# D. W. Winnicott's mother – child relation and its impact on the child in the school environment. A case study.

Thomopoulou Vasiliki

Department of Speech Therapy, University of Peloponnese, Kalamata, Greece, School psychologist, PhD –

## Goni Styliani

Social worker, Special Professional High School, Kalamata, Greece Msc - gstella@hotmail.com

# Galanaki Athina

Teacher of Special Education, Special School, Athens, Greece, Msc - athinaglnk@gmail.com

### ABSTRACT

Winnicott's developmental model emphasizes the quality of parent/nurturer's - child relation in the first years of the child's life since it affects the person's psycho-emotional development throughout their life. His theory on mother – child relation puts forward the idea that the human being naturally tends to be closer to people who offer security, when necessary. Each person's experience with their parents, during infancy and childhood, define the kind of their relations in their adult life. The above approaches are directly applied in Education, since phenomena of school fear and stress, separation and abandonment are rather frequent and they affect children's learning and emotional profile in the school framework. This is about students who may have low self-esteem, difficulties in adapting to the school environment, learning difficulties, expression of intense anger and aggressive behavior, social withdrawal and intense feelings of loneliness. The case study analyzed in this paper provides a lot of information about the quality of the child's broader relations which are primarily based on the kind of its relation to the "significant others", mother in particular.

**KEY WORDS:** mother – child relation, family framework, school framework, self-esteem, emotional difficulties, learning difficulties

Date of Submission: 14-04-2021

Date of Acceptance: 28-04-2021

#### I. INTRODUCTION

Winnicott was a pediatrician and psychoanalyst who observed infants and their relation to their mothers. He formulated his theory about how a person's development is affected by the degree of trust and the relation built between a child and its parents. In case of an unhealthy relation in the family and broader social environment the person can develop anti-social, delinquent behaviors at an older age (Winnicott, 1945).

#### **OBJECTIVES OF THE STUDY** II.

The objectives of the study focus on perceiving the importance of mother – child relation as well as the way in which this relation affects the child's everyday function in all contexts: family, school and broader social environment.

#### **III METHODOLOGY** III.

The study was based on the child's daily observation and evaluation in the learning and socioemotional domains. In particular, the child's difficulties both in school performance, tied to his age, and building and maintaining of friendships have been observed. Besides, an important part of evaluation and intervention was to explore the child's family environment to define the degree at which the student's image is affected. In terms of the family environment, several counseling sessions with his parents took place and relevant interventions were planned accordingly. However, it was found that the child's support by proper services for further evaluation should be arranged. Additionally, parents should receive more specialized therapeutic intervention.

### IV. THE MOTHER – CHILD RELATION

Winnicott adopted a different approach to psychoanalysis from Freud. He was more interested in the mother – child relation in terms of its psychological content rather than its biological one. On the one hand, this content is expressed through the newborn child's dependence on its mother. On the other hand, it is expressed through mother's identifications and projections to the newborn child (Winnicott, 1945).

Winnicott contends that the child shows neurotic, psychosomatic or even psychotic disorders long before the development of Freud's Oedipus complex. These disorders are due to the difficulties faced by the infant during its development at the stage of breastfeeding and mother's ability to fulfill its emotional needs in such a way so that the infant is able to internalize a "good" mother and lead a healthy psycho-emotional maturation (Winnicott, 1953).

Therefore, he argues that the mother – child relation is the utmost factor to child development without associations to the infants' erotic zone. Based on this train of thought, Winnicott defines the relation to the "other" as the most significant factor to constitute the self. He underlines the importance of the essential "other" towards the development of "I", mother in the case of the infant.

### V. THE IMPORTANCE OF MOTHERLY PRESENCE

According to Winnicott, mother's presence functions at two levels for the infant. At the first one, the "mother – object" offers her "good breast" at an appropriate moment (Winnicott, 1953). In this "mother – object" relation the infant feels omnipotent and intends to control the relation with the "good mother". During this stage of coalescence, its relation to the breast is important to the degree that, in the first place, it cannot distinguish whether the breast is part of its body. What is more, mother is perceived as part of the child since they are virtually united. Gradually, it becomes aware of the reality and its relation to her is differentiated.

If mother is absent, the infant feels bad, in the sense that it is responsible for malfunction to the "good breast" which is lost, since the infant has been demanding and this leads to feelings of responsibility, restlessness and guilt for this absence.

The way in which the infant can handle this condition depends on its family environment. This means that in a family that allows it to "step back" from its idea, it is easier for the infant to express its "repentance" and potentially express again its "interest" in its mother. Yet, if the family does not allow the infant to do so by showing strictness to its "mistake", then the inability to express its "repentance" can take different forms, as stated above, of guilt, depression and submission.

The feeling of the infant's "omnipotence" is an imaginary condition and even though it can be perceived as the infant's selfish tendency to its environment, it is virtually a defensive attitude against imaginary threats. In other words, the infant acts spontaneously to take control of its environment in an attempt to meet the instinct of self-survival.

During this period, the infant and its mother form a dyad. In this dyadic relation, mother is literally devoted to fulfilling the baby's needs, while feeling an irresistible necessity to satisfy it since she cannot accept its distress.

Winnicott defines this period as the "stage of solicitude". In other words, he refers to mother's "interest" in her child and child's "interest" in its mother which is the basic component for its development (Winnicott, 1953).

Winnicott (1960) also introduced the concept of Primary Maternal Preoccupation which includes three (3) phases.

1) Phase of holding. This is the quality of taking care of the body and the manner by which mother "holds" the infant both corporally and emotionally. She protects and takes care of the child as "mother – environment".

The "good enough mother" – and not the "perfect" mom – is "identified" with the baby and fulfills its needs. This is the mother who provides pleasure, meaning and representations to the child. Therefore, the child gradually develops a sense of security and trust to the world.

This type of holding provides the baby the sense of composition to a "person". The infant starts to distinguish between the external ("not – I") and the internal ("I") and its skin takes the form of the boundary film between the two of them (Winnicott, 1960). As a result, it gradually shifts from the state of coalescence with its mother and it begins to develop the ability to form relations with the object (initially with mother and later on with other people in the surrounding environment – father, etc.).

2) Mother's holding refers to the way of handling the infant. It is associated with rhythm, harmonious movements, mother's response to the infant's needs and mirroring of emotional accord.

3) The process during which mother introduces other persons to the baby (object presenting) so that it begins to have access to a triad. The way mother "presents" father to the baby is a characteristic example, since father's essential presence works as a catalyst from the beginning. He is mother's "protector" and "caregiver" and he supports her in her new role. As the infant gradually grows up his role is differentiated. He becomes the

third person who interferes in the mother – infant coalescence and, thus, he contributes to the differentiation of the two persons. This process is necessary since it helps the infant perceive itself as a separate entity from its mother and not as an extension of her. The way in which mother "introduces" father to the baby is crucial, as she allows him to be present between the two and contribute to the child's psycho-emotional development.

On the other hand, the infant handles the stimulations through representations. The representation associates an emotional condition with an image (e.g. I am hungry and mom shows up, holds me, feeds me and calms me down). When mother systematically fulfills the infant's needs, then it develops the ability to represent care in an illusionary manner while mother is absent (it can wait – at least for a while – without being stressed). Therefore, the child must experience a large amount of repeated positive caring to be able to develop a sense of internal security.

#### VI. THE CHILD – GAME RELATION

To better understand Winnicott's view on the game, it is important to explain his viewpoint about the existence of transitional objects and transitional phenomena (Winnicott, 1957). Transitional objects for children are usually teddy bears, dolls, etc. These transitional objects are usually vital to children. For instance, when they go to bed they use them as a form of defense against stress, stress of depression in particular. It is obvious that the child uses symbolism in these objects meaning that a blanket, for instance, can symbolize the breast. The transitional object, on the one hand, is not the internal object with psycho-mental meaning, as this is an item of the external world. On the other hand, the transitional object is not merely an external object in the sense that it acquires the child's emotional energy. Therefore, the transitional object represents a phase in which the infant shifts from a state of full coalescence with mother to a state in which it is related to its mother as a different entity from her. The most important feature of game is that the person feels free and creative in it. Winnicott argues that the child or adult can be creative only with games and that they can use all aspects of their personality and only through creation the person can discover themselves (Winnicott, 1965).

#### VII. CASE STUDY

George is a student of the 3<sup>rd</sup> grade of Primary school and his mother has arranged a series of meetings among the boy, the psychologist and social worker.

According to the social history, George was born as the only embryo after his twin brother's death. Although he was born healthy, on the fourth day after his birth he presented severe health complications resulting in his undergoing a surgery and being kept in hospital for a whole year. This situation has burdened corporally and psychologically both the child and his mother. More specifically, due to George's painful separation from his mother, he did not experience the primary bondage with her and this has negatively affected their relation in the course of time. The fact that his mother still mourns the other child along with George's health difficulties after his birth seems to have negative affected his mother with feelings of jealousy and envy against pregnant women and especially mothers. It is important to mention that George has recently been informed about his disease, but he is still unaware of the existence of his twin brother.

Based on the medical pronouncement, George had to follow a tight schedule upon his arrival at home which included a special diet and special attention to his personal hygiene. His mother has assumed this responsibility of taking care of him with particular fastidiousness along with his everyday involvement with homework since his father works long hours and is absent from home the longest part of the day.

George's mother seems to be aware of the difficulties in his behavior and she insists on dealing "obsessively" with his nutrition and hygiene, whereas she does not dedicate the same amount of time to his emotional needs. On the other hand, his relation with his father is more emotional since both of them express verbally their emotional bond.

The boy's parents have submitted a request to the General Hospital for the provision of a school nurse for George. In this respect, he is supported by a school nurse, on a daily basis for certain hours, helping the boy take care of his personal hygiene. It is noteworthy that, despite the student's mental dynamics and psychomotor abilities to fulfill his personal self-serviced needs, he does not seem able to perform them (toilette, hand washing, food) meaning that for every biological need he relies on relevant guidance.

During the sessions with the psychologist, George showed the following behaviors: intense feet dragging, particular placing of his arm as bulldoze, especially when he wanted to get his pencil-case or his pencil to write and concentration on certain issues. He intended to talk extensively about bulldozes, being rather obsessive about them, as shown by his drawings in which bulldozes are the main theme, while the human form is absent from them. He also mentioned his mother's pressure to do his homework. More specifically, he mentioned that until last year they used to stay up late until after midnight to do his homework. His mother admits that she talks badly to him. This has an impact on George's relation to his mother, as he avoids talking about her. On the contrary, he feels close to his father and perceives him as his protector, someone who "saves"

him from his mother's aggressiveness. George's mother is aware of the negative relation between the two of them. Yet, she reports that she is unable to understand the cause of her aggressive behavior.

To sum up, it should be noted that despite the counseling intervention of the psychologist and social worker about the essential importance of the child's emotional needs, his mother cannot develop full understanding about them. On the contrary, she insists on George's material needs and learning difficulties.

#### VIII. THE STUDENT'S EDUCATIONAL PROFILE

According to his teacher's evaluation, George is a very likeable and co-operative child. He is a smiling boy and always willing to undertake tasks during the learning process. He is ready to deal with his learning tasks and tries really hard to complete them. However, he cannot stay focused and his attention is deficit due to external stimuli (sounds, insects). When he is alone and without guidance and supervision, he cannot complete his tasks since he cannot concentrate on them. He tends to focus on a particular topic or object that grabs his attention. He is rather attached (obsession) to bulldozes, building materials and tools. Oftentimes, he behaves as bulldoze or excavator, re –enacting the movements of these machines, when he wants to get and move objects or during task accomplishment.

George is particularly shy and reluctant meaning that he does not take initiatives and does not express his opinion. During school breaks he prefers to play alone with the soil and he does not pursue his participation in group games. He seems to develop a symbolic game, directly associated with his interests, namely bulldozes and building materials. He does not have close relations with his peers and he is not interested in doing so. In the subject of Physical Education, his classmates do not choose him to participate in group games because he is slow and clumsy when moving. Moreover, his classmates often complain that he denounces them to their teacher in case they violate school rules. Overall, he is rather honest, a fact that prevents him from implementing the unwritten social codes of his peers.

#### IX. FROM THEORY TO PRACTICE

In this case study, the student's mother sends him to the school social – psychological service. She obviously understands the boy's difficulties, but she is not able to understand that the deeper cause of the problem is her own self-related handling in what has to do with her son. Thus, she considers her son to be the "problem" shifting, this way, the burden and responsibility of emotional management from her to George. This is also reflected in her request for support, since the basic reason for addressing this school service was not George's social behavior, but his school performance. From the first sessions his mother had difficulty in perceiving the child's socio-emotional difficulties and insisted on the evaluation and support of his learning difficulties only. She was particularly resistant during the sessions with the social worker and this was confirmed when their collaboration was completed. She reported that she suffered depression and was on medication. Furthermore, she reported hereditary mental disorder in her family. On top of that, during the last session, she brought documents about a child-psychiatric examination that had taken place recently.

The examination of social history along with the child's psychological evaluation has helped understand the situation thoroughly. More specifically, the fact that his mother was pregnant with twins, out of which only one (George) was born alive, creates a sense of loss through processing mourning about her "lost" child. Processes and feelings of strong questioning, guilt, anger and ambivalence, for instance, "why him and not the other one?" were often expressed during the sessions. Because of this painful situation, George's mother often found difficulties in providing emotional care and love to create a secure bond with him. In addition, another factor that prevented her from building a bond was her child's health problem that occured soon after his birth. Thus, George has not experienced this identification and coalescence with his mother. On the other hand, his mother, during the first year of the boy's life, did not have the opportunity to contact her son, a thing that was necessary to develop the mother – infant relation. When the boy left the hospital, she demonstrated a completely interfering behavior, according to what she and her husband told, without substantial emotional contact and intention to get to know each other and become aware of his special inner needs. According to Winnicott, the infant during the first year of its life, is in the "stage of holding". This stage refers to the process of identification between mother and child, as it allows her to offer support tailored to the baby's needs. The "good enough mother" is identified with her child so that she becomes aware of its feelings and provides what is needed (Winnicot, 1945). This can gradually develop the child's sense of trust to the internal and external world.

On the contrary, George's mother focused only on his health problem, diet and hygiene, the part of his everyday living, without taking care of his socio-emotional needs and skills. At this point, it should be noted that according to Winnicott, an overprotective and interfering mother can be a traumatic experience for the young child and, as a result, the child cannot proceed to the next stage. This type of mother does not take the child into consideration, but mostly worries about how she can arrange her own stimulations using the child as a shield. Thus, the child has been clearly defined as the "problem" of the family since he could not move to the next stage of emotional development.

On the other hand, despite his disagreement to mother's handling, father seems weak to react since mother has undertaken the child's entire care without space for re-negotiation regarding a change in her orientation. Thus, it should be mentioned that his father's parental role is marginalized since he is absent for long hours due to work. Besides, he has taken up a hobby that "keeps" him away from home for a long part of the day.

When George started going to school, things became more complicated because his difficulties were generalized in the new environment. He found it difficult to develop and maintain friendships with peers, adapt to the school classroom and breaks. He also showed intense mobility and difficulties in the cognitive subjects. Once again, his mother concentrated only on his learning and overlooked all other aspects. So, she forced him to study until late at night in order to handle the boy's learning difficulties. She intensely expressed her anger and frustration when George could not make it and she transferred feelings of disappointment to him. Therefore, the child received and interpreted this behavior unconsciously as a "lack of self-value" which was expressed through low self-esteem both in learning and interacting with peers. Thus, George was found in a dead-end and the only way to express his energy was his excessive dealing with bulldozes, a fact mostly characterized as obsession and addiction.

He virtually related to these toys as if he identified with them. In other words, George either assuming the role of bulldoze or playing with it, felt that he escaped from the condition and role that he was given in his family environment. This way, he felt that he discovered himself and experienced primary delight. This was his way of creating a family environment of which he was deprived and in which he struggled to attach and hold himself only to feel security. Winnicott highlights the importance of game by arguing that the game is based on the principle of pleasure. According to Schiller *"the person plays, when they are literally a person and they are complete persons, when they play"*.

#### X. PSYCHO-SOCIAL INTERVENTION

Winnicott's theory helps us interpret how difficult it was for George to separate from his mother who has faced severe psychological disorders.

As regards his student identity, the intervention included the re-arrangement of a meeting between the boy and a child psychiatrist, not merely to classify him to some category of divergence, but rather to make his parents understand and orientate themselves to a holistic family handling of the problem. To this direction, his mother was encouraged and supported in her request to receive the proper and necessary psycho-therapeutic intervention. The aim of this intervention is to make her become aware of her feelings and express herself, mourn and appreciate what life has to offer her. This can help her approach George, heal the wounds of the bond that had been forcefully broken and re-define their relation from the beginning with less burden and more freedom.

In terms of learning, George can improve on the condition that his relation to himself and his parents can improve. When he is released from the interfering relation with his mother, he will be able to realize his competencies and utilize them accordingly. Anyhow, everything in life has to do with relations: relation with mother, relation with the environment, relation with the school context, relation with peers, relation with homework and studying. In order for George to be able to build a relation with the school context and its individual relations, an attempt to restore his initial relation with his mother must obviously be made (Azizi & Paritsis, 1990). Therefore, his mother is responsible for this since she must become fully aware of this significant necessity.

It is noteworthy that whatever the diagnosis is for George, the importance of his bond to his mother is perhaps the one that hinders any pronouncement and will probably help and reinforce, in case it is resolved, his rehabilitation program.

#### XI. EDUCATIONAL INTERVENTION

As regards the student, the intervention should be based on his strengths and potentially strong elements such as his good co-operation with adults, his teachers, so that this skill is further developed towards his peers (Papadatos, 2010).

As regards the school context, his teachers / special pedagogues must importantly emphasize the invigoration of his self-image and enhancement of self-emotion (Kakouros & Maniadaki, 2004). His involvement in participatory actions with his peers and in group collaborative activities related to arts (painting, theater), that put forward interaction with others, can significantly contribute to improved social skills. An individualized program of emotional education tailored to the child's special needs can potentially be implemented with special emphasis on developing deep understanding about his feelings and their expression to the significant others as well as to broader social contacts. Overall, the boy should disconnect school from the single-sided and passive knowledge acquisition that generates pressure and stress, emotions that are

dramatically intensified in the family environment. It is necessary for the school context to be transformed into a secure and stable environment which can provide him the possibility to get emotionally involved.

#### XII. CONCLUSION

All the above can be put into practice only on the condition that the school – family collaboration becomes stable and regular (Kalantzi-Azizi & Zafeiropoulou, 2004). The effective implementation of an individualized intervention program, in terms of the boy's social and emotional deficits, presupposes mutual communication and effort from his parents. The program objectives must be applied outside the school context, in the student's broader everyday life to achieve the expected results. Therefore, it is clear that the school – family partnership is the utmost conducive to the child's psycho-emotional empowerment and building of a healthy personality.

#### REFERENCES

- [1]. Greek society of Mental Health and Neuropsychiatry for the Child. (Kalantzi Azizi, A. & Paritsis, N. (Eds.) (1990). *Family. Psychosocial Psychotherapeutic Approaches*. Athens: Ellinika Grammata.
- [2]. Kakouros, E. & Maniadaki, K. (2004). *Children and Adolescent Psychopathology*. Athens: Typothyto Dardanos.
- [3]. Kalantzi-Azizi, A. & Zafeiropoulou, M. (Eds.). (2004). *Adaptation in school*. Athens: Elllinika Grammata.
- [4]. Papadatos, G. (2010). *Mental Disorders and Learning Difficulties in Children and Adolescents*. Athens: Gutenberg.
- [5]. Winnicot, D. W, (1931), Clinical Notes on Disorders of Childhood, London: Heinneman.
- [6]. Winnicot, D. W, (1945), Getting To Know Your Baby. London: Heinemann.
- [7]. Winnicot, D.W, (1953), *Psychosis and child care*. Brit.J.Med/Psychol, 26. Reprinted through Pediatrics to Psychoanalysis: Collecthed Pappers. London: Tavistock & Hogarth.
- [8]. Winnicot, D.W, (1957), *The Child and the Family*. London: Tavistock.
- [9]. Winnicot, D.W, (1957), *The Child and the Outside World*. London: Tavistock.
- [10]. Winnicot, D.W, (1965), The Family and Individual Development. London: Tavistock.

Thomopoulou Vasiliki, et. al. "D. W. Winnicott's mother – child relation and its impact on the child in the school environment. A case study."*IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, 26(04), 2021, pp. 33-38.