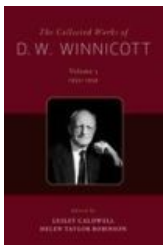

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CHAPTER

16 Primary Maternal Preoccupation

Donald W. Winnicott

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Abstract

In this paper Winnicott describes a state following the birth of a child for every mother which he terms primary maternal preoccupation. He considers that in this post partum state the mother of an infant becomes biologically and psychologically conditioned for special orientation to the needs of her child. He notes that there are *psychological* differences between the mother's identification with the infant, and the infant's helpless dependence on the mother. Maternal failure can produce an experience of impingement which interrupts the 'going on being' of the infant. However if a mother is sensitized she can empathise with and meet the infant's needs. In this early stage of development for the baby there is an ego-relatedness between both mother and child, from which the mother recovers, and the infant may then build the idea of a person in the mother. The mother's failure to adapt in the earliest phase can be experienced as an annihilation of the infant's self. However, what the mother does well is not apprehended by the infant at this stage.

Keywords: Winnicott, primary maternal preoccupation, impingement, 'going on being', ego relatedness, instinctual experiences, empathy

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This contribution is stimulated by the discussion published in the *Psychoanalytic Study of the Child*, Volume IX, under the heading: 'Problems of Infantile Neurosis'. The various contributions from Miss Freud in this discussion add up to an important statement of present-day psycho-analytic theory as it relates to the very early stages of infant life, and of the establishment of personality.

I wish to develop the theme of the very early infant-mother relationship, a theme that is of maximal importance at the beginning, and that only gradually takes second place to that of the infant as an independent being.

It is necessary for me first to support what Miss Freud says under the heading, 'Current Misconceptions'. 'Disappointments and frustrations are inseparable from the mother-child relationship.... To put the blame for the infantile neurosis on the mother's shortcomings in the oral phase is no more than a facile and misleading generalization. Analysis has to probe further and deeper in its search for the causation of neurosis'. In these words Miss Freud expresses a view held by psycho-analysts generally.

In spite of this we may gain much by taking the mother's position into account. There is such a thing as an environment that is not good enough, and which distorts infant development, just as there can be a good-enough environment, one that enables the infant to reach, at each stage, the appropriate innate satisfactions and anxieties and conflicts.

Miss Freud has reminded us that we may think of pregenital patterning in terms of two people joined to achieve what for brevity's sake one might call 'homeostatic equilibrium' (Mahler, 1954). The same thing is referred to under the term 'symbiotic relationship'. It is often stated that the mother of an infant becomes
p. 184 biologically conditioned for her job of special orientation ↳ to the needs of her child. In more ordinary language there is found to be an identification—conscious but also deeply unconscious—which the mother makes with her infant.

I think that these various concepts need joining together and the study of the mother needs to be rescued from the purely biological. The term symbiosis takes us no further than to compare the relationship of the mother and the infant with other examples in animal and plant life—physical interdependence. The words homeostatic equilibrium again avoid some of the fine points which appear before our eyes if we look at this relationship with the care it deserves.

We are concerned with the very great *psychological* differences between, on the one hand, the mother's identification with the infant and, on the other, the infant's dependence on the mother; this latter does not involve identification, identification being a complex state of affairs inapplicable to the early stages of infancy.

Miss Freud shows that we have gone far beyond that awkward stage in psycho-analytic theory in which we spoke as if life started for the infant with oral instinctual experience. We are now engaged in the study of early development and of the early self which, if development has gone far enough, can be strengthened instead of disrupted by id experiences.

Miss Freud says, developing the theme of Freud's term 'anaclitic': 'The relationship to the mother, although the first to another human being, is not the infant's first relationship to the environment. What precedes it is an earlier phase in which not the object world but the body needs and their satisfaction or frustration play the decisive part'.

Incidentally I feel that the introduction of the word 'need' instead of 'desire' has been very important in our theorizing, but I wish Miss Freud had not used the words 'satisfaction' and 'frustration' here; a need is either met or not met, and the effect is not the same as that of satisfaction and frustration of id impulse.

I can bring in Greenacre's reference (1954) to what she names the 'lulling' type of rhythmic pleasures. Here we find an example of need that is met or not met, but it would be a distortion to say that the infant who is not lulled reacts as to a frustration. Certainly there is not anger so much as some kind of distortion of development at an early phase.

Be that as it may, a further study of the function of the mother *at the earliest phase* seems to me to be overdue, and I wish to gather together the various hints and put forward a proposition for discussion.

Maternal Preoccupation

It is my thesis that in the earliest phase we are dealing with a very special state of the mother, a
p. 185 psychological condition which deserves a name, such as ↳ *Primary Maternal Preoccupation.* I suggest that sufficient tribute has not yet been paid in our literature, or perhaps anywhere, to a very special psychiatric condition of the mother, of which I would say the following things:

> It gradually develops and becomes a state of heightened sensitivity during, and especially towards the end of, the pregnancy.
>
> It lasts for a few weeks after the birth of the child.
>
> It is not easily remembered by mothers once they have recovered from it.
>
> I would go further and say that the memory mothers have of this state tends to become repressed.

This organized state (that would be an illness were it not for the fact of the pregnancy) could be compared with a withdrawn state, or a dissociated state, or a fugue, or even with a disturbance at a deeper level such as a schizoid episode in which some aspect of the personality takes over temporarily. I would like to find a good name for this condition and to put it forward as something to be taken into account in all references to the earliest phase of infant life. I do not believe that it is possible to understand the functioning of the mother at the very beginning of the infant's life without seeing that she must be able to reach this state of heightened sensitivity, almost an illness, and to recover from it. (I bring in the word 'illness' because a woman must be healthy in order both to develop this state and to recover from it as the infant releases her. If the infant should die, the mother's state suddenly shows up as illness. The mother takes this risk.)

I have implied this in the term 'devoted' in the words 'ordinary devoted mother' (Winnicott, 1949). There are certainly many women who are good mothers in every other way and who are capable of a rich and fruitful life but who are not able to achieve this 'normal illness' which enables them to adapt delicately and sensitively to the infant's needs at the very beginning; or they achieve it with one child but not with another. Such women are not able to become preoccupied with their own infant to the exclusion of other interests, in the way that is normal and temporary. It may be supposed that there is a 'flight to sanity' in some of these people. Some of them certainly have very big alternative concerns which they do not readily abandon or they may not be able to allow this abandonment until they have had their first babies. When a woman has a strong male identification she finds this part of her mothering function most difficult to achieve, and repressed penis envy leaves but little room for primary maternal preoccupation.

In practice the result is that such women, having produced a child, but having missed the boat at the earliest stage, are faced with the task of making up for what has been missed. They have a long period in which they must closely adapt to their growing child's needs, and it is not certain that they can succeed in mending the
p. 186 early distortion. Instead of taking for granted the ↳ good effect of an early and temporary preoccupation they are caught up in the child's need for therapy, that is to say, for a prolonged period of adaptation to need, or spoiling. They do therapy instead of being parents.

The same phenomenon is referred to by Kanner (1943), Loretta Bender (1947) and others who have attempted to describe the type of mother who is liable to produce an 'autistic child' (Creak, 1951; Mahler, 1954).

It is possible to make a comparison here between the mother's task in making up for her past incapacity and that of society attempting (sometimes successfully) to bring round a deprived child from an antisocial state towards a social identification. This work of the mother (or of society) proves a great strain because it does not come naturally. The task in hand properly belongs to an earlier date, in this case to the time when the infant was only beginning to exist as an individual.

If this thesis of the normal mother's special state and her recovery from it be acceptable, then we can examine more closely the infant's corresponding state.

The infant has

A constitution.

Innate developmental tendencies ('conflict-free area in ego').

Motility and sensitivity.

Instincts, themselves involved in the developmental tendency, with changing zone-dominance.

The mother who develops this state that I have called 'primary maternal preoccupation' provides a setting for the infant's constitution to begin to make itself evident, for the developmental tendencies to start to unfold, and for the infant to experience spontaneous movement and become the owner of the sensations that are appropriate to this early phase of life. The instinctual life need not be referred to here because what I am discussing begins before the establishment of instinct patterns.

I have tried to describe this in my own language, saying that if the mother provides a good enough adaptation to need, the infant's own line of life is disturbed very little by reactions to impingement. (Naturally, it is the *reactions* to impingement that count, not the impingements themselves.) Maternal failures produce phases of reaction to impingement and these reactions interrupt the 'going on being' of the infant. An excess of this reacting produces not frustration but a *threat of annihilation.* This in my view is a very real primitive anxiety, long antedating any anxiety that includes the word death in its description.

In other words, the basis for ego establishment is the sufficiency of 'going on being', uncut by reactions to impingement. A sufficiency of 'going on being' is only possible at the beginning if the mother is in this state that (I suggest) is a very real thing when the healthy mother is near the end of her pregnancy, and over a period of a few weeks following the baby's birth.

p. 187 Only if a mother is sensitized in the way I am describing can she feel herself into her infant's place, and so meet the infant's needs. These are at first body-needs, and they gradually become ego-needs as a psychology emerges out of the imaginative elaboration of physical experience.

There comes into existence an ego-relatedness between mother and baby, from which the mother recovers, and out of which the infant may eventually build the idea of a person in the mother. From this angle the recognition of the mother as a person comes in a positive way, normally, and not out of the experience of the mother as the symbol of frustration. The mother's failure to adapt in the earliest phase does not produce anything but an annihilation of the infant's self.

What the mother does well is not in any way apprehended by the infant at this stage. This is a fact according to my thesis. Her failures are not felt as maternal failures, but they act as threats to personal self-existence.

In the language of these considerations, the early building up of the ego is therefore silent. The first ego organization comes from the experience of threats of annihilation which do not lead to annihilation and from which, repeatedly, there is *recovery.* Out of such experiences confidence in recovery begins to be something which leads to an ego and to an ego capacity for coping with frustration.

It will, I hope, be felt that this thesis contributes to the subject of the infant's recognition of the mother as a frustrating mother. This is true later on but not at this very early stage. At the beginning the failing mother is not apprehended as such. Indeed a recognition of absolute dependence on the mother and of her capacity for primary maternal preoccupation, or whatever it is called, is something which belongs to *extreme sophistication,* and to a stage not always reached by adults. The general failure of recognition of absolute dependence at the start contributes to the fear of WOMAN that is the lot of both men and women (Winnicott, 1950 [CW 3:5:17], 1957*a*).

We can now say why we think the baby's mother is the most suitable person for the care of that baby; it is she who can reach this special state of primary maternal preoccupation without being ill. But an adoptive mother, or any woman who can be ill in the sense of 'primary maternal preoccupation', may be in a position to adapt well enough, on account of having some capacity for identification with the baby.

According to this thesis a good enough environmental provision in the earliest phase enables the infant to begin to exist, to have experience, to build a personal ego, to ride instincts, and to meet with all the difficulties inherent in life. All this feels real to the infant who becomes able to have a self that can eventually even afford to sacrifice spontaneity, even to die.

On the other hand, without the initial good-enough environmental provision, this self that can afford to die never develops. The feeling of real is absent and if there is not too much chaos the ultimate feeling is of
p. 188 futility. ↳ The inherent difficulties of life cannot be reached, let alone the satisfactions. If there is not chaos, there appears a false self that hides the true self, that complies with demands, that reacts to stimuli, that rids itself of instinctual experiences by having them, but that is only playing for time.

It will be seen that, by this thesis, constitutional factors are more likely to show up in the normal, where the environment in the first phase has been adaptive. By contrast, when there has been failure at this first phase, the infant is caught up in primitive defence mechanisms (false self, etc.) which belong to the threat of annihilation, and constitutional elements tend to become overridden (unless physically manifest).

It is necessary here to leave undeveloped the theme of the infant's introjection of illness patterns of the mother, though this subject is of great importance in consideration of the environmental factor in the next stages, after the first stage of absolute dependence.

In reconstructing the early development of an infant there is no point at all in talking of instincts, except on a basis of ego development.

There is a watershed:

Ego maturity—instinctual experiences strengthen ego.

Ego immaturity—instinctual experiences disrupt ego.

Ego here implies a summation of experience. The individual self starts as a summation of resting experience, spontaneous motility, and sensation, return from activity to rest, and the gradual establishment of a capacity to wait for recovery from annihilations; annihilations that result from reactions to environmental impingement. For this reason the individual needs to start in the specialized environment to which I have here referred under the heading: Primary Maternal Preoccupation.