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CHAPTER

8 Delinquency as a Sign of Hope

Donald W. Winnicott

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Abstract

Winnicott's talk to the assistant governors of Borstals on his concept of the anti social tendency in the young. He links this tendency to the point at which a child becomes deprived of what he satisfactorily has had hitherto and tries to return to this stage to recover hope again and continue in his development. He elaborates on this subject from his perspective as a psychoanalyst.

Keywords: Winnicott, psychoanalysis, governors of Borstals, child, antisocial tendency, deprivation, hope, development

Subject: Clinical Psychology, Clinical Child and Adolescent Psychology

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A talk given to the Borstal Assistant Governors' Conference, held at King Alfred's College, Winchester, April 1967.

Although the title of my talk has been put in the programme in the following form: 'Delinquency as a Sign of Hope', I would prefer to talk about the 'antisocial tendency'. The reason is that this term can be applied to tendencies that appear at the normal end of the scale from time to time in your own children or in children living in good homes of their own, and it is here that one can best see the connection that I believe exists between the tendency and hope. By the time the boy or girl has become hardened because of the failure of the communication, the antisocial act not being recognized as something that contains an SOS, and when secondary gains have become important, and great skill has been achieved in some antisocial activity, then it is much more difficult to see (what is still there, nevertheless) the SOS that is a signal of hope in the boy or girl who is antisocial.

The second thing that I want to make clear is that I know I could not do your job. By temperament I am not fitted for the work that you do; and in any case I am not tall enough or big enough. I have certain skills and a certain kind of experience, and it remains to be seen whether there can be some pathway found between the things that I know something about and the work that you are doing. It might happen that nothing that I say will have any effect at all on what you do when you go back to your work. Nevertheless, there might be some effect of an *indirect* kind, because it must sometimes seem to you to be an insult to human nature that most of the boys and girls you have to deal with have this tendency to be a nuisance. You try to relate the delinquency you see in front of you to general matters like poverty, poor housing, broken homes, parental delinquency, and a breakdown of the social provision. I would like to feel that as a result of what I have to say, you may be able to see a little more clearly that *in every case that comes your way there was a beginning* and at the beginning there was an illness, and the boy or girl *became a deprived child*. In other words, there is sense in what once happened, although by the time that each individual comes into your care the sense has usually become lost.

A third thing that I want to make clear has to do with the fact that I am a psychoanalyst. I am not putting forward a strong claim that psychoanalysis has a direct contribution to make to your subject. If it has, this belongs to recent work, and I have taken some part personally in trying to formulate a theory, which is valuable because true and which derives to some extent from the general body of understanding that has come through psychoanalysis.

I now come to the main statement that I want to make, which is really not at all complex. According to my view, which is based on experience (but, as I freely admit, on experience of younger children who are near the beginning of their trouble and who are not from the worst social conditions), *the antisocial tendency is linked inherently with deprivation*. In other words, it is not the general social failure that is responsible so much as a specific failure. For the child that we are studying, it can be said that *things went well enough and then they did not go well enough*. A change occurred which altered the whole life of the child and this change in the environment happened when the child was old enough to know about things. It is not that the child could come here and give a lecture on himself or herself but, given suitable conditions, the child is able to reproduce what happened because of having been far enough developed at the time to have been aware. In other words, in special conditions of psychotherapy the child is able to remember in terms of the material produced, in playing or in dreaming or in talking, the essential features of the original deprivation. I want to contrast this with environmental disturbances at an earlier stage of emotional development. A baby deprived of oxygen does not go around hoping to convince someone that if there had been enough oxygen, things would have been all right. Environmental disturbances distorting the emotional development of a baby do not produce the antisocial tendency; they produce distortions of the personality which result in illness of psychotic type, so that the boy or girl is liable to mental hospital disorder or else he or she goes through life with certain distortions of reality testing and so on, perhaps of the kind that are accepted. The antisocial tendency relates not to privation, but to a deprivation.

The characteristic of the antisocial tendency is the drive that it gives the boy or girl to get back behind the deprivation moment or condition. A child who has been deprived in this way has first suffered unthinkable anxiety and then has gradually reorganized into someone who is in a fairly neutral state, complying because there is nothing else that the child is strong enough to do. This state may be fairly satisfactory from the point of view of those who are in charge. Then, for some reason or other, hope begins to appear, and this means that the child, without being conscious of what is going on, begins to have the urge to get back behind the moment of deprivation and so to undo the fear of the *unthinkable anxiety or confusion that resulted before the neutral state became organized*. This is the very deceptive thing that those in care of antisocial children need to know if they are to see sense in what is going on around them. Whenever conditions give a child a certain degree of new hope, *then the antisocial tendency becomes a clinical feature and the child becomes difficult*.

At this point it is necessary to see that we are talking about two aspects of this one thing, the antisocial tendency. I would like to relate one of these to the relationship between the small child and the mother and the other to the later development which is the child's relation to the father. The first one has to do with all children and the second one is more especially the concern of boys. The first one has to do with the fact that the mother in her adaptation to the small child's needs enables the child creatively to find objects. She initiates the creative use of the world. When this fails, the child has lost contact with objects, has lost the capacity creatively to find anything. At the moment of hope the child reaches out and steals an object. This is a compulsive act and the child does not know why he or she does it. Often the child feels mad because of having a compulsion to do something without knowing why. Naturally, the fountain pen stolen from Woolworths is not satisfactory: it is not the object that was being sought, and in any case the child is looking for the capacity to find, not for an object. Nevertheless, there may be some satisfaction belonging to what is done in a moment of hope. The apple stolen from the orchard is more on the borderline. It can be ripe and can taste nice and it can be fun to be chased by the farmer. On the other hand, the apple may be green and, if eaten, may give the boy a stomachache, and it may be that already the boy is not eating what he has stolen but is giving the apples away, or perhaps he organizes the theft without running the risk of climbing the wall himself. In this sequence we see the transition from the normal prank to the antisocial act.

And so, if we examine this first kind of expression of the antisocial tendency, we can arrive at something so common as to be normal. Your own child claims the right to go into the larder and take a bun, or your little child of two years explores your wife's handbag and takes out a penny. If we examine all degrees, we find at one extreme something which is hardening into a compulsive act without meaning and without producing direct satisfaction but blossoming into a skill; while at the other extreme is something which happens over and over again in every family: a child reacting to some kind of relative deprivation by an antisocial act and the parents responding by a temporary period of indulgence which may very well see the child through a difficult phase.

p. 94 Alongside this I want to examine deprivation in terms of the child and the father, but the principle is the same. The child—and this time I will say the boy, because if it is a girl I am still talking about the boy in the girl—finds that it is safe to have aggressive feelings and to be aggressive, because of the framework of the family representing society in a localized form. The mother's confidence in her husband or in the support that she will get, if she calls out, from local society, perhaps from the policeman, makes it possible for the child to explore crudely destructive activities which relate to movement in general, and also more specifically destruction that has to do with the fantasy that accumulates round the hate. In this way (because of the environmental security, mother supported by father, etc.) the child becomes able to do a very complex thing, that is to say, to integrate all his destructive impulses in with the loving ones, and the result when things go well is that the child recognizes the reality of the destructive *ideas* that are inherent in life and living and loving, and finds ways and means of protecting valued people and objects from himself. In fact, he organizes his life constructively in order not to feel too bad about the very real destructiveness that goes on in his mind. In order to achieve this in his development, the child *absolutely requires an environment that is indestructible in essential respects*: certainly carpets get dirtied and the walls have to be repapered and an occasional window gets broken, but somehow the home sticks together, and behind all this is the confidence that the child has in the relationship between the parents; the family is a going concern. When a deprivation occurs in terms of a breakup of the home, especially an estrangement between the parents, a very severe thing happens in the child's mental organization. Suddenly his aggressive ideas and impulses become unsafe. I think that what happens immediately is that the child takes over the control that has been lost and becomes identified with the framework, the result being that he loses his own impulsiveness and spontaneity. There is much too much anxiety now for experimentation which could result in his coming to terms with his own aggression. There follows a period which again (as in the first type of deprivation) can be fairly satisfactory from the point of view of those in charge, in which the boy is more identified with those in charge than with his own immature self.

The antisocial tendency in this kind of case leads the boy, whenever he feels some sort of hope of a return of security, to rediscover himself, and this means a *rediscovery of his own aggressiveness*. He does not know, of course, what is going on, but he simply finds that he has hurt someone or has broken a window. In this case, therefore, instead of hope leading to an SOS signal in terms of stealing, it leads to an SOS signal in terms of *an outburst of aggression*. The aggression is liable to be senseless and quite divorced from logic, and it is no good asking the child who is aggressive in this way why he has broken the window any more than it is useful to ask a child who has stolen why he took money.

p. 95 These two clinical types of manifestation of the antisocial tendency are really related to each other. It is simply that, on the whole, the stealing relates to a deprivation that is earlier in terms of the child's emotional growth than is the aggressive outburst. There is something common in society's reaction to both types of antisocial behaviour at this moment of hope. When the child steals or is aggressive, society is liable not only to fail to get the message, but (more than likely) it will feel stimulated to respond moralistically. The natural mass reaction is in the direction of the punishment for stealing and for the maniacal outburst, and every effort is made to force the young criminal to give an explanation in logical terms which, in fact, does not apply. At the end of a few hours of persistent questioning, fingerprint evidence, etc., antisocial children will come up with some kind of confession and explanation simply to bring to an end an interminable and intolerable inquiry. This confession has no value, however, because even though it may contain true facts, it nevertheless cannot get to the true cause or to the *aetiology* of the disturbance. In fact, time which is spent in extortion of confessions and on fact-finding commissions is wasted time.

Although what has been stated here, if correct, may have no bearing on the day-to-day management of a group of boys or girls, it is necessary to examine the situation to see whether under certain circumstances there might possibly be a practical application of theory. Would it be possible, for instance, for someone who is in charge of a group of delinquent boys to arrange for personal contact of a therapeutic kind? In a sense all communities are therapeutic in so far as they work. Children have nothing to gain from living in a chaotic group, and sooner or later, if there is no strong management, a dictator arises among the children. Nevertheless, there is another meaning to the word 'therapeutic' and this has to do with putting oneself in a position in which one can be communicated with from a deep level.

I think that it may be impossible in most cases for those who are in charge day and night to make the necessary adjustment in themselves which would enable them to allow a boy a period of psychotherapy or personal contact. I would certainly not lightly advise anyone to attempt to use the two methods. At the same time, however, I would think that these matters can be managed by some and that the boys (or girls) can make very good use of such specialized therapeutic sessions. What must be emphasized, however, is *the absolute difference that there is in your attitude when you are responsible for general management and when you are in a personal relationship with a child*. To start with, the attitude towards the antisocial manifestation is quite different in the two cases. For someone who is in charge of a group, the antisocial activity is just not acceptable. In the therapeutic session, by contrast, there is no question of morality except that which may turn up in the child. The therapeutic session is not a fact-finding commission and whoever is doing this therapeutic work is not concerned with objective truth, but is very definitely concerned with what feels real to the patient.

p. 96 There is something here that can be carried right over from psychoanalysis, since psychoanalysts know very well that in some of the sessions with their patients they are accused, for instance, of something of which they are innocent. Patients may accuse them of deliberately changing the place of an object in the room in order to trick them; or they may feel quite certain that the analyst has another patient as a favourite, etc. I am referring to what is called the 'delusional transference'. It would be very natural for an analyst who does not know to defend himself to say, for instance, that the object is in the same place as it was yesterday; or that a simple mistake has been made; or that he does his very best not to favour one person more than another. In doing so the analyst would *fail to use the material that the patient presents*. The patient is

experiencing in the present something which has reality at some point in his past, and if the analyst will allow himself to be put in the role allotted, there will be an outcome in the sense that the patient will recover from the delusion. Because of the therapist's need to accept the role allotted at the moment by the patient, it must be very difficult to switch over from the role of group management to one of individual acceptance, but if this can be done, there can be rich rewards. Anyone who wishes to try this must be reminded, however, that this work cannot be lightly undertaken. If a boy is to be seen on Thursdays at three o'clock, then *this is a sacred date* and nothing must get in the way. Unless the appointment becomes predictable by being reliable, the individual boy will not be able to make use of it, and of course one of the first ways in which he will make use of it if he begins to feel that it is reliable is to waste it. These things have to be accepted and tolerated. There is no need for anyone in this role of psychotherapist to be clever. All that is necessary is to be willing in the specialized time set aside to become involved with whatever is there in the child at the time or with whatever turns up through the patient's unconscious cooperation, which soon develops and which produces a powerful process. It is this process in the child that makes the sessions valuable.

Discussion

In the discussion that followed, a member asked the question: how among a lot of boys would one recognize one that could be chosen out of all the rest for this kind of special treatment? My answer, which had to be brief, was that probably one would choose a boy who has just boiled up into being especially difficult. This special clinical problem must either result in punishment and further hardening or else it can be used as a communication indicating a new hope.

p. 97 The question is, what is this hope? What does the child hope to do? It is difficult to answer this question. The child, without knowing it, hopes to be able to take someone who will listen back to the moment of deprivation or to the \downarrow phase in which deprivation became consolidated into an inescapable reality. The hope is that the boy or girl will be able to re-experience in relation to the person who is acting as psychotherapist the intense suffering that followed immediately the reaction to deprivation. The moment that the child has used the support that the therapist can give to reach back to the intense suffering of that fateful moment or period of time, there follows a memory of *the time before the deprivation*. In this way the child has reached back either to the lost capacity to find objects or to the lost security of the framework. The child has reached back to a creative relationship to external reality or to the period in which spontaneity was safe, even if it involved aggressive impulses. This time the reaching back has been done without stealing and without aggression, because it is something that happens automatically as a result of the child's arrival at what had previously been intolerable: the suffering reactive to the deprivation. By suffering I mean acute confusion, disintegration of the personality, falling for ever, a loss of contact with the body, complete disorientation and other states of this nature. Once one has taken a child to this area and the child has come through to remember it and what went before, then one has no difficulty whatever in understanding why it is that antisocial children must spend their lives looking for help of this kind. They cannot get on with their own lives until someone has gone back with them and enabled them to remember by reliving the immediate result of the deprivation.

(Dr Winnicott attempted to make his point clearer by giving as an example the beginning of an interview with a boy who was brought to him for stealing. This boy was lolling back in the chair set aside in his room for a parent. His father was behaving very well, as if doing it for the child, while the child was exploiting the situation and taking charge. Any attempt to make this boy behave himself would have put out of court the possibility that the hour might be used productively. Gradually the boy settled down to some kind of game. The father was able to go to the waiting room and then there followed a communication between the boy and the therapist of a deepening kind. At the end of an hour the boy had been able to remember and to

describe with fullness of feeling the difficult moment that he had not been able to manage years ago when he had felt abandoned in a hospital.

This description was given in illustration of the way in which for the time being the person doing the psychotherapy must abandon everything that has to be used in the management of a group, although, of course, after the end of the allotted time there must be a return to the general attitude which makes the running of the group possible. Dr Winnicott repeated that he was not sure that in the Borstal groups it would be possible to combine general management with personal work, even with one or two of the individual boys at a time. Nevertheless, he felt that some interest might be obtained from an attempt to describe the inherent difficulties and also the possible rewards.)

p. 98

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