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Rereading Winnicott's 'Primary maternal preoccupation'

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Abstract

Using data examples, I re-approach Donald Winnicott's idea of primary maternal preoccupation (1956) through Bracha Ettinger's matrixial concept of transsubjectivity. I argue that Winnicott recognises the radical difference between the mental state that women will have occupied formerly and the state that the prenatal and postnatal infant will claim, if the mother is available to it. With the benefit of a matrixial perspective it is possible to see how this description need not pathologise women, nor reproduce misogynistic discourses. On the contrary it begins to do justice to the enormity of women's transition as they become mothers: enormity because it threatens to pitch them beyond the experience of being a self-contained autonomous individual, a position which is normalised in what Ettinger calls phallic logic. Feminists risk reproducing phallic logic if we dismiss on ideological grounds, and thereby pathologise, this radically other state, characteristic of the peri-natal period, that many women experience when they become mothers.

Keywords

Matrixial, transsubjectivity, maternal depression, becoming mothers

Introduction

At a surprisingly late stage in the data analysis from a three-year in-depth empirical project on becoming a mother¹, I noticed that I had paid very little attention to the pre-natal interview data. I realised that I did not have a way into theorising women's prenatal experience that illuminated my wider question. Reading Griselda Pollock's² 'Mother Trouble', I was struck by the implications of the fact that most psychoanalysis, including most object relations and relational psychoanalysis (major influences in my approach), start their inquiries at birth (Pollock 2008: 16). In the matrixial perspective of Bracha Ettinger, artist, feminist and psychoanalyst, the continuity of pregnant and postnatal experience is of central significance. Matrixial theory is about prenatal/prematernal life when distinctions between the foetus and the pregnant woman as separate units are, according to Ettinger (2006), misleading. Matrixial theory creates a new language that transcends such 'phallic logic', for example the idea of transsubjectivity originating in the language-defying state prior to birth, a state of neither two nor one, in which 'the transgressive corporeality of pregnancy' starts 'a psychic and mental transgression of the boundaries of unicity of being' (Ettinger 2006: 104). In this light, I decided to look specifically at data relevant to the period of late pregnancy, birth and the first few weeks beyond; the period covered by Winnicott's label 'primary maternal preoccupation'. In this period, Winnicott characterises women as entering a 'psychological condition' that would be 'an illness were it not for the fact of the pregnancy' (1956: 301-302).

In this paper, I start by briefly explaining the kinds of data available from the first-time mothers in the research sample and their relevance and limitations for my purposes here. All the mothers in this sample were birth mothers and my use of the term 'mothers' reflects this: mine is an argument about the relations between mother and baby that precede birth ('matrixial relations') and the effects of these on the mother's early psychological journey into becoming a mother. (Later I briefly discuss the implications of matrixial theory for other

primary carers.) I explore how, in the data, I am struck by the use of the word 'weird', suggesting the ineffability of women's experience of another life in their own live body. This provides an entry point into reading Winnicott's (1956) paper on 'Primary Maternal Preoccupation'. After introducing this paper, I discuss two typical feminist critiques and use these to explore Winnicott's contentious claim about the 'almost illness' of new mothers' psychological state in the light of Ettinger's matrixial concepts. If primary maternal preoccupation is a normal product of matrixial experience (neither one nor two; perhaps more than both), it is relevant to consider what is going on when women do not enter this state, and I take one example from my data, exploring this in the context of contemporary gender relations. On this basis, I discuss some wider issues about the status of baby and adult subjectivity (as singular and several), processes of separation and development and the demands placed on mothers. Finally I suggest some of matrixial theory's implications for feminist discourses on mothering.

What is 'weird'?

Since dominant discourses on the maternal are formed within the phallic logic of the patriarchal enlightenment tradition, it is bound to be hard for researchers to think outside these boundaries, which also fashion how women construe their experience and how they narrate it in the context of research. At the level of research method, phallic discourse makes some aspects of women's experience of becoming a mother hard if not impossible to articulate. Both of our project methods had limitations as well as strengths in this regard. Our psychoanalytically-informed observation method successfully went beyond the elicitation of narratives (see Urwin 2007), but provided only data from the post-natal period³, hardly surprising, given its original purpose of infant observation. Our research design did, however, set the first round of Free Association Narrative interviews (Hollway and Jefferson 2000) during the final few weeks of pregnancy because we recognised that

pregnancy is a period of psychological preparation for being a mother. We have ten interviews conducted in late pregnancy (the other half of our sample had their babies before we could conduct the first interview) and the accompanying fieldnotes, with later interview data producing retrospective constructions. In using these data, I had been restricted conceptually by the dominant assumption that birth is the psychological as well as social starting point. Was I now going to find traces of extra-discursive experience in what women told us about their pregnancies?

Rereading the antenatal interviews as a group, I noticed the frequency with which the word 'weird' cropped up. For my purposes here, it is significant that the most common context for its use was to talk about the experience of a life beyond the women's own, inside their bodies. These comments were often, but not always, in response to standard questions that we asked about the first time they felt the baby move and their feelings about seeing their scans. The questions were framed in an open narrative-eliciting way. There were occasional phrases from research participants that conveyed to me something outside the limits of dominant discourses. For example, pregnant Becky, talking of how she felt when she found she was pregnant, said 'when you feel it moving it's like (long pause) warms your heart and you think oh my god it's my, that's my baby sort of thing.'

Let me contextualise Becky's phrase 'it warms your heart'. In response to the first interview question 'Can you tell me the story of your pregnancy so far? How has it been?', Becky replies 'Yeah, it's been (.) nice, been weird [...] like having something inside you, it's just (.) such a weird feeling but (.) really overwhelming.'⁴ She then elaborates by contrasting her own feelings about this with imagined others who 'ain't maternal'. 'But when you want a baby, really want a baby, you're really happy about it (.) when you feel it moving it's like (2) warms your heart [her emphasis] and you think 'oh my god it's my baby'. Becky then puts

her wanting this baby in the context of a 'devastating' miscarriage that happened very close to this pregnancy. Neither pregnancy was planned. Her use of the bodily, sensory metaphor 'warms your heart' to describe the emotional experience connected with feeling maternal comes after many pauses during which she finds the word 'weird' and then, closely linked, 'overwhelming'. I started to notice the word 'weird' cropping up in other women's accounts of the peri-natal period. Sarah used the word most frequently.

For Sarah, the theme of feeling the baby move is described with the words weird and exciting: 'it is still exciting as well as weird, especially today [when the midwife told her how the baby was lying inside her] [...] all I can feel is, I know where the legs are, the legs are here. Because I can feel it moving here and I can feel the bum here as well [...] and the head is there. I still haven't figured it out, I need to sit down and think of it'. Sarah then contextualises the weirdness and excitement by commenting 'I'm usually quite blasé about it, most of the time I forget I'm pregnant'. A similar contrast characterises her description of her feelings about 'seeing it on the scan and feeling it at the same time, that was really weird'. She describes herself and her partner as being 'not the type that goes all gooey after kids [...] but when I do look at that video [the scan] [...] it seems [...] oh my god, that's inside of me, and that's weird.' Here, Sarah first takes up a joint position with her (male) partner, a position that establishes their distance from those who go gooey. Then there is the telling 'but', after which she describes the experience as 'oh my god, that's inside me', by implication contrasting this with the masculine-identified position of those who maintain their rationality in relation to becoming parents. As before, it is this second position that is characterised as 'weird'. During pregnancy she moves between these two positions.

Sarah used the word 'weird' after the baby's birth too: 'it's a bit weird the whole fact that I'm my body's producing food for the baby'. Her body continues to provide the means of life,

latterly for infant not foetus. Sarah hesitates in finding a subject for this act, changing from 'I' to 'my body'. This suggests that 'I' didn't feel right, perhaps because it would refer to a conscious intentional agent. Her body is not 'I' in this usage, the provision of food is independent of her conscious agency, which feels weird.

Feeling another's life within one's live body is an experience that falls outside the paradigms of western discourse. Yet the experience is universal, if we accept that certain forms of experience (what Ettinger calls 'feeling knowing' and Bion (1992) 'emotional experience') preexist birth: it belongs to everyone who has been a foetus moving in a woman's womb. Justine summed up the experience of many in one sentence: 'I can't explain it's like weird knowing that you've got a life growing inside of you and you can feel the life every day'. Justine's 'I can't explain' echoes Becky's hesitations as she searches for words with which to communicate her experience. 'Weird' stands in for the ineffable, something that is not readily explicable through language; it points to the extent that pregnancy cannot be expressed adequately in language and consequently perhaps it feels like it cannot be understood. Sarah's wish to sit down and figure out her baby's position in her belly seemed to me to express a more general wish to master the experience through understanding (this fitted with a consistent pattern visible throughout her data). Her hesitations over the subject of her sentence point to a connection between weirdness and the uncertain location of her agency in mind or/and body.

The theme of psychological upheaval continues in Sarah's later usage of 'really weird' as she looks back at the 'baby blues'. She remembers crying because the shower went cold when a tap was turned on elsewhere in the flat. She links this to her relief to 'get back to normal' (when she stopped breastfeeding) when 'everything's much more in control'. A central characteristic of the autonomous individual subject is the commitment to controlling ones

own destiny, something that historically is based on a masculine paradigm. Sarah – like many others – felt in control before she became a mother and it was a profound psychological upheaval to lose, temporarily, this central feature of her prior identity during a period when she felt preoccupied with the new life she had created and nurtured. Her first outing with the baby felt ‘really weird, really weird because I, your know he’s with me, he a small thing protective over him, protective, cold it was cold, is he going to be OK’. Her grammar breaks down, as if she is directly reexperiencing how she felt at the time, scarcely able to impose a symbolic structure on the emotional experience. Her overwhelming experience of responsibility for this dependent new life meant, for example, watching every step, because ‘what happens if I fall over’ [carrying the baby].

Hints like these were enough to support the idea that aspects of the perinatal experience exceed available discourse, so I continued in search of a new language, based on Ettinger’s thoroughgoing critique of a phallic logic that does not do justice to women’s life-giving and life-sustaining capacities and powers. Using matrixial logic, I realised that when women procreate, their experiences push at the boundaries of available language, as we saw in the resort to a word like ‘weird’. Thinking about this prematernal experience as a researcher, I initially found it impossible to find the right word for this relation: ‘connected’ still assumes two, like Raphael-Leff’s (1991: 397) formulation ‘two persons under one skin’, which is not accurate in respect of the status of the unborn foetus. The situation is asymmetrical and neither two nor one.

How would Winnicott’s paper *Primary maternal preoccupation* (1956) appear through this new lens? Before I proceed with a detailed reading of this, I want to reflect on my own position, both political and epistemological. I remember dismissing in the 1970s and 1980s Winnicott’s idea of primary maternal preoccupation, finding it inadmissible from a feminist

point of view. I probably just agreed with the critiques, rather than reading and making up my own mind about the original. I was reminded of this when recently I used the phrase primary maternal preoccupation in relation to some research data (it seemed to capture something in the mother's state) and met with a prompt rejoinder from an academic colleague 'but that pathologises mothers'. My experience of this was not one of intellectual disagreement but of political rebuke (which is much more powerful in closing down exploratory thinking). Is it possible now for me to recognise both good and bad in Winnicott's account of primary maternal preoccupation? (I must guard against swinging to the other extreme by denying any bad I may still see in it.) Can I sustain an open, uncertain and reflexive stance? This requires that I notice my own emotional response (Urwin 2007: 245; Froggett and Hollway 2010) to Winnicott's writing, which should ensure that I don't skip over the bits that discomfort me.

An introduction to 'Primary maternal preoccupation'

Winnicott's talk was first presented in 1956 and included two years later in a printed collection, less than six pages in length (which explains the condensed style and the implicit references to ideas elaborated elsewhere in his writing). It was a contribution to a debate about infantile neuroses, in which Anna Freud's position was prominent, and with which Winnicott disagreed fundamentally. Paraphrasing that position, he states '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' (1956: 300). Winnicott's explanations diverged from the drive theory of Freud and his daughter to emphasise the early intersubjectivity of mother and infant as a dynamic psychological encounter in a momentous process of change. He outlines his different understanding of what Anna Freud and Margaret Mahler theorised as a 'symbiotic relationship', which drew on the idea of 'homeostatic equilibrium', stating that 'the study of the mother needs to be rescued from the purely biological' (1956: 300).

Critiquing 'symbiosis', he uses a psychological explanation: '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' (1956: 300) thereby pointing to an important asymmetry that the idea of symbiosis overlooks. Winnicott does this by focussing on the 'identification – conscious but also deeply unconscious – which the mother makes with the infant' (1956: 301). Winnicott's position in the 1950's context was thus progressive in moving from a biologically-based to a psychological account and also in challenging the blaming of mothers for infantile neuroses as overgeneralised, facile and misleading.

The idea of primary maternal preoccupation is closely based on Winnicott's clinical experience as a paediatrician at Paddington Green hospital in West London and head of the Child Department at the Institute of Psychoanalysis. He saw thousands of mothers and children in the course of his paediatric and psychoanalytic work and used these encounters to conceptualise what he observed and to extrapolate from these in order to develop his own radical brand of developmental psychoanalytic theory. Winnicott observes that primary maternal preoccupation gradually develops during pregnancy, especially towards the end, and lasts a few weeks after the birth: in this heightened form, it does not last very long. Winnicott's basic observation here, that women's former balance of mind is temporarily disturbed if they enter this state, is consistent with my general conclusions about ordinary internal conflict and psychological upheaval in becoming a mother (Hollway 2010).

Winnicott's psychological account recognised asymmetry of new mother and newborn infant (as matrixial language also recognises): the mother is potentially capable of identifying with the infant, who is still too young for the 'complex state of affairs' that identification would involve. Nonetheless identification with a new infant is a huge achievement because

adults are so distant from the position in which they originated: as adults we are able to symbolise and make sense of experience, position ourselves in time (and so know that impingements in our state of 'going on being' will pass) and know the boundaries around the self in relation to others. Winnicott pays 'tribute' to new mothers' capacity to identify with the infant and also recognises that some women cannot risk entering into this state, rather taking refuge in a 'flight to sanity' (1956: 302). Other adults, he writes, are less likely to be able to 'feel their way into the infant's place' (1956: 304). Aided by a matrixial perspective, I explain this through others' lack of the experiences associated with pregnancy and giving birth that prepare birth mothers for this heightened identification (as we shall see below, this does not necessarily result in failure of others to identify).

Women are likely to be gripped by this unsettling mental state through identification with the foetus/baby, which reopens their acquaintance with their own beginnings, before separation; what Ettinger calls a 'dynamic borderspace' (Ettinger 1997: 379ff), a shared matrixial borderspace (Pollock 2008: 14) that produces both differentiation and linking. Pollock identifies the aspect that is particular to women, 'those of us born into and housing our subjectivities in bodies which have the potential to generate, to repeat the process of our own becoming in the matrixial severality that marks human sexual procreation' (2008: 15). She draws our attention to an irreducible difference between women and men that escapes phallic logic; in other words, that is not reducible to the language where women's difference is defined in terms of lack of what men have. In this case, it is not surprising that contemporary women's subjectivity, as formed within a dominantly masculinist environment (notably in employment) is challenged by their infant's demands, as Winnicott describes in his vivid language. Neither is it surprising that many women resist the matrixial because it conflicts with autonomous control. The matrixial is 'from the beginning several, an encounter-event, co-emerging and co-affecting, between partners in difference that

remain unknown to each other but share in this prebirth incest an intimacy that may lay the psychic foundations for our capacities for ethics: hospitality and compassion for the other in their otherness' (Pollock 2008: 10).

As gender relations have changed in the West, towards a model of women's freedom and equality, women's subjectivities have also changed. The ontological assumption of separateness is crucial to this model, a fundamental feature of dominant Western ideology, modelled on masculinity and subsequently espoused by women in the name of gender equality. Lynn Layton (2004) explores in detail one trajectory that educated, white, heterosexual women have taken that involves a changed psychic structure away from the traditional relationship-based femininity (based on the maternal) towards a defensive autonomy that formerly characterised mainly men. In the late 1990's, two decades after a wave of feminist thought initiated by Nancy Chodorow's 'Reproduction of Mothering' (1978). Layton's women students, typically young and childless, 'did not find Chodorow's and Benjamin's submissive non-autonomous, relational woman familiar' (2004: 34).

Biology, illness and pathology

Winnicott launches the idea of primary maternal preoccupation by paying tribute (his phrase) to 'a very special state of the mother, a psychological condition' (1956: 301) and then he refers to this as a 'psychiatric condition'. I wanted to dismiss this as unfortunate and loose, but Winnicott does not use words loosely; indeed he goes on to compare primary maternal preoccupation to states recognised in psychiatry (fugue or dissociated states, for example). 'Psychiatric' has an unfortunate ring of 'pathologisation' but he quickly renders this paradoxical (a celebrated feature of Winnicott's thinking) by calling it 'an organized state (that would be an illness were it not for the fact of the pregnancy)' (1956: 302).

Winnicott appears to add insult to injury by introducing the idea of illness, so let me unpack the critique.

Biologically reductionist accounts of maternity have a long history of being central to political arguments about the necessity of women's different destiny from men (see, for example, Janet Sayers' [1982] critique or Sandra Harding [1986]). An example relevant to my argument here is the latest edition of Erica Burman's influential critical text on developmental psychology where she reflects this feminist critique. She assumes in a passing comment a known and agreed link between a biological account of mothers' primary involvement in early childcare and Winnicott's 'primary maternal preoccupation':

Nesting within these ideas is a form of biological reductionism which collapses the biological fact of pregnancy into a period of receptivity to information about children (shades here of Winnicott's "primary maternal preoccupation") (Burman 2008: 78).

This example, more than 50 years after Winnicott's paper, shows how the idea of primary maternal preoccupation has come to stand in as stalking horse for an entire biological paradigm⁵.

The unfortunate irony of attributing biological reductionism to Winnicott's account of primary maternal preoccupation is, as I illustrated above, that he was a major influence in shifting the explanatory ground of 1950s British psychoanalysis from a determinist use of 'drive' and 'stage' to a psychological level of explanation, and moreover to a psychology that is relational and environmental rather than individualistic. Winnicott's approach is thoroughly psychological (in the best sense of that word, meaning irreducible to either biological or social explanations).

The charge that Winnicott pathologised women in his conceptualisation of primary maternal preoccupation has also been based on a feminist concern about the representation of mothers' psychology. The idea of 'primary maternal preoccupation' was inadmissible because it appeared to require the abnegation of women's own subjectivity, something that is redolent of the idea of feminine passivity that has been a central ideological tool in women's subordination. Meryle Mahrer Kaplan takes Winnicott as the prime exemplar of an account of the requirements of mothering as at odds with women's autonomy, citing Monique Plaza's critique:

For Winnicott, the work demanded of women required then a veritable sickness; a forgetting of their personality, a total and exclusive abandonment to the child ... the schema of the 'maternal' which Winnicott describes for us is a form of madness that only a woman can have, the woman defining herself by her capacity for the abandonment of self' (Plaza 1982: 83, cited in Kaplan 1992: 5).

There is an accurate core in this charge, as my direct quotations from Winnicott's paper demonstrate, but the charge has features that misrepresent Winnicott as well. The most blatant is Plaza's omission of the time element, the 'earliest phase', which 'lasts for a few weeks after the birth of the child' (Winnicott 1956: 302). In her use of 'the child' (not 'the infant' as Winnicott always specifies) and also in the generality of her representation, Plaza conveys a position that primary maternal preoccupation is an ongoing maternal condition. In fact there are distinct developmental changes in what a baby requires and therefore to what needs a mother is likely to feel bound to respond (see below on Benjamin and Roszika Parker (1995) on maternal development). The phrase primary maternal preoccupation explicitly limits the period, postnatally, to a few weeks. The other feature concerns Plaza's tone of muted outrage, as she piles on the phrases describing mothers' condition, phrases that come thick and fast: 'veritable sickness', 'forgetting of their personality', 'total and

exclusive abandonment', 'form of madness', 'abandonment of self'. The emotional effect is to position readers as colluding in a threat to women of irreversible existential annihilation if they concur with Winnicott's version of the maternal.

Contrast Plaza's tone with Thomas Ogden's (2004) treatment of the mother's 'unobtrusive presence' in Winnicott's (1945) representation of the mother's 'holding' in this earliest phase. Ogden's capacity to explain the new infant's experience of time and what protection it (characterised as 'he' by Ogden) requires helped me to understand and value – rather than reject – the new mother's likely state that Winnicott describes:

a principal function of the mother's early psychological and physical holding includes her insulating the infant in his state of going on being from the relentless otherness of time ... 'man-made time': of clocks and calendars, of four-hour feeding schedule, of day and night (...) that has nothing to do with the infant's experience ... is unbearable and disruptive to his continuity of being.

In her earliest holding of the infant, the mother, at great emotional and physical cost to herself, absorbs the impact of time (eg by foregoing the time she needs for sleep, the time she needs for the emotional replenishment that is found with someone other than her baby, and the time she needs for making something of her own that is separate from the infant) (Ogden 2004:1350).

Ogden also chooses his words carefully. In paraphrasing Winnicott's idea of the mother who is able to preoccupy herself with the infant to the exclusion of other interests, he uses the term 'ablate herself' (2004: 1350), which according to the Shorter Oxford English Dictionary means to 'take away'. To me this implies an active, thoughtful stance, consistent with Frosh and Baraitser's contention that the new mother is able 'to think for herself' (2003: 772) and register the infant's new separateness.

So far, then, we have many mothers, observed by Winnicott, who temporarily enter this state of primary maternal preoccupation at some threat to what can feel like their sanity, but take this risk in the grip of their infant's needs. Winnicott's next paragraph considers those mothers who are:

good mothers in every way (...) 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 a way that is normal and temporary (1956: 302).

Empirically speaking, this claim is in my view uncontentious (see the case example below). However the normalisation involved is another feature that invites feminist critique, because it pathologises women who do not manifest primary maternal preoccupation, implying they are bad ('failing', Winnicott 1956: 304) mothers. Any consideration of this charge must consider why primary maternal preoccupation is desirable, necessary and ethical.

Winnicott spends most of the remaining pages explaining why a new mother's inability to 'feel herself into the infant's place' while it is 'only beginning to exist as an individual' (Winnicott 1956: 303) will pose a threat to the baby if there is no one else consistently available to do this. During this period, the infant begins to experience 'spontaneous movement' and 'become the owner of sensations that are appropriate' to early life (1956: 303). What infants need, according to Winnicott, is uninterrupted 'going on being', 'uncut by reactions to impingement' (1956: 303) (Here Winnicott's approach to infant development emphasises the significance of painful impingements in interrupting the security of going on

being, which is the infant's basic existential support.) Note the precision of the phrase 'going on being'; all verb with no subject (as Ogden remarks), as befits the infant who is not yet able to feel its existence as a unit. If not mitigated by identificatory care, impingements are experienced as a 'threat of annihilation'. The mother – or a substitute – therefore needs to 'feel herself into her infant's place and so meet the infant's needs' (Winnicott 1956: 304). Here we are back to the asymmetrical dynamic of identification – the need to identify with the infant's state of being and protect it from impingements. If not – and this is where Winnicott is shockingly clear – 'the mother's failure to adapt in the earliest phase does not produce anything but an annihilation of the infant's self' (Winnicott 1956: 304)⁶. Here again, we need to suspend our adult subjectivities and imagine infants not having the capacities to make sense of frustrating or painful experiences that are all bound up with the mother without the infant knowing her as a separate object. From this point of view, as Winnicott goes on to explain in one of his paradoxes, it is too early for the mother to be experienced as frustrating or as the object of the infant's complete dependence: 'at the beginning the failing mother – who is also a 'good mother in every way' - is not apprehended as such' (this is the significance of his 'does not produce anything but'). He spells out the later implications for mothers who have 'missed the boat' of the 'early and temporary preoccupation' (Winnicott 1956: 302/303): 'In practice' they are 'faced with the task of making up for what has been missed', for which they 'must closely adapt to their growing child's needs' (Winnicott 1956: 303).

New infants' need to live their experience in a transsubjective modality is thus of the utmost importance, as Winnicott makes clear. The uncomfortable question for feminists must surely be 'what if Winnicott is correct?' What if birth mothers have a primary ethical responsibility to their new infants at whatever temporary cost to themselves? The feminist answer has

been twofold: political demands for adequate maternity (and paternity) leave and that birth mothers should be able to share the burden of these responsibilities with other carers.

I have been almost holding my breath, writing this, wanting to hurry on to the next paragraph where Winnicott discusses the matter of whether others can stand in for the birth mother. If we accept his claims about what the new born baby requires in the way of full adaptation to its needs, then we must also accept that someone – the primary carer in the language of recent social policy – must perform this function. Winnicott’s position is undogmatic:

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 (Winnicott, 1956: 304).

Winnicott does not linger over his claim that the birth mother is ‘most suitable’ for the new baby’s care, only pausing to link it with the paradoxical idea that she need not be ‘ill’ to be in a state of identification with the new born infant. If we cease to think pregnancy, birth and post-natal care as separate events, it begins to make sense that the experience of pregnancy makes a profound difference to a birth mother’s propensity to be preoccupied with her infant’s wellbeing. Matrixial language suggests that the birth mother, other women and men are in different positions with regard to the radically other state of mind that is involved if she (or he) is to ‘feel herself into her infant’s place’ (Winnicott, 1956: 304).

Other suitable carers

With regard to the birth mother, a matrixial perspective conceptualises the effects on the becoming-mother at a level that is unsymbolised and sees the prenatal/prematernal history as a continuous flow into post-natal matrixial experience, in contrast to the psychoanalytic theory that starts from the cut and separation of birth (Pollock 2008: 11). As a result, these women's pre-occupation by something that amazes and potentially alarms them makes sense as the ongoing emotional experience of the joint matrixial encounter that is beyond the conscious knowledge of the autonomous self, that masculine gold standard of individuality: what is outside this norm is bound to have connotations of madness, just as hysteria (the Greek word for uterus or womb) connotes feminine madness. Perhaps it is in defiance of this pathologising history that, paradoxically, Winnicott insists on the normality of this almost-illness. In matrixial perspective, transsubjectivity remains an undercurrent to autonomous individuality; it is the originary condition of all, reawakened in pregnancy (if the pregnant woman is available to it).

Pollock explains the matrixial position of women - mothers or not - as follows:

Those of us born into, and housing our subjectivities in bodies which have the potential to generate, to repeat the process of our own becoming in the matrixial severality that marks human sexual procreation, are already border linked to the sexual-feminine, maternal at the level of unremembered memory and imaginative projection that may be foreclosed under phallogentrism' (Pollock 2008: 15).

Accordingly, being a woman delivers an embodied affective experience that could help women to be more closely in touch with the 'shared matrixial borderspace' (Ettinger 2006) of their own origins, if dominant patriarchal discourses do not prevent it. Connection to the transsubjective stratum of subjectivity may be subordinated to the singularity of the

autonomous subject, but it may also be revitalised by encountering the bare life of a new infant needing above all else protection from impingement on the continuity of being.

And what of men's access to primary preoccupation with their infant, birth fathers or social fathers? Pollock addresses this potential political minefield when she makes it clear that the transsubjective is not just the province of mothers, nor even just of women:

this stratum is delivered to us all, irrespective of later gender alignment and sexual orientation, from the primordial severality of human becoming in the intimacy and sexual specificity of the feminine as a structure of unknown, co-affecting, co-emerging partial transsubjective instances encountering each other across a shared matrixial borderspace (2008: 13-14).

To summarise: everyone started with the matrixial and this transsubjective stratum is never extinguished. This leaves us with the idea of a stratum that is more or less accessible to people who are in different psychological relationship to the non-negotiable needs of the new infant. Here it is helpful to put the psychological dynamics of identification in a social context, in order to address the question what might trigger the equivalent of primary preoccupation in the father or some other person. The power of discourses is an obvious factor: if men are hailed into discursive positions based on defensive rejection of everything maternal, and have experienced this throughout their developmental trajectory (see Hollway 2006, chap 4), they are unlikely to be available to the infant's need. Paternity leave to afford sufficient acquaintance with the infant seems a necessary, if not sufficient, condition – how else do they attune themselves?

The implication is similar to Winnicott's conclusion, namely that birth mothers are most likely to be able to feel themselves into their infants' place and thus most able to meet their

crucial early need to preserve continuity of experience during the early transition from uterine conditions that provided just that. In this sense, primary maternal preoccupation can be seen as a normal product of matrixial experience, albeit abnormal in the sense that it remains outside discourse. In practice this will change over time and place, depending on what societal-cultural arrangements affect access to and foreclosure of the transsubjective stratum, arrangements mediated in their meaning and effects by unique biographical experience. If so, then we need to consider what is happening when women do not find themselves in this space.

An example

Referring to mothers who are not able to take the risk, Winnicott comments, in another of his packed allusions, 'it may be supposed that there is a "flight to sanity" ' (1956: 302). This, in my view, is 'sanity' according to a dominant patriarchal version of the subject – the autonomous-independent, rational, self-governing individual, which Winnicott appropriately puts in scare quotes. Yet it is this version of the individual subject that contemporary feminism has largely embraced in its bid for equality with men⁷: the right to be as autonomous in one's pursuit of individual pleasures and freedoms as men are (supposedly). What, if anything, can an example from our data add?

In our research sample, Arianna was a mother who had 'very big alternative concerns' (in Winnicott's words), in the shape of a creative career that she loved. For a few months, Arianna could not relate to her baby. When the baby is four months old, she tells the interviewer:

I mean now she's interacting with me and she can smile back and talk to me with her own way but *then* (1) it's just a really blank face (3) Whatever you do she never

smiled (.) she never I mean it's just somebody who demands from you (.) and doesn't give *anything* back (.) *anything* not even a smile let alone (2) and I was just furious because I wanted to do things and (1) she just wouldn't *let* me most of the time (1) [...] (.) uh sometimes it just drove me up the wall she would just wouldn't let me concentrate I really didn't feel (2) I didn't (.) understand why erm (.) women say that all this (.) fall in love with the child (1) erm when it's born (.) I just (2) I really thought it was all a load of rubbish (banging noise in the background) I just didn't feel anything for her for *weeks* (baby making sounds) (.) (Int: Mm) (.) anything I mean whether she was mine or somebody else's (.) uh (.) and I think whoever was looking after her it was the same (1) I didn't have any sympathy (baby making sounds) (.) I didn't feel anything (2) I mean I didn't (.) I- I also thought I was losing myself as well (Int: Mm) and I found that very hard (.) to cope (.) cus she didn't let me be myself any more.

In this extract three of Winnicott's claims are evident. First, Arianna could not embrace the asymmetrical, non-reciprocal relationship that was all her new baby was capable of (the demands without giving anything back). Second, she was incapable of identifying closely with (in Ettinger's sense of com-*passion* as 'feeling with') the state and capacities of her infant. Third, she feared losing herself (the flight into sanity); that is, the baby put unbearable strains on her to change when she needed to preserve intact her former self. She repeated constantly how much work meant to her:

I mean I don't know afterwards (1) I ah (1) it was just too much the change (.) the baby (.) not going to work (.) I miss my work terribly (1) I really do (Baby making sounds again) miss my work yes (.) I really miss my work very much (.) and (.) uh I felt that she was holding me back (1).

Arianna's conflict is not surprising looked at through Layton's (2004) psycho-social lens of defensive autonomy. As we saw above, Layton's argument conceptualises the autonomous subjectivity of women like Arianna as defensive, built on a defence against relationality (in women and men). Arianna began to enjoy her daughter once she had the rudiments of being an individual in her own right ('now she can smile back and talk to me with her own way'). At the follow up, she says 'I so much more enjoy being the mother of a three year old' and likens her to a 'mini girlfriend'. Arianna's preferred version of relating is that between two autonomous individuals, an interpersonal model, which as Winnicott emphasises, is inapplicable in the case of new infants. This is where the matrixial paradigm gives more leverage than the object relations paradigm whose boundaries Winnicott was extending. The transsubjective is not a 'stage' and the matrixial is certainly not claiming to be an alternative to the relational and the individual: it is a *stratum* – the original stratum, speaking ontogenetically – which means that it is overlaid but also that it remains as the bedrock of subjectivity. Arianna's state of mind shows up the internal conflict between these strata as she became a mother.

It is fair to conclude that in this state Arianna would have been incapable of adapting to her infant's uncompromising needs. In Winnicott's (intentionally paradoxical) terms, she was not in a state of health that permitted her to submit to the 'almost-illness' of primary preoccupation with her new baby (and recover when the infant released her). In medical terms, she was suffering from post-natal depression. In matrixial terms, the transsubjective stratum was not available to her, despite her experience of pregnancy (an experience that she found almost as tortuous as the first few weeks). During my early interviews with her, I experienced what felt like her terror of changing from the person she was before becoming pregnant.

Her parents' presence during the early weeks that are Winnicott's focus of attention meant that she was protected from the absolute demand of her baby's need.

my parents were here for five weeks once she was born (.) aaand eeerm (.) I really felt (1) I mean my mum (.) erm (1) took over completely (.) which was very nice in a way in a way but (1) erm because I needed sleep I was so tired (1) erm but at the same time I started feeling (1) erm (1) less and less confident (1) enough for the job if you see what I mean (1) because my mum just did everything and she would pick the baby up when she cried and (.) I just felt (.) she would feed the baby change the baby and I thought well ok fine (1) erm (2) I'm not even the baby's mother any more I was just really (1) [...] and (.) so for five weeks I think I avoided her (1) I avoided my parents I avoided my husband I was (1) just trying to (2) I think I even avoided myself I was just trying to (.) to find out who I am (1) it was very (1) sstrange erm (4) to to to know that I had a baby you know I- I (3) I'm not the person who can have a baby I'm not the mother type of person.

It sounds as if the grandmother was very preoccupied with her new granddaughter⁸. In circular fashion, probably this response to her daughter's inability to ablate her individual self helped to take the pressure off Arianna so that for five weeks she could avoid the baby's demands for adaptation to its needs. In other case examples from our data, maternal grandmothers – who often visited especially for the birth and early post-natal period – took primary care of the baby while the mothers recovered from what often were difficult births (like Arianna's) that left them exhausted and depleted. It seems likely that maternal grandmothers have special access to identification with the new infant, not just what any women have by virtue of what Pollock (above) called 'bodies which have the potential to generate' but because grandmothers live in bodies that generated the body that has just

generated the new infant (in other words, the identification is three-generational (see Hollway 2010)).

'Male identification' and autonomous subjectivity

Winnicott introduces two further contentious ideas when he talks about mothers who are not able to achieve the 'abandonment' of primary maternal preoccupation: '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' (1956: 302, my emphasis). I don't like these, but I am following my methodological precept (reflect on and use my emotional response) to reflect upon what I think he intends. I take it to be that, given the historical gendered division of labour, which is most intransigently organised around baby care, a prioritisation of other aspects of life - such as Arianna's with her career - involves a masculine ('male') identification⁹. If we accept that subjectivity is formed within the constraints of the social organisation of gender, this is hardly contentious: it does not require a biologically determinist assumption about the origins of identification. Object relations theory provides a useful account of such identifications that does not depend on biology (see Hollway 2006, chapter 4).

The Freudian idea of penis envy makes this much more problematic however. It is a term that has been a central target of feminist criticism of psychoanalysis almost from its introduction¹⁰. The debate has centred on whether girls' envy of boys for having what they lack is determined by males' and females' different reproductive anatomy or whether the penis that is, purportedly, the subject of envy is really the 'phallus', a salient symbol of male privilege and female subordination that girls experience as they grow up and assign meaning to a visible sexual difference. In recent psychoanalytical vocabulary (that is, well after the

1950s), this distinction has been recognised in the increasing use of 'phallus' to recognise the symbolic status of the object.

Psychologically, Winnicott's use of the idea of repressed penis envy is a way of implying that, if a woman has not worked through the losses involved in not being a man (with the societal privileges that are entailed), then it will be harder for her to abandon herself to a temporary state of infantile identification, because of how important her conflicting identity investments are (Winnicott's 'big alternative concerns'), and therefore how threatening their loss. This is consistent with Arianna's claims above, which make sense without the contentious conceptual framework of penis envy. It is no longer hard for qualified women to access prestigious careers and live on equal terms with men (as Arianna did with her husband). But maternity remains the intractable condition of women's equality if that is on men's terms, terms that Arianna, along with countless western career women, embraced. In this more psycho-social perspective, Arianna's identifications were masculine in the sense that her career-orientated goals and her investment in autonomous individuality ('I wanted to do things and she just wouldn't let me'), and a history of disidentification with her mother, were based on a masculine model of women's liberation from subordination.

The nub of Plaza's outrage with Winnicott is that a woman should define herself by 'her capacity for abandonment of self' (as cited above), which concerns the ontological question of women's separate subjectivity. Here is the nub also of my disagreement with feminist critiques of primary maternal preoccupation. The spectre behind Plaza's charge is that Winnicott is portraying mothers as losing – sacrificing - a precious autonomy. For her this version of subjectivity is central to women's equality, whereas I want to unpack this notion of autonomy and add something beyond it which, following Ettinger, I can term the

matrixial. The theorist who has influenced this theoretical debate in a fundamental way – using a perspective very close to Winnicott’s own terrain – is Jessica Benjamin (1998), a feminist and relational psychoanalyst. Her interest in gender development led her to conduct a thorough critique of Freudian Oedipal theory, which is so notorious to feminism because it purported to explain girls’ passivity and boys’ active subjectivity. Benjamin emphasises preoedipal relations (when the mother and the father, as he was experienced prior to the onset of the child’s Oedipal processes, dominate the psychological processes of gender differentiation). Her insistence on subject-subject recognition (as opposed to objectification of people in relations) has been influential in countering images of mothers as losing themselves by becoming objects of their children’s needs and demands.

Stephen Frosh and Lisa Baraitser (2003) use Benjamin’s position on women (and mothers) as subjects in their own right in a critical discussion of tendencies in the literature to emphasise connectedness at the expense of separateness. They conclude that separateness ‘seems contrary to the idealised version of mothering as a process built out of primary maternal preoccupation, feeling linked in oneness with the baby’ (2003: 780). A developmental distinction, often lost on critics, can however clear up this apparent difference between Benjamin’s and Winnicott’s position on maternal subjectivity: Benjamin’s account makes no claim to describe the very earliest phase of the joint experience of new mother/ new infant, which is Winnicott’s topic. Benjamin’s developmentally-informed accounts of entry into selfhood and changing identifications with mother and father are based on an assumption of the baby’s capacity to experience being a unit (as Winnicott put it) which although precipitated by birth is not accomplished immediately. The brief phase of a new mother’s primary preoccupation covers that period before Benjamin’s baby exists as a unit, which eventually entails recognising the mother as a subject in her own right.

Jill Gentile construes Winnicott as asking a new mother 'to suspend her subjectivity, acknowledging at the same time the enormous strain this places upon her' (2007: 556). I think that this is a correct enough reading of Winnicott's understanding of new mothers' responsibilities, echoing as it does Ogden's (2001) notion of 'ablating herself'. However, it equates women's subjectivity with only the trajectory on which we are one, not several ('we are at the same time both one and several, on different trajectories'; Ettinger 1996: 152-3). This is how Arianna experienced the demand. Winnicott's image of mother and new baby coming into relation with each other when they can 'live an experience together' (1945, cited in Ogden 2001: 314) comes closer to the matrixial idea of transsubjectivity (that stratum which transgresses the unicity or singularity of subjectivity) and opens out a space to think about the other trajectory, that of severality, which may be subordinated in women's subjectivity, as it was in Arianna's.

Conclusions

In the feminist critique of Winnicott's primary maternal preoccupation, a lot has hinged on the understanding of what it means for a new mother to be sufficiently identified to be able to meet her infant's early needs. Feminists such as Plaza as quoted above have taken this to involve a one-ness which is more like fusion. According to the post-Kleinian tradition of which Winnicott was in this regard a part:

Identification concerns the relating to an object on the basis of perceived similarities with the ego. However, this is a complex phenomenon which has several forms. The simple recognition of a similarity with some other external object that is recognised as having its own separate existence is a sophisticated achievement (Hinshelwood 1991: 319).

We can suppose that even before women become mothers they vary in their capacity to identify from a position of separateness (in relation to their own mothers, for example). At birth (and before it, imaginatively), the 'external object' to which Hinshelwood refers emerges from what was an internal object, and so it is likely that the transitional state, for the new mother, involves rebalancing the several and singular tracks of her own subjectivity as she newly encounters the outside infant (See Ernst [1997] and Parker [1995] for accounts of how such processes continue into later mothering).

In contemporary western societies, many women are likely to have moved towards a version of 'defensive autonomy' (Layton, 2004) that was previously the preserve of men, a move consistent with feminist goals based on women's equality with men according to a masculine model. When women begin to experience the 'quickening', their transsubjectivity knocks on the door of the dominant singular self, called up by the intractable reality of the other life inside. By late pregnancy, this subordinated current of subjectivity can barely be stifled any longer: the baby will soon be out and with it will be carried the body memory of its inextricability with the mother's own life. This is the 'grip' (to use Winnicott's word) that the new infant has – and needs – over its birth mother, enabled through her capacity to identify. If this state is too threatening to her former identity investment, she will resist it, 'fleeing' (in Winnicott's usage) to her former sanity.

Matrixial language can open up the positive, productive, ethical¹¹, joyous potentiality that this transsubjective stratum of subjectivity offers (Sylvia: 'I didn't think it would be this great. No I didn't. (...) I didn't realise how much you love a child - at all, I didn't get that.').

Nonetheless, the transition from internal to external baby is likely to occasion identity conflict, as well as unprecedented emotional demands. The dimension of time is central, here, as Ogden (2001) recognised; the conflict between the baby's time, still moving to

intrauterine rhythms, and the mother's, whose life is probably inflexibly bound by 'man-made' rhythms. Support from others who are available both practically and psychologically, others who can identify with and therefore adapt to the infant's needs, can mitigate the practical pressure (even if not the identity threat, as in Arianna's case).

However, casualisation of new motherhood (treatment based on the idea that it can be 'managed' and 'organised' alongside women's other commitments) risks underestimating the importance of a full-scale temporary adaptation to new infants' needs and encourages the reduction of these to the kinds of physical requirements that anyone can meet.

Winnicott believed that birth mothers were usually (though not always, as we have seen) best equipped to care for new infants (even though others can do so). Winnicott's discourse is complementary to matrixial thinking on this topic because he explains the nature of infantile needs when they have not yet acquired a singular stratum (Winnicott's 'not yet individual') and asymmetrically still need an extension of the 'compassionate hospitality' (Ettinger 2006) afforded by the womb while this is accomplished. If this knowledge were less subordinated in contemporary mothering discourses, new mothers and others might be more able to access simultaneously their singularity and severality. In a matrixial perspective, the maternal is not only 'a generating structure in the Real' but 'could be a source of meaning' (Pollock 2008: 13). It could be helpful if new mothers and those supporting them had access to this source of meaning and the continuity it affords between pre- and post-natal experience. This could be achieved by helping them to make sense of what is so 'weird' about their experience, so that they are less likely to pathologise it by adopting a phallic logic. In this case it would panic them less and they could use it creatively in the upheavals involved as they become mothers.

Julia Kristeva stated that we are ‘the first civilization to lack a discourse on the meaning and complexity of motherhood’ and proposes a discourse on maternal passion (<http://www.kristeva.fr/motherhood.html>, cited in Pollock 2008: 15). Is not primary maternal preoccupation an expression of maternal passion? Perhaps such a discourse would help feminism to go beyond a model of gender equality in early parenting in which binary images of mothering are reproduced: the rational autonomous woman/mother figure who, in gender-neutral fashion barely needs to adjust her life when she becomes a mother, as opposed to the ‘maternalist’ mother who lives through her children and abandons selfhood. While there is little doubt that the gender equality model is a necessary one, given the structure of paid employment and dominant forms of family life that Western women confront when they become mothers, it needs to go beyond the phallic logic of either/or, autonomous or relational.

Notes

¹ Identities in Process: Becoming Bangladeshi, African Caribbean and white mothers in Tower Hamlets’; part of the ESRC-funded Identities and Social Action programme, project no: RES 148-25-0058. Research team Wendy Hollway, Ann Phoenix and Heather Elliott, with Cathy Urwin and Yasmin Gunaratnam. I am also indebted to ESRC funding for a subsequent Fellowship that has enabled me to develop ideas for this paper, and other writings.

² Griselda Pollock has been foremost in bringing Ettinger’s work to an Anglophone readership and I owe a debt to her profound grasp of it.

³ Additionally, four set-up meetings between observers and participants, which took prenatally. Observations of six mothers from within the sample of 19 continued weekly for one year after the baby’s birth. These all started within the short period after birth when

Winnicott observed what he called 'primary maternal preoccupation', from 5 days to 3 weeks after the baby's birth.

⁴ Transcription conventions used in this article are: (.) = short pause; (2) number of seconds' pause; [...] denotes material cut from extract.

⁵ Janet Sayers' (1982) exploration of feminist biological politics, now old but not dated, suggests to me that feminism has been stuck in a cul-de-sac where critique of biology is concerned. Sayers' taking issue with social constructionism as well as biological essentialism has been a rare voice.

⁶ This bald claim makes better sense if it is understood in the context of the full exploration of babies' early self development which was perhaps the most central theme of all Winnicott's writing. His earlier paper (1945), 'Primitive emotional development', helps to make sense of the ideas of annihilation and impingement. In Ogden's (2001:315) view of Winnicott's work, 'the central organizing thread of psychological development, from its inception, is the experience of being alive and the consequences of disruptions to that continuity of being'.

⁷ Susan Hekman (1999) identified three, historically differentiated, strategies of women's liberation, the first being one that erases difference and values a masculine model as the basis for women's equality.

⁸ Given the limitations of our method (three interviews none of which coincided with the immediate post-birth period or the parents' visit and Arianna was not one of the observed mothers) the extent of the grandmother's adaptation to the new baby's needs is unclear.

⁹ I shift to 'masculine' to signal that this is gendered subjectivity, produced psychosocially through experience, not simply a product of biological sexual difference. Winnicott would agree (2005/1971: 96ff).

¹⁰ The debate emerged in the 1920s with Karen Horney's (1926/1967) questioning why the complicated explanation that Freud advanced was needed to explain girls' Oedipal turn to the father and the beginnings of heterosexual identification.

¹¹ I have not the space to develop here the profound ethical implications of the matrixial paradigm (see Ettinger 2006, and Hollway forthcoming).

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