, with nuclear families and stereotypical gender roles. This research is interested in the links between early environmental provision and delinquency, but also how this translates in today's society. Interpretivism and constructivism are related approaches to research that are characteristic of particular philosophical world views (Schwandt, 1994). I have chosen a constructivist approach partly as this suits my personal world view and partly because it is an appropriate methodology to research concepts within adolescence which is arguably a socially constructed phenomenon.

My interpretative stance will be from a contemporary perspective, analysing and interpreting his texts and looking for meaning within modern society.

Method

Literature Review

A literature review is the appraisal and synthesis of current knowledge of a topic as a means of gaining new understanding or identifying gaps in that knowledge (Carnwell & Daly, 2001). Literature reviews are usually used in three ways: either as preliminary stage to a larger research project, a final component of a finished research paper or, as in this case, a literature review can be an end in and of itself (Knopf, 2006).

The purpose of this literature review is to synthesise and analyse Winnicott's writings on the topics of the infant's early environment, anti-social tendencies and delinquency, and to consider the links, if any, between them. Winnicott was a psychotherapist and thinker who has been widely studied; the purpose of this dissertation is not to rework or revise his concepts, but to attempt to identify new meaning/s which may point to a direct relationship between early infant experience and anti-social traits, as well as to consider their relevance for current practice in Aotearoa New Zealand. This is congruent with Hart's (1998) submission that a literature review can be used to gain new perspectives on a topic as well as identifying relationships between ideas. He also states they are useful for rationalising the significance of the problem.

Following Hart (1998), Acheson & Bond (2011), identify three key components to a literature review:

1. A search of all the literature available on the given subject area
2. An evaluation of the literature, including its scope
3. A well-structured and argued written account of the literature that provides an overview and critique.

Hart (1998) argues, that although the literature review components appear simple, a literature review of quality requires appropriate breadth, depth, clarity and rigour and that the researcher should possess skills to identify and communicate their topic in a way that demonstrates their understanding of these concepts.

Structure of my interpretive method

Data collection

A comprehensive search of all published material by Donald Winnicott was undertaken. This included a search of Auckland University of Technology (AUT) databases and a hand search. I also consulted with my supervisor and colleagues for any texts, books or articles written by Winnicott that might be relevant to my topic. Although Winnicott's writings are my primary source of data I have also sought out biographies about Winnicott as well as searched for psychoanalytic commentaries and critiques of his work.

My literature search for all Winnicott's works began by using the databases available through the AUT library. My initial search was conducted in the Psychoanalytic Electronic Publishing (PEP) and PsychINFO databases. I conducted the search using Winnicott as author and repeated it with Winnicott as title. This returned the following result:

PEP: Author: (42). Title (324)

PsychINFO: Author (89). Title (370)

During the title search I found a book with a full bibliography compiled by Knud Hjulmand of all Winnicott's published material in Abram (2007). This also included work edited by his wife, Clare Winnicott. I modified the title searches by year and using the term "bibliography" discovering that this is the most current bibliography of his works. Converting the bibliography into a spreadsheet enabled me to order chronologically all the published writings of Winnicott, resulting in 598 works. I then compared this to the database search to ensure that the databases did not reveal material that was not accounted for in this bibliography. The next step was to go

through the spreadsheet systematically and meticulously applying inclusion and exclusion criteria (see below), looking for replications and checking and double checking books and references to ensure that all Winnicott's work had been accounted for.

In addition I searched AUT psychotherapy dissertations for references to Winnicott to get some indication of his relevance within Aotearoa New Zealand psychotherapy today. I also separated out dissertations with a non-Western or Maori theme to gain some idea of his perceived relevance within different cultures. The dissertation search was administered by reviewing the reference list of all psychotherapy dissertations in the AUT database from 2007-2013. The results are displayed in Table 1.

Table 1

AUT psychotherapy dissertation search results

AUT Dissertation Search Description As at 1 November 2013	Total Number	Number of Winnicott's work referenced	Average references of Winnicott's work per dissertation
Total psychotherapy dissertations	38	58	1.53
Total number of psychotherapy dissertations with a Maori or non-Western theme	3	3	1.0
Number of psychotherapy dissertations with child or adolescent psychotherapy theme	9	29	3.22

I also searched juvenile detention rates in New Zealand compared to the USA, England, Canada and Australia and looked at the percentage of indigenous people who are represented in these statistics. The results are displayed in Table 2. These statistics are discussed in Chapter four, when I consider the cultural implications of current treatment options used in Aotearoa New Zealand.

Table 2

Rates of incarceration for juveniles and indigenous people.

Country	Population	Number of juveniles in detention	Rate per 100,000 of overall population	Indigenous Population	Percentage of indigenous people incarcerated	Year of data
New Zealand	4,433,000	339	7.65	14.9%	50.4%	2011/12
Australia	23,000,000	1024	4.45	2.3%	53%	2012
USA	318,000,000	61423	19.32	0.9	1.5%	2011
England/Wales	56,500,000	1963	3.47			2011/12
Canada	34,880,000	1505	4.31	4.3%	26%	2011

Note: From NZ Department of Corrections (2013), Australian Institute of Health and Welfare (2013), U.S. Department of Justice (2011), Ministry of Justice England and Wales (2013), Statistics Canada (2011).

Inclusion and exclusion criteria.

Once the spreadsheet was completed I applied my inclusion and exclusion criteria. The detailing of the inclusion and exclusion criteria provides researchers with a transparent framework for decision making (Carnwell & Daly, 2001).

Papers excluded from this review were all foreign language translations of Winnicott's work. I also excluded his articles for medical journals on childhood disorders that are not relevant to this topic, as well as his poetry, book reviews and forewords he wrote for other authors. Initially I had thought I would only include his psychoanalytic writings however, a quick review of his paediatric articles showed a number referred to psychological phenomena that may have relevance to the topic.

While this research is concerned with Winnicott's psychoanalytic theories, after consultation with my supervisor I decided to include the published transcripts of Winnicott's radio broadcasts to new mothers as these could perhaps provide a more accessible way of

understanding his thoughts on the importance of the early environment. These would only be briefly read and not analysed or critiqued as they were only included to offer a different perspective on his writings.

Inclusion criteria were all articles that referenced the terms anti-social, delinquency, adolescence, early environment and maternal care. I found these by a perusal of the abstracts, introductions, contents pages and conclusions of all remaining articles.

After applying the exclusion criteria I was left with 284 articles, texts and books that I needed to access to see if they were pertinent to my subject. Unavailable texts were ordered through the AUT library or accessed through inter library loans.

Evaluation and interpretation of texts.

Acheson & Bond (2011) suggest that during the evaluation stage a four step procedure of sorting is helpful to keep the literature manageable and accessible.

1. Important – directly relevant to topic
2. Relevant – useful for background, perhaps brief inclusion required
3. Borderline- peripheral may have value depending on findings
4. Irrelevant – not useful despite promising abstract, title or introductions. (p.13)

During this four step procedure I identified 74 articles or texts that I deemed important and directly applicable to the subject, 42 that were relevant and helpful in providing a more comprehensive understanding of Winnicott and his concepts, 87 that were borderline and which I only referred to briefly and 87 that were irrelevant to the subject. (See figure 2, below).

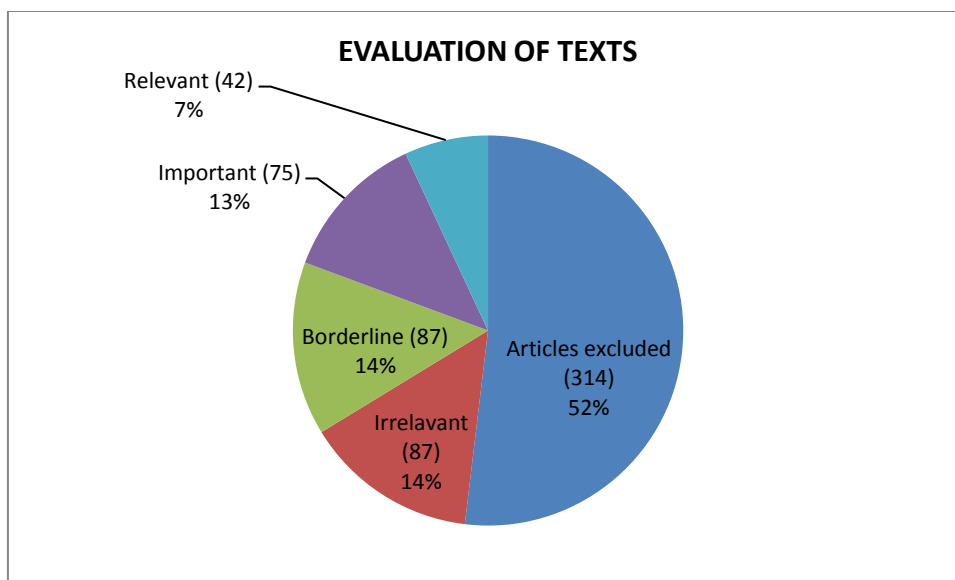


Figure 2 *Evaluation of Texts*

Once all the articles were identified, I reviewed them using the skills described by Green (2005) cited in Acheson & Bond (2011) as being fundamental to a well structured review, that of appraisal, summarising and communicating. As the interpretive study of texts is a qualitative analysis of qualitative data, I focussed on themes emerging from within the texts and looked to see how the themes related to one another or why they did not. I looked for new or deeper meanings within Winnicott's writings using the interpretivist approach of reconstructing meanings and beliefs to explain actions (Lopez & Willis, 2004). Texts were scrutinized, searching for links between the early infant environment and anti-social tendencies in adolescence. In particular I investigated links that may not be explicit but rather looked for implicit understandings of the phenomena, using an interpretative lens to understand the relevance to contemporary society in Aotearoa New Zealand.

Conclusion

In this chapter, I have identified the research question, designed and justified the methodology chosen for this study and explained the structure of the method as well as the philosophical approach used for this research.

Chapter 2

Infancy

“There’s No Such Thing as a Baby”

D.W. Winnicott

Introduction

In this chapter I discuss six key elements of Winnicott’s concept of early maternal care and the significance of this concept for the emotional development of the infant. This chapter introduces his influential explication of the processes that should occur to ensure the infant reaches healthy emotional maturation and the impact when failures occur. It also discusses the relevance of this to contemporary therapeutic practice in Aotearoa New Zealand.

Infant-Mother Relationship

Winnicott suggested that just before giving birth, during birth and for a few weeks thereafter, the mother is in a state of “primary maternal preoccupation”; a state he likened to a temporary illness in which the mother is in a heightened state of sensitivity towards her baby (Winnicott, 1956/1992a). The newborn infant is in a state of unintegration and no development can occur without the input of his mother. In fact the infant’s survival is dependent on the mother’s care. Winnicott famously stated “there is no such thing as a baby...A baby cannot exist alone but is essentially part of a relationship” (Winnicott, 1947/1957, p.137). Winnicott described the infant’s state of absolute dependence as him having no way of knowing about maternal care; his survival depends on the mother’s ability to merge with and adapt to her baby

as he engages in what Winnicott referred to as the “three primary processes” of integration, personalisation and realisation.

In his paper “Primitive emotional development” (1945) Winnicott submitted that the mother is tasked with protecting her infant from complications that cannot yet be understood by the infant. During the process of integration the care or lack thereof provided by the mother determines the infant’s ability to self-integrate. Winnicott described integration as the gathering of the “bits”. He said, “An infant who has had no one person to gather his bits together starts with a handicap in his own self-integrating task, and perhaps he cannot succeed, or at any rate cannot maintain integration with confidence” (1945 p. 140).

During the phase of ego development of which integration is the principal feature, the id-forces are external to the infant; the task of gathering the id to service the ego is achieved by the receipt of maternal care, that is, the maternal ego supporting the infant ego towards stability so as to facilitate the development of the infant to separate and achieve unit status (Winnicott, 1960). Winnicott believed that the process of integration was aided by two types of experiences, namely the quality of infant care and the instinctual experiences of the infant. The passage from absolute dependence, through relative dependence, whereby the infant becomes aware of the need for maternal care, and towards relative independence, where the infant can start to manage without care, is an instinctual progression parallel to the journey of auto eroticism to object relationships, which according to Winnicott and divergent from Freud, can only occur within the relationship of maternal care (Winnicott, 1960).

Along with integration, personalisation occurs, a process through which the infant develops the feeling of being in his body. This too is an instinctual process guided by repeated experiences

of body care. Realisation follows as the infant gains the ability to appreciate time and space and other properties of reality (Winnicott, 1945).

In considering how Winnicott may have constructed his understanding of maternal preoccupation, I speculated on birthing practices that he may have been familiar with, i.e. that were popular in the 1930's and 1940's in England when he formulated this theory and how this compares to current trends in birthing in Western culture as well as across differing cultures. It was in the late thirty's that the birthing process in Europe moved from a natural process to a scientific process with medical intervention. I submit that Winnicott would have been on the cusp of these changes and perhaps observed both home and hospital births. Winnicott has not stated explicitly the effect of increased medical intervention on the process of maternal preoccupation, but when considering his position on childhood schizophrenia and autism, (Winnicott, 1967/1996), and his contention that there are links between infantile schizophrenia and primitive anxiety at a time of extreme dependence, then the link between birthing practice and the ability to attain or maintain the state of maternal preoccupation becomes compelling. It is outside the scope of this study to fully explore this proposition. Winnicott acknowledged that his theories were developed through his observation of mother's interactions with their babies and recent developments in the studies of the brain and neurobiology provide convincing evidence that these behavioural characteristics of the mother are influential in infant development (Champagne & Curley, 2009), giving weight to Winnicott's thesis.

Primary maternal preoccupation is a feature of the quality of care encompassed by Winnicott's term: the "holding environment".

Holding environment

Winnicott used the term the holding environment in both his descriptions of the parent-infant relationship as well as the clinical setting. Holding encompasses the physical act of holding, feeding and caring as well as the psychological act of the mother keeping the baby in mind. He stretched the notion of holding further by positing that the holding environment should incorporate the father, who at this time supports the mother and in so doing enables her to achieve a state of primary maternal preoccupation. “It refers to a three-dimensional or space relationship with time gradually added” (Winnicott, 1960, p.589). Although Winnicott only introduced the term holding environment when writing about his work with children during World War Two it could be interpreted that the idea was present from the outset as his earlier writings about the mother-infant relationship describe what is in effect the phenomenon of holding. The holding environment becomes an important model for clinical work and is also at the forefront of Winnicott’s thoughts about clinical implications for maladjusted children. This theme is discussed in Chapter four.

During the earliest hours of life as integration begins, holding is essentially concerned with the physical care of the baby. It encompasses the literal holding of the baby in the womb, to the birth and then the physical holding as the mother touches, feeds and bathes her infant (Winnicott, 1960). During this period the mother’s ability to provide a good enough holding environment dictates the infant’s capacity to move from an unintegrated state to a structured integration. “There are those who can hold an infant and those who cannot, the latter quickly produce in the infant a sense of insecurity, and distressed crying” (Winnicott, 1960 p. 592). He also asserted

that mothers who cannot provide good enough care cannot learn to do so with “mere instruction”. I initially interpreted this as Winnicott suggesting that good enough mothering is a naturally occurring phenomenon and that empathic attunement cannot be taught. However, when I reflect on the deeper meanings of Winnicott’s concepts of good enough care, and think about how he may have constructed his understanding of this phenomenon I interpret this to mean that a mother will not learn by being told, but rather by environmental provision and support. This is consistent and links with his theories on treatment for adolescent anti-social tendencies, discussed in Chapter four, which propose that families, communities, social agencies and society need to look deeper into unconscious motivations in order to effect behavioural change.

As the infant progresses from integration to realization, the holding environment adapts. While it remains concerned with the physical care of the infant, psychologically the infant’s ability to adjust to impingements on his environment is dictated by the quality of the maternal care provided. This day to day care and sensitive handling of the baby by the mother assists the baby to reach personalization; that there is an inside and an outside, a body representation incorporated with a psychic reality. Winnicott calls it an indwelling of the psyche in the soma (Winnicott, 1988). Failures at this stage of the infant’s development have significant implications for the infant’s mental health as discussed later in this chapter.

As the baby moves from integration through personalisation and towards realisation, the mother’s ability to adapt to his needs enables the infant to feel powerful. Winnicott believed that this illusion and subsequent disillusion was not only imperative for the formation of a healthy sense of self within the infant, but also a phenomenon that occurs within the psychoanalytic dyad (Winnicott, 1939/1989).

Illusion

Illusion is an important process that occurs within the holding environment. The mother's ability to merge with and adapt to her infant facilitates what Winnicott regarded as an essential state the infant needs to achieve in order to establish the beginnings of emotional health; that of the illusion of omnipotence. At the stage of absolute dependence the infant wrestles with instinctual tensions, he is looking for satisfaction of tensions without knowing what or how and then, as if by magic, the attuned mother provides her breast. Winnicott described this as the "theoretical first feed" which is also an actual first feed (Winnicott, 1988). He said if the first feed went well it is too early in the baby's development to be emotionally significant however, it establishes the pattern of future contact and the storing of memories of reliability. Winnicott credited this theoretical first feed with providing the baby with his first opportunity for an illusion of omnipotence.

At the (theoretical) first feed, the baby is ready to create, and the mother makes it possible for the baby to have the illusion that the breast and what the breast means, has been created by impulse out of need. (Winnicott, 1988. p. 101)

As the newborn infant's illusion of omnipotence is created by the mother's intuitive responses a healthy sense of self begins to emerge. Winnicott suggested that this illusion is the basis of an ability to symbolise and is instrumental in the development of play and creativity. Initially the baby should, due to the mother's empathic knowing, develop a sense of creating his environment as he requires it. Winnicott felt that the state of illusion is necessary in an infant's journey towards forming an understanding of an inner and outer reality.

It is an area which is not challenged, because no claim is made on its behalf except that it shall exist as resting place for the individual engaged in the perpetual human task of keeping inner and outer reality separate yet inter-related. (Winnicott, 1953. p. 90)

The infant in illusion gradually grows the ability to recognise reality, progressing from me to not- me and beginning to accept an inner and outer reality. Winnicott is explicit that the infant cannot progress from the pleasure principle towards the reality principle without this state of illusion, and illusion cannot happen without the “good enough” mother. The “good enough” mother is the mother who can adapt and, due to her devotion, allow the infant to be disillusioned only when he is able to tolerate the experience of frustration.

Winnicott maintained that the function of the mother is to allow for illusion and then to gradually provide the disillusion, thereby equipping the infant for the realities of the external world. I interpret this to mean that the mother facilitates the infant’s capacity for frustration and this cannot occur successfully unless the mother can allow for the process of illusion.

Impingement

The disillusionment of the infant is part of what Winnicott described as impingements. Impingement is inevitable; it occurs during healthy development in the form of gradual disillusionment. It can also occur through not good enough mothering or from environmental conditions that are outside the control of the mother and which have a detrimental effect on the infant’s emotional development. During the phase of integration, the infant begins to store memories of reliable, consistent maternal care; memories which enable him to gradually tolerate anxieties as the environment begins to allow him to experience small lapses. At the right time, impingement is ego strengthening but, if impingement is too early or too intense, the result is the

infant's interrupted continuity of being which causes distortions to personality and to emotional development (Abram, 2007). Winnicott was quite specific about the timing of failures and the effects this has on development. Impingements during each of the three phases of absolute dependence, relative dependence and towards independence result in different ego distortions. The timing, intensity and repetitiveness of impingements are noteworthy (Winnicott, 1960).

The mother who can initially provide good maternal care can then cause impingements through failing to let it come to an end. She remains merged with the infant who is signalling his desire for separation, and by that definition is not meeting his needs. Winnicott described the essence of maternal care, as being the imperfect mother who at times, miscalculates or misunderstands her infant but who on the whole knows and provides her infant's needs accurately and consistently.

In his seminal article "Transitional objects and transitional phenomena" (1953), Winnicott quoted Marion Milner to describe the impact of impingement on the infant. Milner said "The failures of maternal care brought about a premature ego-development, with precocious sorting of a bad from a good object" (p.94). I understand this to mean that the infant, in order to survive, quickly learns adaptive behaviours to protect his sense of self. This is congruent with Winnicott's notion of the True and False self, whereby an individual defensively builds a false self to protect the true self.

True and False Self

The True Self is a Winnicottian concept that features throughout his writing, It is an important part of ego development which Winnicott attributed to the maternal environment. The True Self is what Winnicott referred to as the spontaneous gesture, the experience of feeling real

(Winnicott, 1960/1965). Failures of the mother bring about the development of a False Self which functions to defend the ego or True Self from attack. Winnicott asserted that in health the False Self protects the True Self without losing it; it is built up on identifications and is represented by a polite and mannered social attitude (Winnicott, 1964/1986). In ill health though, the False Self is set up as real and becomes mistaken for the True Self that outwardly can appear to be healthful however, if the True Self is denied, the feelings of emptiness or being phony can be profound.

Because the False Self is usually associated with compliance and conforming, it might be suggested that it is superfluous to address it in a study of adolescents with anti-social or delinquent traits who do not overtly display compliant False Self characteristics. However, I would like to introduce it here as, firstly, Winnicott suggested that it is intricately associated with the maternal ability to repeatedly meet the infant's need for omnipotence and gradually facilitate the progression from illusion to disillusion which is pertinent to this study. Secondly, I believe that a compliant False Self is a feature of juvenile delinquency; it is compliance to different codes and expectations than those set and tolerated by society. Winnicott described the False Self as an adaptation to a mother who is unable to sense her infant's needs (Winnicott, 1960/1965). While Winnicott does not explicitly link the False Self to delinquency, he does suggest that the origin of the False Self is a defence against exploitation, which features identification and imitation (Winnicott, 1960/1965). This is similar to his description of delinquency as adolescents who adapt and imitate in order to maintain contact with the environment (Winnicott, 1955/1984). Delinquency features conformity and a hiding of the True Self, which then implies the presence of a False Self. Furthermore, in later chapters I argue that

some treatments for juvenile delinquency may support the development of a False Self at the expense of the True Self.

Failure of Environmental Provision

Failures on the part of the mother or the environment can have significant repercussions on the emotional development of the child. As discussed above the development of the False Self is one of Winnicott's asserted maladjustments to environmental provision. However, as tabled earlier in this chapter, the timing, intensity and repetitiveness of maternal failure, in Winnicott's opinion, dictate the nature of the emotional illness suffered by the individual. The earlier and more intense the failure the more devastating the effect on the infant. Winnicott suggested that failures at the stage of absolute dependence contribute to infantile psychosis and childhood schizophrenia (Winnicott, 1967/1996). In this paper he also referred to this as autism and controversially argues that the autistic state may not only be grounded in biology but may also be a highly sophisticated defence organization against primitive anxiety brought about by environmental failure. He was aware of the contentiousness of this view and acknowledged that although some would prefer to find a physical or genetic cause, it was unwise to distort the truth in order to protect a mother's hurt feelings (Winnicott, 1967/1996). Considering Winnicott's experience as a paediatrician, it is difficult to reconcile his concept of autism and its link to maternal failure with his stated allegiance to mothers and his knowledge of the science and biology of medicine. But when searching for a deeper insight into his message it occurs to me that Winnicott is implying that biology and emotional development are inextricably linked and impact on each other.

The delinquent or anti-social tendency which is the focus of this study was deemed by Winnicott to be a character disorder and as such implies that some successful integration has occurred. “Character is a manifestation of successful integration, and a disorder of character is a distortion of the ego structure, integration being nevertheless maintained” (Winnicott, 1963/1965, p. 204). Therefore, he submitted that the anti-social tendency is rooted in deprivation and to be deprived necessarily assumes something that was had was then lost. It can therefore be assumed that adequate care was received at the time of absolute dependence and that the impingements and loss were experienced at a time of relative dependence. Consequently, enough memories of good enough mothering were stored for the child to experience feelings of being deprived (Winnicott, 1966). Winnicott alleged that, as with autism, infantile schizophrenia and psychosis, the anti-social tendency is manifest within all children and the quality of maternal care predicts its maturational process. Again as noted above, this can be interpreted as Winnicott acknowledging the complex interface between biology and emotional development, a mutuality aligned with his “no such thing as a baby” statement. One cannot exist without the other and both influence each other.

Discussion

Traditional psychoanalysts have criticised Winnicott for his deviation from Freudian and Kleinian concepts of instinctual drives and innate tendencies and his emphasis on the environment. Fulgencio (2007) stated that Winnicott preferred to leave instincts and their permutations unexamined, that for Winnicott all the answers could be found in the environment and that debating the life and death instinct was futile. However, it can be argued that Winnicott does give credence to instincts and innate drives, in particular his paper “Aggression (1939/1957) and “The theory of the parent- infant relationship” (1960) in which he talks of

inherited potential and the inherent aggressive tendencies of infants. He debates the influence of the adaptive or non-adaptive environment on the innate tendencies of the child. Furthermore, in his seminal paper, “The use of an object” (1969), Winnicott referred to the innate destructibility of the infant and the need to destroy and construct as an important development in the infant's capacity to use an object. He described the need to destroy as an impulse but he also maintained that it is the environmental provision that facilitates the success of the management of impulse.

It is generally understood that the reality principle involves the individual's anger and reactive destruction, but my thesis is that the destruction plays its part in making the reality, placing the object outside the self. For this to happen, favourable conditions are necessary (Winnicott, 1969, p.714).

Winnicott suggested that maternal care can only optimise inherited potential; that is the quality of care supports the infant to reach his innate ability (1960). This is proof, in my view, that although Winnicott supported nurture, he does not dismiss nature as a prominent feature of development. Winnicott did deviate from traditionalists, in that his thinking around instincts and drives was tempered by his interest in the environmental impacts upon them.

A further critique that deserves deeper scrutiny is allegations of his preoccupation with the role of the mother (Rodman, 2003). He has been accused of blaming the mother for emotional disturbances despite his assertion that most mothers were “good enough.” It has also been argued that although he appears to have empathy and consideration for the mother, his overriding concern with the maternal role in emotional development runs counter to this. I also saw an incongruence and wondered about the pressure his views exert on mothers. This role can already be laden with guilt without an assertion that the aetiology of psychopathology lies with the

mother. However, after further analysis of his theories I believe that Winnicott did indeed place prominence on the role of the father, extended family and society at large. In fact his thesis is that society and fathers are tasked with supporting the mother and providing the environment that facilitates her ability to remain attuned to her infant. This premise raises the controversial yet important topic of State support for new mothers returning to the workforce. Our tolerance of full time day care for infants and lack of community support for new mothers coupled with an expectation that mothers should be able to do paid work and care for their infants suggests that contemporary society in Aotearoa New Zealand places little value on the mother infant relationship. A Winnicottian perspective therefore places responsibility for the healthy emotional development of an infant on the mother supported by the father, extended family, community and society.

Conversely, I would also suggest, that the infant, child or adolescent's ability to withstand wider environmental failures is directly related to the quality of the initial mothering environment. In accordance with Winnicott, this view acknowledges the mother's significance in the healthy emotional development of the infant. It is perhaps timely to reiterate here, Winnicott's assertion that instinctively most mothers are "good enough" .

Winnicott's theories of the infant's maturational processes and his dependence on a facilitating environment were central to his psychoanalytic work, as well as his work with children and adolescents. Holding, adapting, impingment and illusion/disillusion are all features of his clinical work. He maintained that the setting of analysis reproduces the earliest mothering techniques and provides a new and reliable environmental adaptation which the patient can use to correct the original failure (Winnicott, 1955). As this study develops, these concepts will be

discussed in relation to anti-social tendencies, clinical implications and relevance in contemporary practice in Aotearoa New Zealand.

Winnicott developed his theories in the early forties, fifties and sixties, and they have a bias towards the Western concept of family prevalent at that time. It could be argued that family life in the 21st century bears little resemblance to the families he saw and worked with. Yet those initial moments with the mother, and the subsequent environment provided by the mother/mother substitute, remain unchanged across decades and cultures and it is conceivable that much of our emotional health is embedded in those early infantile experiences.

Conclusion

This chapter has discussed Winnicott's theories of maternal care and its implications for the healthy development of the infant's psyche. It has explored some of his core concepts, particularly primary maternal preoccupation and the True and False Self, and their relationship to environmental failures and psychopathology. The following chapter will consider the development of anti-social tendencies and delinquency in adolescence and consider their relationship to the concepts discussed here.

Chapter 3

Adolescence

“Its wrong to go on the wrong side of the law but sometimes it is neseery”

D.W. Winnicott

Introduction

This chapter examines Winnicott’s concepts of adolescence, the development of morality and his hypothesis on the anti-social tendency and juvenile delinquency. It discusses whether his theories are relevant to and can be applied in current Aotearoa New Zealand society.

Adolescence

Winnicott has written prolifically on the psychopathology of adolescents, specifically the anti-social tendency and his work with juvenile delinquents during the evacuation of World War Two. A lot of his reflections on adolescence can be found within these writings but he has only dedicated a few articles to his thoughts around adolescence within the confines of normal development.

Winnicott referred to adolescence as a time of “doldrums” which implies a malaise of sorts. He said it is an awkward stage of development and that puberty describes the physical growth while adolescence is the stage of emotional maturation (Winnicott, 1963/1984b). He believed, therefore, that an individual could progress through puberty without necessarily having an adolescence, which implies that not all individuals are capable of going through the emotional maturation process of adolescence to arrive at an adult state. Winnicott suggested that the only

cure for adolescence is the passage of time and maturation. A period he refers to as three to six years is his answer to adolescent “doldrums” (Winnicott, 1961/1965). This can be interpreted as Winnicott acknowledging the difficulties adolescents face as they attempt to find their identity and that it is an inevitable process which parents and society should tolerate rather than attempt to cure. “The process cannot be hurried or slowed up, though indeed it can be broken into and destroyed, or it can wither up from within, in psychiatric illness” (Winnicott, 1961/1965, p. 79). Furthermore, Winnicott asserted that adolescents do not wish to be understood; adolescence is a time of personal discovery and they are engaged in a living experience.

Winnicott described the adolescent as essentially an isolate, and that it is from this position of isolation that he propels himself into relationships and eventually socialisation. Winnicott compared this reaching for relationship through isolation as a repeating of an essential phase of infancy. He likened it to the infant who is in isolation until he has the capacity to relate to objects that are outside his omnipotence, i.e. before he achieves object constancy (Winnicott, 1961/1965). Given the adolescent’s proclivity for forming social units with a peer group this concept is debatable. However, Winnicott submitted that these peer groups are a collection of isolates who attempt to assemble as a group or aggregate by adopting mutual interests and ideals but essentially operate within the confines of isolation (Winnicott, 1961/1965). As they progress towards late adolescence and early adulthood they become tolerant of difference and can form less egocentric relationships.

It is during adolescence that sexual curiosity becomes manifest. Winnicott suggested that adolescence is a time of the ego coping with id changes and when sexual tension begins. He claimed that the adolescent initially engages in sentimental connections, frequently coupled with masturbatory activity. He theorised that this early masturbatory action is not a sexual experience

but rather a discharge of sexual tension (Winnicott, 1961/ 1965). He also advised that these libidinal instincts are a central theme within clinical practice with adolescent clients. When analysing and interpreting his texts around adolescent sexuality it is apparent that Winnicott does not appear to differentiate much between gender experiences of sexual tension. Although he described penis envy as a theme during a consultation with an adolescent girl (Winnicott, 1971), in the main, his theories suggest that adolescent girls and boys grapple with the same libidinal tensions. My own interpretation of this is that he implies that the clinical material presented will perhaps reveal differences, but the fundamental experience remains the same. This ambiguity is typical of Winnicott's style and I would argue that it is deliberate in so far as he leaves space for his readers, audiences and patients to find their own truth and their own practice within his theories.

Winnicott also stated that adolescents have a fierce morality and can only accept what feels real. Another central task of this period is to discover the self to be true to. Winnicott referred to the adolescent as feeling futile as he searches for his identity. He is only aware of false solutions which he can reject but he is not yet able to compromise and so struggles to find solutions through identifying with others. Winnicott maintained that adolescents have three essential needs:

The need to avoid false solution: to feel real or tolerate not feeling at all.

The need to defy in a setting in which dependence is met and can be relied on to be met.

The need to prod society so that society's antagonism is manifest, and can be met with antagonism. (Winnicott, 1963/1984, p.131).

In satisfying these acts of defiance, adolescents also demonstrate an almost infantile need for dependency, a phenomenon that Winnicott recognised as being confusing and bewildering for parents. This struggle to find a self to be true to and rejection of false solutions seems closely aligned to Winnicott's theory of the infant's illusion of omnipotence and the gradual disillusion which enables the infant to grow to recognise reality. The adolescent is fiercely moral and seeks an idealised illusory experience, while knowing the disillusion. This could be interpreted as the environmental provision at adolescence, just as the maternal environment for the infant facilitates either using instinctual experiences or being impinged on by them.

Adolescents of sound emotional health are difficult to distinguish from those who are not. Winnicott said that there is nothing more difficult than determining whether a patient is in the throes of adolescence or in a distortion of adolescence due to illness (Winnicott, 1963/1984). He cautioned that the aggression and anti-social activities frequently exhibited during this phase are often a normal progression in the quest for identity but that environmental failures have significant impact on adolescent difficulties (Winnicott, 1961/1965). There is a close association between adolescence and the anti-social tendencies; Winnicott suggested that clinically they can present the same but deprivation always lies at the root of the anti-social tendency (Winnicott, 1963/1984).

Winnicott's portrayal of adolescence and the emotional tasks adolescents undertake was conceived while Britain was at war. It could be argued that this was influential in his focus of the adolescent struggling with holding power. Their actual power to destroy and kill, which they did not have in infancy, complicates feelings of hatred (Winnicott, 1961/1965). During the war, adolescents were subject to extraordinary circumstances that could have coloured Winnicott's view of their aggressive drives, however, New Zealand youth, today, despite never having

experienced war time situations, still display the same struggles around aggression, destruction and power as evidenced in the proliferation of computer games dedicated to these themes and targeted to the adolescent market. I believe this bears out Winnicott's assertion that adolescents in their gradual process towards relative independence are tasked with knowing their aggressive and destructive elements as well as their loving ones (Winnicott, 1968/1971). While Winnicott did not make an overt connection between the mother's capacity to tolerate her infant's aggressive impulses and the success of the adolescent's ability to navigate this task, the relationship between the two is implicit in his writings.

In the previous chapter I noted that Winnicott is criticised for his lack of attention to instincts and yet I believe he addresses the death instinct most notably in his writings on adolescence. In his article "Contemporary concepts of adolescent development" (1968/1971) he writes of death and murder in the adolescent process and that the adolescent moves from the fantasy of infancy to the aggressive act of growing up and taking the parents' place, thereby destroying them. This suggests that death instinct is manifest within Winnicott's theories. "In the total unconscious fantasy belonging to growth at puberty and in adolescence, there is the death of someone" (Winnicott, 1968/1971, p.196).

Adolescence itself is considered to be a socially constructed phenomenon, coming into popular culture in the 1900's during the industrial revolution. It is defined primarily by the ways in which society recognises (or does not recognise) the period as distinct from childhood and adulthood. First used in 1904 by psychologists to describe sexual maturation, it later became noted as a period discrete from childhood but in preparation for adulthood, whereby young people remain economically dependent on their elders while having more independence and control. Winnicott concurred with this interpretation, and stressed that parents and the wider

society need to ensure that the adolescent does not become prematurely identified with society, but journey gradually towards independence supported by family and community before taking part as an adult in society's maintenance and alteration (Winnicott, 1968/ 1986).

Anti-social tendency

According to Winnicott, the anti-social tendency is inherent in every individual. It is related to the difficulties inherent in normal emotional development. The anti-social tendency is distinct from delinquency which I discuss later in this chapter. Winnicott also distinguished between anti-social acts and anti-social tendencies. Anti-social acts occur from infancy within good environments. Primary aggression and the destruction of loved objects (and their survival) is an essential component of healthy emotional development (Winnicott, 1939/ 1984). The anti-social tendency, however, is a reaction to loss. Winnicott said it is linked inextricably to deprivation.

When there is an antisocial tendency there had been a true deprivation (not a simple privation); that is to say, there has been a loss of something good that has been positive in the child's experience up to a certain date and that has been withdrawn; the withdrawal has extended over a period of time longer than that over which the child can keep the memory of the experience alive (Winnicott, 1956/1984, p. 106).

This therefore indicates that the anti-social tendency is linked to environmental failures at a time of relative dependence. The infant's needs at absolute dependence were met in order for the child or adolescent to unconsciously seek out that which has been lost.

Winnicott maintained that the development of the anti-social tendency was essentially a sign of hope. He felt that anti-social acts were a sign that the child or adolescent believed there

was still hope of recovering that which was lost. Lack of hope is the basic feature of the deprived child and anti-social behaviours were evident in periods of hope. “The anti-social tendency is an S.O.S. from the child to society” (Winnicott, 1966, p.6). However, he believed that society all too often failed to respond appropriately to this cry for help.

Winnicott contended there are two trends in the anti-social tendency: stealing and destructiveness. Stealing was the act of looking for something or someone and, failing to find it, looking elsewhere. Destructiveness arises from looking for stability, an environmental provision that has been lost. In health and in illness these two trends, object seeking and destruction are evident (Winnicott, 1956/1992). In the anti-social act they are a sign that the youth has not yet given up hope of recovering what was lost. When he can no longer find it within his family he looks further afield to society in the hope of recovering it.

Winnicott made special reference to stealing within anti-social tendencies; his thesis was that the act of stealing is in fact the child looking for the mother. In his omnipotence he created her and has rights to her. He is also looking for the father who can protect her from his primitive love and aggression. The act of stealing is in essence looking for the lost maternal provision and also the strict father who can contain and limit his impulsive behaviour (Winnicott, 1956/1992b). Initially reading this, I could understand Winnicott’s detractors’ assertions that he romanticises adolescent acting out (Malcolm, 1981) but when delving deeper into how Winnicott conceptualises anti-social tendencies and linking it to his theories of early maternal provision, it is evident that he is offering a thread back to the past and explicating how early loss manifests in adolescence. My interpretation is not that Winnicott is sentimentalising anti-social tendencies, but rather suggesting that there is something heroic in an adolescent’s attempt to right past

wrongs. If the message the adolescent is delivering can be received correctly, society can respond appropriately.

Winnicott makes a distinction between anti-social tendencies and delinquency. Aggression is a feature of both, but guilt and the empathy are frequently absent in delinquency. Before I discuss his theories on juvenile delinquency I will briefly consider his position on aggression, guilt and the individual's capacity for concern.

Aggression

Winnicott first recorded his ideas on the aetiology of aggression in a talk he gave to teachers in 1939. Winnicott believed that aggression was an innate instinctual impulse, evident from earliest infancy and that any person who had dealings with an infant could not fail to detect the intensity of love and hate felt by the infant (Winnicott, 1939/1957). But he considered that the facilitating environment dictated whether aggression became integrated within the maturing child or split off and destructive in an anti-social way. Winnicott maintained, in opposition to Melanie Klein, that primitive aggression in an infant was not fuelled by hate, but was in fact unintentional. Furthermore he contended that as soon as the infant had the urge to hurt, there also existed a protective counter and an inhibition of aggression (Winnicott, 1939/1957). Winnicott asserted that primitive aggression was rooted in excitement and was originally part of love.

And although it soon becomes something that can be mobilised in the service of hate, it is originally a part of appetite, or of some form of instinctual love. It is something that increases during excitement, and the exercise of it is highly pleasurable (Winnicott, 1939/1957.p. 76).

Winnicott's concepts of infant aggression were a big departure from Melanie Klein's position that infants are hard wired for aggression and that it is a manifestation of the death

instinct. Winnicott conceptualised it as a process that develops within a relationship. His understanding of this developed out of his wide experience of working with mothers, infants, adults and adolescents. Klein's hypothesis was based on her observation of infants and children and Freud's on his work with adult patients. Winnicott's advantage was that working across the age spectrum enabled him to study first-hand the complex interweaving of instinctual drives and relationships and their impact on emotional development.

Winnicott also linked the roots of aggression to fantasy and the child's inner reality. He claimed that good and bad forces within are constantly being played out in fantasy, and the ability to tolerate one's inner reality is a great human difficulty. If the destruction in the child's inner world is unmanageable the child either denies ownership of the bad fantasies or dramatises them. The dramatisation of good and bad fantasy is, according to Winnicott, witnessed in aggressive acting out (Winnicott, 1968/1986). Aggression, Winnicott maintained, is a necessary feature of adolescence. The adolescent must challenge and, in doing so, alter society but this confrontation must be met and contained by a non-retaliatory adult. "In the unconscious fantasy these are matters of life and death" (Winnicott, 1968/1986, p. 166). While Winnicott maintained aggression and anti-social acts to be a feature of healthy adolescent maturity, he also acknowledged that an absence of guilt, or as he liked to call it a "capacity for concern" as he felt concern was a positive description of the phenomenon of guilt (Winnicott, 1963/1984a), was an indicator of maladjustment. The deficit of concern whether never established or lost was deemed by Winnicott to be of significant interest.

Guilt and Concern

The development of the capacity for concern is a phenomenon that Winnicott ascribed to the quality of the infant's early environment. He stated that the ability to feel guilt and concern is indispensable to constructive work and play, and is the cornerstone to healthy living. He attributed the inception of the capacity for concern to a stage of development when the infant has attained me-not-me status and is connected to good enough mothering.

Previously I described Winnicott's contention that alongside an infant's primary aggression or ruthless love a feeling of concern develops if the environment is facilitating. This journey from pre-ruth to ruth is what Winnicott deemed an essential component of emotional development and indicates the stage of the capacity for concern (Abram, 2007). Winnicott used the term ruth as a synonym for compassion, and indicated that compassion and aggression are innate, but develop dependent on the quality of care the infant receives. Winnicott, in attempting to describe the infant's emerging ability to tolerate both love and hate, hypothesised the existence of two mothers in the infant's psyche, the object mother and the environment mother. He maintained that the environment mother (the mother who provides care and handling) receives the infant's affection and love and the object mother (the mother who satisfies urgent needs) receives the excited, instinct-tension of the infant. He proposed that when the infant can integrate both object and environment mother as one in his mind the capacity for concern becomes available (Winnicott, 1963/1984a).

For the environment to facilitate the burgeoning capacity for concern within the infant the object mother needs to withstand and survive the infant's attacks and the environment mother needs to remain empathic towards her infant. The infant in fantasy destroys but the mother

survives and the infant loves and protects this mother. Winnicott suggested the infant experiences anxiety due to his aggressive impulses, but the anxiety is lessened as he realises he can give back to the mother. The anxiety is altered and becomes guilt. “Instinct drives lead to ruthless usage of objects, and then to a guilt-sense which is held, and allayed by the environment mother” (Winnicott, 1963/1984a, p.89). Winnicott then quite explicitly related guilt to anxiety and the ability to hold anxiety. The capacity for concern occurs when the infant can take responsibility in relationship. If guilt is not attained, then fear is present and must be defended against (Winnicott, 1966/1984).

In an article entitled, “The Absence of a Sense of guilt”, based on a talk to mental health professionals in 1966, Winnicott gave what I consider to be one of his more overt observations around public perceptions of anti-social behaviour. He concluded, and I would argue this viewpoint is still valid, that society in general regarded anti-social youths as being devoid of guilt. Winnicott argued that at the time of anti-social tendency and before the secondary gains of these behaviours are entrenched into delinquency, the child is in fact hopeful of reparation. Anti-social acts are a reorganisation of defences in an attempt to get society to assist him back to the position where things went wrong. From there he can rediscover the good environment and experience his impulses, including destructive ones (Winnicott, 1966/1984). When this does not happen, the defence organisation hardens and delinquency is often the result.

In considering this hypothesised hardening of defences alongside the development of the capacity for concern, I propose that Winnicott is implying that the anti-social act is motivated by anxiety, and the adolescent’s drive to regain that which is lost is an anxious attempt to stir society. This could be taken a step further in viewing the hardening of the defences that is juvenile delinquency as an avoidance of fear. Winnicott said that delinquents enjoy the secondary

gains of the anti-social acts, but a new understanding could be that they are unconsciously fending off fear.

Juvenile Delinquency

In his paper, “The anti-social tendency” (1956), Winnicott clarified the distinction between anti-social tendencies and delinquency. The former, he argued, is more hopeful and was the child’s crude attempt to gather family or society together to assist in helping him find that which he had lost. Delinquency, however, is the overloading of the organised anti-social defence with secondary gain and social reaction, which made it difficult to get to its core (Winnicott, 1956/1984). While he clearly differentiated between the terms in this article, in others he uses the term delinquency and anti-social interchangeably. For example, in many talks and articles on delinquency and character disorders (1946/1984, 1963/1965, 1967/1986, 1940/1996) he talked of the delinquent child or youth, but described anti-social acts and anti-social tendencies without distinguishing between the two. However, in an address to the Borstal Assistant Governors’ Conference in 1967 he again made a contrast between delinquency and the anti-social tendency, again asserting that delinquency is the hardening of the anti-social defence in response to a failure of the anti-social communication (Winnicott, 1967/1986).

It is difficult to reason why Winnicott would move away from his original thesis of delinquency and then return to it later. My interpretation is that the distinction between the two is slight, and for general ease of communication he uses the term interchangeably. However, for professionals charged with the care and treatment of maladjusted youth, the distinction becomes significant particularly as it relates to the critical absence or loss of the capacity for concern (Winnicott, 1963/1984), and the reorganisation of defences against loss.

Another discrepancy is Winnicott's description of delinquency as an illness. "Delinquency is not a psychiatric diagnosis; it is an ever hardening organisation of relationship of child to society, following almost any breakdown of the relationship of a child to his family and immediate circle" (Winnicott, 1943, p.66). Yet in another article, written only a few years earlier, he refers to the "aetiology of antisocial illness" (Winnicott, 1940/1996, p.51). In another article, he again refers to anti-social tendencies as a character disorder that has a hidden illness in an intact personality (Winnicott, 1963/1965). While this can be confusing, I interpret it to mean that Winnicott is referring to delinquency as an environmental illness which occurs in normal healthy children who then suddenly experience a gross environmental breakdown, rather than a characterological illness. He said that "Environmental disturbances distorting the emotional development of a baby do not produce the antisocial tendency; they produce distortions of the personality which result in illness of a psychotic type. The antisocial tendency relates not to privation but deprivation" (Winnicott, 1966, p.98). He argued that the anti-social or delinquent's illness stems from the child not experiencing a sense of security at a time early enough for him to incorporate it into his belief. Therefore, offending against society is an unconscious attempt to establish control from outside of himself (Winnicott, 1946/1984).

What he does consistently maintain is that at the heart of all anti-social acts is deprivation. At first things went well enough for the child and then, at a time of relative dependence, they did not. The main thrust of the anti-social tendency is the child's drive to get back to before the deprivation. Winnicott maintained that in the good enough environment, the mother is able to tolerate the infant's destructive impulses and the child relies on the father to protect her, or contain him in his destructive phantasies. If this support suddenly fails the child adapts, losing

hope, withdrawing love or looking outside his immediate environment to find a society that can tolerate and contain his destructive impulses (Winnicott, 1943).

Winnicott's assertion that the child relies on the father to protect the mother and contain his (the child's) destructive phantasies, can perhaps be linked to his own childhood experience when as a small boy, in a rage, he broke the nose off of his sister's doll and his father reportedly was able to repair it (Phillips, 2007). Arguably his father's capacity to contain his (Winnicott's) conflict left an indelible impression on a young Winnicott who then used the experience to understand the destructive impulse in children and the relief associated with containment.

Outwardly delinquency and the anti-social tendency appear the same; they feature anti-social acts. However, according to Winnicott, delinquency is a progression of the anti-social tendency which is less hopeful; the youth has found society incapable of meeting his unconscious calls for help and his defences harden. He may start to enjoy the secondary gains of his anti-social acts which offer a false relief from unbearable anxiety. This has significant implications for treatment as discussed in the following chapter.

I contend that generally contemporary society does not distinguish between the anti-social tendency and delinquency. Both anti-social tendency and delinquency are pathologised as oppositional defiance disorder or conduct disorder. The acts of the anti-social youth are not viewed as hopeful but as alarming and are often met reactively. As in Winnicott's era, society today is still intolerant of these anti-social acts and fails to respond adequately to the cries for help from troubled adolescents.

Discussion

Winnicott has been criticised for his apparent “romanticising” of the acting out of adolescents. His critics maintain that he encouraged and approved of non-compliant behaviour, and is idealistic in his assertions that rebellion is an essential component of healthy maturation (Malcolm, 1981). It is easy to dismiss his views as tolerant and permissive, yet, as Winnicott himself said, sentimentality has no place in the treatment of anti-social youth; the child or adolescent wants confrontation to be met and contained (Winnicott, 1968/1986). He does however embrace immaturity. It is here, he said, that creative thought and fresh ideas challenge the establishment. He cautioned against adults forcing premature maturity and suggested allowing adolescents the excitement of finding themselves while free of responsibility (Winnicott, 1968/1986).

In the previous chapter, I raised the critique of Winnicott’s alleged fixation on the maternal role with apparently little acknowledgment of the importance of the father. It is in his writings on adolescence that Winnicott attributed more influence to the father’s role. In his articles about the early environment he referred to the father only sporadically and as playing a supporting role to the mother, but in his writings on adolescence and delinquency he placed more emphasis on the father’s role. Winnicott said that maternal care necessarily precedes paternal influence. It is timely to reiterate that by maternal care Winnicott meant primary caregiver which could include the father. “Gradually the father as male becomes a significant factor. And then follows the family.” (Winnicott, 1968/1986, p.154). It can be understood that as for maternal care, Winnicott used the word paternal care to encompass those who undertake that role in the child’s life. More contemporary family groupings and even cultures that engage in child rearing practices with

extended tribal influences may arguably still ascribe paternal and maternal roles to parenting in the fashion described by Winnicott.

Winnicott's concepts of adolescence are rooted in a Euro-centric paradigm, and while other cultures may or may not subscribe to the notion of a formally recognised stage, most do recognise a period of preparation for adulthood. However, the structure and content differ considerably from culture to culture and the tasks of society and parents towards adolescents as described by Winnicott might not necessarily hold the same value in non-Western societies.

It is also relevant to note that in New Zealand and in Western culture in general, the period of adolescence has been extended considerably. During Winnicott's era adulthood was attained at the age of 18. Contemporary social commentators are now proposing that adult status does not occur until age 25. Partly this is related to young adults remaining financially dependent on their parents for longer than previously. In addition, neuroscience is providing evidence that brain development is not complete until the early to mid-twenties (Spear, 2000). This could have implications for how society responds to juvenile delinquency.

I believe that new understandings of adolescent brain development are starting to provide empirical evidence to support Winnicott's theories. Winnicott is explicit that the anti-social tendency and delinquency are rooted in deprivation at a time of relative dependence; that the adolescent is unconsciously seeking what was known and lost. If we agree the period of adolescence is now protracted, it may be that the period of relative dependence is also extended and the potential for deprivation and unconscious reaction is greater, although I acknowledge this is a perspective that may be disputed. Winnicott described this period of relative dependence as lasting roughly between six months to two years old, when a child is unable to maintain

conscious memory of that which is good (Winnicott, 1984). The unconscious longings for this time become manifest in adolescence and the anti-social act is committed in an attempt to get back to when things were good. I believe Winnicott is implying that after the age of two, the child is able to hold onto conscious memories of good and therefore can better withstand loss and deprivation. If the period of relative dependence has been prolonged, perhaps then three or four year olds may not have the capacity to consciously retain memories of the good enough environment.

Conclusion

This chapter has reviewed Winnicott's literature on adolescence, the anti-social tendency and juvenile delinquency. It has discussed his writings on aggression and the development of guilt and concern. It has also interpreted his theories through a modern lens, giving them meaning within contemporary New Zealand society.

Chapter 4

Treatment

“You must be strong enough to be able to show deep love. Sentimentality is absolutely ruled out.”

D.W. Winnicott

Introduction

In the previous two chapters I reviewed and discussed Winnicott’s literature on the early environment of the infant, adolescence, anti-social tendencies and delinquency. In this chapter I explore Winnicott’s literature on the clinical implications of his theories and their relevance when considering treatment options in Aotearoa New Zealand today. As the central theme of this study is the implications of environmental failure and the treatment of adolescent anti-social tendencies this chapter only briefly discusses Winnicott’s psychoanalytic concepts of treatment and focuses rather on his works regarding the treatment of adolescents and delinquency.

The early environment in the treatment setting

Winnicott is a strong advocate for non-interference in the treatment of emotional problems. He believed that therapists should provide a holding environment in which “natural” processes can reassert themselves (Phillips, 2007). In other words, Winnicott advocated for a facilitating environment in which the process of healing can occur organically. We have already established that the mother - infant relationship has a quality of mutuality in which the mother can receive the infant’s communication as though mother and infant are one. Winnicott maintained that the role of the therapist is to receive the early pre-verbal communication of the patient and to communicate with the unconscious. In analysis the therapist potentially works with absolute

dependence in the transference and is tasked with meeting the specific and developing needs of the patient just as the good enough mother does with her infant (Winnicott, 1960). “The setting of analysis reproduces the earliest mothering techniques. It invites regression by reason of its reliability.” (Winnicott, 1955, p. 20). With these techniques the patient can return to the period of environmental failure and with new ego strength feel and express the related anger (Winnicott, 1955). In another seminal article “Hate in the countertransference” (1949), Winnicott referred to the analyst’s obligation to display all the patience and tolerance and reliability of a mother devoted to her infant. It is within this facilitating environment that healing will naturally occur.

The holding environment, which is a dominant feature of Winnicott’s early maternal care, is given equal value within the therapeutic setting. In an analysis the holding environment, rather than interpretation, is what really matters in Winnicott’s view. In “Meta psychological and clinical aspects of regression within the psycho-analytical set up” (1955), Winnicott detailed Freud’s description of the ideal setting to facilitate therapeutic regression. He enumerated 12 points including number and length of sessions, and the behaviour of the analyst. Winnicott noted the similarity between Freud’s setting and the holding environment provided by the mother for her infant. This is an explicit example of a holding environment however, Winnicott often used the concept less precisely and implied that the holding environment in therapy is an approach akin to that of the infant-mother relationship in which the therapist provides the emotional holding of the patient as well as an environment attuned with the patient’s needs. The therapist’s attention as well as the environmental setting mirrors the mother’s maternal preoccupation (Abram, 2007). Abram (2007) asserts that Winnicott’s concept of holding in therapy does not include the physical aspect of touching the patient however, this is debatable as Winnicott is known to have used physical contact with patients most notably his patient Margaret

Little who commented, “Literally, through many long hours he held my hands clasped between his, almost like an umbilical cord” (Little, 1990.p.40). I suspect the metaphor of the umbilical cord is deliberate and Winnicott was conscious of the physical delivery of the patient’s unconscious yearning for maternal connection.

Along with a holding environment, the other concepts of Winnicott’s early maternal care which were discussed in Chapter two, that of illusion and disillusion, or impingement and failures of environment, all become features of therapy as the therapist allows the patient to gradually experience and tolerate failures within the therapeutic relationship.

The behaviour of the analyst, represented by what I have called the setting, by being good enough in the matter of adaptation to need is gradually perceived by the patient as something that raises a hope that the true self may at last be able to take the risks involved in starting to experience living (Winnicott, 1956, p.387).

He goes on to assert, that the good enough adaptation of the analyst facilitates a shift in the patient from False to True Self. That is, by recreating the early environmental setting within the analytic framework, the reliability and good enough adaptation of the therapist results in the patient having the opportunity to develop an ego which experiences id impulses and feels real in doing so (Winnicott,1956).

Winnicott referred to the early maternal environment in many of his clinical articles. The concepts of holding, illusion, impingement and False Self defences are integral to his analytic work. However, his literature on the treatment of adolescents and, in particular, anti-social tendencies and delinquency does not always indicate psychoanalysis as the preferred treatment option, exploring other interventions and approaches. These will be discussed in this chapter but,

from an interpretive viewpoint, I would suggest that his concepts of early maternal care as discussed in Chapter two are present and indicated either implicitly or explicitly in all of Winnicott's work with children and adolescents.

Treating Adolescents

Winnicott suspected that due to adolescents' position as isolates and as the preservation of personal isolation is part of the adolescent search for identity, they shun psychoanalysis even while frequently showing interest in the theories. "They feel that by psychoanalysis they will be raped, not sexually but spiritually" (Winnicott, 1963/1965, p.190). He argued that during adolescence the youth is defending against growing up too soon and does not want to be found. In another article, Winnicott (1963/1984) stated that adolescents do not want to be understood. I interpret this as Winnicott acknowledging that the intimacy of analysis is confronting to young people and that, in their search for themselves, an adult knowing them could feel like a violation of their psyche. That is not to say that psychoanalysis is contra-indicated but rather the therapist must be prepared for these added complications.

In practice the analyst can avoid confirming the adolescent's fears in this respect, but the analyst of an adolescent must expect to be tested out fully and must be prepared to use communication of indirect kind, and to recognise simple non-communication (Winnicott, 1963/1965, p.190).

Having said that, Winnicott does infer that work with children and adolescents is not strictly analysis as it requires a freer interchange between therapist and patient than usually practised. He suggested that often casework becomes the focus of treatment rather than analysis.

Winnicott is clear throughout his writings that the environment plays a significant role in the emotional health of an individual. Deprivation stemming from environmental failures is best remedied by adjusting the current environment and, failing that, providing an alternate facilitating environment such as foster or residential care. However, Winnicott was categorical in his assertion that although there are frequently distressing cases where removal of the child or youth from the family is warranted, the most advantageous environment for the youth is within the family home (Winnicott, 1950/1965).

In the previous chapter I noted that Winnicott regarded libidinal instincts as being a central theme in clinical practice with adolescent clients. He said that the analyst should be aware that material presented will convey the struggle of the ego coping with the id changes which will either be manifest in the adolescent's life or exposed in the material presented in the analytic setting or in the adolescent's conscious and unconscious fantasies (Winnicott, 1961/1965). Winnicott did not expand on this theme explicitly in other writings on adolescence and treatment, however, in his clinical case studies, Winnicott frequently referred to libidinal crises as a feature of his work with adolescent clients. These case studies also demonstrate the free interactions he employs in his work with youth in order to build trust with a clinical population who are often inherently distrustful of adults and authority (Winnicott, 1971).

In his case studies, Winnicott most often described his consultations as being based around a game he devised called the "Squiggle game". He used this as a therapeutic diagnostic tool with children and adolescents (Winnicott, 1964/1989). He believed that by facilitating play he could assist the child or adolescent to access representations of their unconscious (Abram, 2007). Winnicott has reproduced many of these drawings in clinical descriptions where he shows clearly how the adolescent communicates his or her libidinal themes (Winnicott, 1971). Winnicott

emphasised that the “Squiggle game” is not an essential part of analysis but rather a technique to develop a relationship based on a dual communication. In his paper entitled “The Squiggle game”, Winnicott refers to the necessity of the therapist providing a holding environment. “Perhaps the main work done is of the nature of integration, made possible by the reliance on the human but professional relationship - a form of “holding”.”(Winnicott, 1964/1989, p.299).

Another feature of Winnicott’s work with children and adolescents which deviates from traditional psychoanalysis is the frequency and duration of the therapy. Although he said his interviews and assessments using the Squiggle game are not the therapeutic intervention he also stated in a number of his case studies that, after the initial consultation, the child or adolescent only required one or two further consultations (Winnicott, 1968/ 1971). This is not to say that Winnicott did not feel long term therapy was indicated but, rather, that, with the rapid changes during puberty, and the only “cure” for adolescence being time, it was practical and possible to provide relief with minimal interventions (Winnicott, 1968/1971). I would suggest too, that Winnicott is demonstrating that the adolescent’s ability to right himself when in a traumatic state is facilitated more by the holding environment than insights into unconscious motivations.

While Winnicott contended that the anti-social tendency and healthy adolescence are closely associated, he did suggest markedly different treatment options for anti-social and delinquent youth.

Treatment of Anti-social and Delinquent Adolescents

As stated above, Winnicott did not always advocate psychotherapy as the preferred intervention for adolescents. This reluctance is even more apparent in his work with anti-social and delinquent adolescents. He named a number of instances when he felt analysis was

inappropriate: when there is a fear of madness, when a False Self is so successful that the facade of success will be destroyed in a successful analysis, when there is an ill parental figure dominating the scene and, most pertinent to this study, where an anti-social tendency is present (Winnicott, 1962/1965). He said that analysis is for those who want it and can take it. When working with what he termed “the wrong kind of case” i.e. those described above, he changed to non-analytical work, in which he attempted to meet the needs of that special case (Winnicott, 1962/1965). In terms of the anti-social tendency and delinquency, this can be interpreted as adjusting the interventions to fit the environmental needs.

Previously I discussed the difference between the anti-social act and the anti-social tendency. The anti-social act is present in all healthy developing adolescents and requires no treatment other than that the environment meets their challenge. However, the anti-social tendency and delinquency are themselves an indication that the environment has failed and the deprivation experienced by the youth must be addressed. Winnicott said that the danger of psychoanalysis is that the patient’s needs in terms of infantile dependence can get lost in the analysis (Winnicott, 1962/1965). In his article “Delinquency research” (1943), Winnicott gave a very definite indication of his willingness to consider other interventions. “A far greater number of delinquents have been ‘cured’ by management of external environment than have ever been favourably affected by analytic therapy” (Winnicott, 1943, p. 65). In the same article he said that of all the psychological disorders, delinquency is the most affected by external factors and the environmental condition may be the main causation.

Winnicott also stated that there are two types of specialist environments for anti-social and delinquent youth, one which hopes to socialise the youth and the other which is designed to preserve society from these children with no thought for rehabilitation (Winnicott, 1961/1986). I

interpret this as an example of the distinction Winnicott makes between the anti-social tendency and delinquency. The first specialised environment is appropriate for anti-social tendencies and may include psychotherapy, while the second is the environment provided by borstals or juvenile detention centres as they are now known.

Most of Winnicott's writings suggest that he deemed environmental provision the primary intervention for delinquency, with psychotherapy having limited effect, although it can be effective in treating the anti-social tendency. "Psychotherapy designed to deal with an anti-social tendency in a patient only works, as I have said, if the patient is near the beginning of his or her anti-social career, before secondary gains and delinquent skills have become established." (Winnicott, 1961/1986, p.110).

When psychotherapy is indicated as a treatment option, the therapist should meet the anti-social tendency by allowing the youth's rights in terms of love and reliability, and by providing an ego-supportive structure that is relatively indestructible (Winnicott, 1963/1965). Winnicott contended that the acting out of the anti-social tendency within the therapy should be well managed and met by the therapist. The inevitable failures of the therapist allow the patient to access and experience the trauma felt at the appropriate stage of dependence and express it appropriately as anger (Winnicott, 1963/1965). However, Winnicott said that, all too often, the therapy is curtailed at these important yet awkward anti-social phases due either to the therapist being unable to tolerate the acting out or, more often, to the fact that those in charge do not understand the value of these acting-out phases and are unable to discern the positive value of the anti-social acts (Winnicott, 1963/1965).

While Winnicott does not explicitly advocate for residential provision for delinquent youth, he has written many articles in support of these institutions as well as advice to managers of borstals and residential care units on how to optimise the care of maladjusted adolescents (Winnicott, 1943,1946/ 1984,1950/1984, 1955/1984,1961/1986). It is unclear whether Winnicott is suggesting that residential or borstal type facilities, by providing the stability and consistency of a holding environment, are best suited to treating delinquency or whether these institutions were a reality of his era and he was responding to this practically. Winnicott did suggest that there is no room for sentimentality when treating an offender and that the law must take cognizance of society's' unconscious desire for revenge and at the same time recognise that harsh discipline and punishment inhibits personal growth and the development of individual responsibility (1961/1984).

Relevance to Clinical Practice in New Zealand

Winnicott is widely regarded as one of the most influential psychoanalysts in the history of the profession. His work with children and his theories on the effects of maternal care on development have had a significant impact on contemporary psychoanalytic theory relating to child, adolescent and adult psychotherapy.

AUT is the largest provider of psychotherapy training in Aotearoa New Zealand (in terms of the number of students) and, as detailed above, a search of its Master's dissertations database revealed that Winnicott is cited on average 1.53 times per psychotherapy dissertation. This average increases to 3.2 times when filtered to child psychotherapy dissertations, indicating that from a psychotherapy perspective Winnicott is considered to be highly relevant and applicable in contemporary Aotearoa New Zealand psychotherapy practice. (See Table.1, Chapter 1). He was

cited on average 1.0 times in dissertations with a Maori or non-Western theme which would appear to indicate that he has some relevance within Maori practice, although it is important to note the small sample size. This in itself deserves further research as it could also indicate that psychotherapy is not considered highly relevant within Maori models of health.

The treatment of adolescent anti-social tendencies and juvenile delinquency in Aotearoa New Zealand typically does not engage, let alone privilege, psychotherapy as the first choice of treatment and, although Winnicott himself did not always favour psychotherapy for the treatment of delinquency and anti-social tendencies, he did firmly believe that psychotherapeutic understanding of unconscious processes was imperative to successful outcomes with this client group (Winnicott, 1970/1984). While family and the environment are strong considerations for the treatment of juvenile delinquency in Aotearoa New Zealand, they are mostly focussed on a behavioural approach with little if any acknowledgment of underlying and unconscious motivations.

Current practice in Aotearoa New Zealand has seen a wide uptake of evidence based behavioural models from the USA. Multi-systemic Therapy (MST) and to a lesser extent Functional Family Therapy (FFT) are two models used extensively by organisations contracted to work with youth offenders in Aotearoa New Zealand. Both models have considerable research evidence to support their effectiveness at reducing rates of youth offending both in the USA and in Aotearoa New Zealand. The success of these programmes is measured by the reduction in frequency and seriousness of offending. Otago University is currently engaged in measuring the FFT model from a bi-cultural Aotearoa New Zealand standpoint. What is perhaps missing from the data provided by these models is the emotional well-being of the adolescent and whether a focus on behaviour change requires detrimental adaptation. From a Winnicottian

perspective, these models could purely induce conformity as evidenced by symptomatic cures (Winnicott, 1969). This would bring relief to the community and society but at a cost to the individual. It is useful to consider Winnicott's concept of the False Self as discussed in Chapter two, as conformity and compliance is an essential feature of a False Self which can lead to feelings of emptiness and deficiency (Winnicott, 1960). Furthermore, if we consider the fact that youth suicide rates in Aotearoa New Zealand are amongst the highest in the developed world (Ministry of Health, 2014) , then the link to False Self disorders becomes even more compelling.

A brief search for therapeutic interventions aimed specifically for Maori youth revealed that this is an area that requires urgent review to identify and develop a Kaupapa Maori model. The Whare Tapa Wha model developed by Mason Durie is arguably the most widely known Maori model of health, encompassing a holistic framework that includes te taha hinengaro (psychological health); te taha wairua (spiritual health); te taha tinana (physical health) and te taha whanau (family health) (Durie, 1985). While this underpins therapeutic interventions for Maori youth, it is clear from the statistics displayed in Table 2 (pg23) more research is needed to best understand the needs of Maori youth offenders.

Given the overwhelming over-representation of Māori appearing before youth courts, this indicates a crisis, and a failure of the programmes currently funded to prevent and treat conduct problems at the severe level. The lack of information and existence of robust, culturally responsive services for conduct problems contributes to the failure of Māori. (Cherrington, 2009, p.91)

One of the greatest strengths of Winnicott's approach to anti-social and delinquent youth is his willingness to employ flexible and responsive approaches to treatment. He is accommodating

of case management as well as psychotherapy and is realistic in recognising limitations and degrees of success within all approaches. Whether psychotherapy or residential care is elected, Winnicott maintained that remedy or cure can only be achieved if care is provided (Winnicott, 1970/1986). Winnicott referred to a concept he called “care-cure” which sums up his approach to treating juvenile delinquency and anti-social tendencies in adolescence. “Care-cure” is the provision of a reliable, truthful and non-moralistic approach in order to affect a remedy. “care-cure” is an extension of the concept of holding and that by providing a facilitating environment emotional growth can occur (1970/1986).

In Aotearoa New Zealand, there is currently a distinction between the anti-social tendency and juvenile delinquency, and interventions are varied. The anti-social tendency is typically conceptualised as Conduct Disorder or Oppositional Defiance Disorder and treatment is usually focussed on behavioural modification techniques either within the home of origin or foster or residential care. Frequently incentive and reward programmes are instituted which outwardly appear to gain good results however, as argued above, the adolescent may be accommodating or adapting rather than healing through appropriate expression and integration of early environmental failures. While these programmes do in one sense provide the stable and holding environment and deliver some of the features of early maternal care and father-mother and family functions that Winnicott deemed essential for the repair of anti-social tendencies, they also have an intrinsic judgment on accepted morality and ethics which Winnicott repudiated.

Juvenile delinquency in contemporary Aotearoa New Zealand is represented under the banner of youth offending and typically the delinquent finds himself in a juvenile or youth detention centre. As the name implies these facilities are focussed on detaining and keeping the

juvenile safe or the community safe from the juvenile. While there is some provision for addressing drug and alcohol or anger related issues, psychotherapy is not typically offered.

In Chapter one (Table 2) I compared rates of youth incarceration in England/Wales, Canada, Australia, New Zealand and the USA. Unsurprisingly the indigenous populations in Canada, Australia and New Zealand are significantly overrepresented in these statistics. The figures for indigenous people in the USA represent Native Indian and Native Alaskans. While Canada and Australia have similar rates of juvenile incarceration per 100,000 of population, the New Zealand rate in comparison is significantly higher at almost 80% more juveniles detained. The USA has a 236% higher rate of incarceration of juvenile offenders than New Zealand. While an in-depth analysis of these statistics is not within the scope of this dissertation and many factors contribute to them, a cursory inquiry suggests that further research is needed into the efficacy of North American models for Aotearoa New Zealand. If we consider the implications of the high indigenous representation in these statistics then we could conclude that Winnicott's assertion that delinquency is rooted in deprivation is accurate and perhaps his theories have a lot to offer in how we think about and deal with our anti-social and delinquent youth.

Conclusion

This chapter has explored Winnicott's concepts of early maternal care and their relevance to treatment. It has discussed his literature on the treatment of adolescents and treating juvenile delinquency and the anti-social tendency. It has also examined current practice in Aotearoa New Zealand and how Winnicott's theories are relevant today.

Chapter 5

Conclusion

“Indeed, most of the loud-speaking comes from individuals who are unable to tolerate the idea of a solution in time instead of a solution through immediate action.”

D.W. Winnicott

In this chapter I will discuss my findings, consider the limitations and strengths of this research, identify recommendations for further research and provide a brief summary of the study.

Discussion

From the discussions in Chapters two and three it is clear that Winnicott placed the utmost value on the impact of the early environment on the emotional development of the infant. However, he was unequivocal that if the anti-social tendency was present in adolescence, the very early maternal environment must have been sufficient with environmental loss occurring at a time of relative dependence. “The antisocial tendency *always* arises out of a deprivation and represents the child’s claim to get back behind the deprivation to the state of affairs that obtained when all was well” (Winnicott, 1963/1965, p.204). In the same article he said:

Behind a child’s maladjustment is always a failure of the environment to adjust to the child’s absolute needs at a time of relative dependence (such failure is initially a failure of nurture). Then there can be added a failure of the family to heal the effects of such failures; and then there may be added the failure of society as it takes the family’s place (Winnicott, 1963/1965,p.208).

This clearly indicates Winnicott's position that delinquency does not arise out of failure, which is inevitable, but out of repeated failures not only of the early maternal environment but also the extended environment which includes the father and wider family, community and society. He is also unambiguous about the need for the very early maternal environment to be recreated in the treatment setting in order to address these failures.

The purpose of this study was two-fold: to engage with Winnicott's texts to make meaning of his theories in order to ascertain whether there was a link between the early infant environment and the development of anti-social tendencies and to ascertain whether Winnicott's theories are relevant in contemporary Aotearoa New Zealand society. The study shows Winnicott links environment failing at a time of relative dependence and the development of anti-social tendencies. I also show that Winnicott's thinking is relevant within psychodynamically informed psychotherapy practice in Aotearoa New Zealand, particularly within child and adolescent psychotherapy. However, it is evident that psychotherapy itself is not widely regarded as a preferred treatment option for juvenile delinquency in Aotearoa New Zealand. Furthermore, the study did not ascertain whether Winnicott's theories were relevant to Maori and how his concepts could be understood from a Maori world view.

Strengths and Limitations of Research

The strengths of this review lie in the comprehensive synthesising of Winnicott's works which has revealed new perspectives and relationships between ideas, congruent with Hart's (1998) reasons for conducting a literature review. The review has considered Winnicott's experiences and implied experiences, and drawn out how he may have constructed his understanding of phenomena. Furthermore, it has identified areas for further research, detailed in

the following paragraph's, which would be beneficial for practitioners of psychotherapy in Aotearoa New Zealand as well as for other professionals who work with disaffected youth.

A limitation of this study is that the use of an interpretive literature review of the works of one author/theorist as a methodology indicates that no empirical data has been collected. The subjectivity of this review has been acknowledged and has inevitably impacted on the data selected for inclusion as well as the interpretation of texts. Therefore, this study could not be repeated by another researcher with the same findings.

Another limitation of this review is the lack of data on the relevance of Winnicott's thinking to Maori. In the analysis of the AUT dissertations, the lack of Maori themed dissertations was notable, and although Winnicott featured on average once per dissertation, only 0.7% of the dissertations were of a Maori theme.

Recommendations for Further Research

This study has focussed on the links between failures in the infant's environment and the onset of anti-social tendencies in adolescence as well as considering the relevance of Winnicott's theories to contemporary Aotearoa New Zealand practice. In researching the applicability of Winnicott's theories to contemporary practice it was apparent that very little data was available for consideration on the relevance of his theories when working with Maori clients. Considering the high percentage of Maori in Aotearoa New Zealand juvenile detention centres (See Figure Two), this is a topic that could benefit from further research. Furthermore, it would be of interest to see how Winnicott's theories of maternal care and emotional development interface with traditional Maori parenting practices and Maori models of wellbeing.

Another area of interest is a comparison between the evacuated children who Winnicott worked with and the children of divorced or single parents of today. I was struck by the parallels between Winnicott's descriptions of the evacuated child's experience of foster care parents and the experiences of children today who are part of shared custody agreements and blended families with step parents and siblings. Winnicott identified a link between displaced children and delinquent behaviour (Winnicott, 1947/ 1984) which could potentially have ramifications for current practice with children and adolescents of divorced or single parents.

The link between False Self disorders and adolescent suicide is also a topic that deserves closer scrutiny. The high incidence of adolescent suicide in Aotearoa New Zealand is a cause of grave concern to clinicians, communities and government agencies. If False Self disorders can be shown to be linked to suicidal and self-harming behaviours then psychodynamic psychotherapy might be reconsidered as an effective treatment option for anti-social youth.

Summary

In this dissertation I began by introducing my topic and my rationale for choosing this study. Chapter one defines my research problem and identifies my research question. It describes the methodology and method chosen to undertake the research and details the method of data collection and analysis. Chapter two has discussed six key concepts of Winnicott's maternal care and infant development and interpreted this through a modern lens. Chapter three examines Winnicott's theories of adolescence, the anti-social tendency and juvenile delinquency and discusses their relevance to contemporary Aotearoa New Zealand society. Chapter four considers the clinical implications of Winnicott's theories and how these might be interpreted in

current practice. This is followed by the Conclusion in which I describe the strengths and limitations of the study and identify areas for further research.

Conclusion

The interpretive literature review conducted for this study has enabled me to engage closely and creatively with the extensive works of D.W. Winnicott. It has been difficult to remain within an interpretive lens and frequently I found myself adopting a descriptive phenomenology requiring me to re-write and re-engage with texts in order to understand them from an interpretive stance. While this has been frustrating at times, it has also ensured that the texts were scrutinised with a level of interest not afforded the casual reader and gave me a deep appreciation of Winnicott's gift for understanding the unconscious motivations of anti-social youth with compassion and without sentimentality.

I am deeply privileged to work with children and adolescents who have been diagnosed with conduct disorder. The study has provided me with a different lens to understand the needs of these clients and I find myself encouraged to extend my knowledge further and to continue to embark on research and study in order to ensure I personally can provide the quality of treatment and care Winnicott would approve of.

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Appendix A: References for Epigrams

Chapter 1

Winnicott, D. W. (1986). Adolescent immaturity. In C. Winnicott, R. Shepherd, & M. Davis (Eds.), *Home is where we start from: Essays by a psychoanalyst* (pp. 150-166). London, England: W.W. Norton. (Original work published 1968)

Chapter 2

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Chapter 4

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Chapter 5

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