THE DEVELOPMENT OF A CAPACITY FOR CONCERN IN ANTISOCIAL CHILDREN: WINNICOTT'S CONCEPT OF HUMAN RELATEDNESS

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ABSTRACT: Winnicott's refreshing view of clinical practice includes the unique notion that delinquency is a sign of hope. Several of Winnicott's interpersonal concepts fit together to develop this thought: "holding environment," "capacity for concern," "the use of the object," and "hate in the countertransference." In this paper these four concepts are described and the case of a ten-year-old antisocial youngster is used to illustrate Winnicott's thinking and tie some of his illusive ideas into a difficult but familiar kind of practice situation. The therapeutic approach used was a mixture of case management and play therapy. What is different however is the way in which the therapist interpreted the youngster's behavior and stimulated his rich fantasy life.

Treating behavior—disordered children is a frustrating experience for most clinicians, for these youngsters present many faces to those in positions of authority. One minute they are charming and eager to please and the next minute they angrily resist any kindly efforts made in their behalf. They test limits and generally make a nuisance of themselves, as well as lie, cheat, and steal. In interpersonal relationships they demand center stage but are neither reliable or trustworthy and therefore unable to form lasting friendships. What seems to be missing in these children is the capacity to be concerned about other people, which, when translated into the therapeutic situation, means that they are often unable to use the kind of help that therapists have to offer. We find ourselves being seduced, pushed to the limit, and understandably angry that our well-intentioned help is being disdained or dismissed.
Puzzled by the kinds of problems in management that antisocial children create, D.W. Winnicott noted, much to the surprise of his colleagues, that in some cases delinquency may be a sign of hope. (1986) Winnicott’s astute observations provide some explanations about what kinds of early life experiences may be at the root of the problem. In addition, Winnicott offers therapists suggestions about the way to treat them clinically. In this paper Winnicott’s definition of antisocial tendency is presented and then information about what actually transpired in the treatment situation with a ten-year-old black youngster is given, to illustrate some ways in which this therapist was able to create a holding environment by using a combination of case management and play therapy. Three other related concepts are discussed as these enrich our understanding of the interpersonal processes occurring between the child and his therapist: “capacity for concern,” “the use of the object” and “hate in the counter transference.”

WINNICOTT’S DEFINITION OF THE ANTISOCIAL TENDENCY

Winnicott (1956) coined the phrase “antisocial tendency” which he claimed not to be a diagnostic category but a tendency found in both normal and abnormal people to a greater or lesser degree during the early formative years. Most typically, stealing and destructiveness are the two behaviors associated with the antisocial tendency. Winnicott (1956, p.311) wrote, “the child who steals an object is not looking for the object stolen but seeks the mother over whom he or she has rights.” In other words, the child who steals is looking for the care of a loving mother that he rightfully should have had, not the item that was stolen. Similarly, Winnicott believed that children who destroy and deface property are seeking sufficient environmental stability to tolerate the strain of their impulsive behavior. He thought that this was particularly true for those who continue to act out and provoke others on an ever widening scale. He wrote, “One can discern a series—mother’s body, the mother’s arms, the parental relationship, the home, the family including cousins and near relatives, the school, the locality with its police stations, the country with its laws” (Winnicott, 1956, p.310).

He goes on to say that persons with antisocial tendencies function at an infantile level and are driven to respond only to their own needs, extracting what they can from their environment without regard for the needs of others. Generally their early life goes well until some serious interpersonal trauma disturbs this initial tranquility (usually in the form of some emotional deprivation). Then the child’s coping capacities are taxed beyond his ability to manage the inner fears and anxieties, and inferior kinds of defenses take hold, like projection and splitting.