



# The Winnicottian Yearbook 2024

**Caroline Vasconcelos Ribeiro  
Eder Soares Santos  
(Editors)**

*Dnw*

# **The Winnicottian Yearbook**

## **2024**

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Eder Soares Santos  
(Editors)**

*Duke*

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First Digital Edition in PDF: May 2025

ISBN: 978-65-89114-33-8

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**Layout:** Lygia Caselato

**Electronic Edition:** Lygia Caselato

**Cover:** Érico Humberto Núñez

**Dados Internacionais de Catalogação na Publicação (CIP)**  
**(Câmara Brasileira do Livro, SP, Brasil)**

The Winnicottian Yearbook 2024 [livro eletrônico] /  
(editors) Caroline Vasconcelos Ribeiro and  
Eder Soares Santos. -- 1. ed. -- São Paulo :  
DWWeditorial, 2025.  
PDF

Vários autores.  
Bibliografia.  
ISBN 978-65-89114-33-8

1. Psicanálise 2. Psicoterapia 3. Winnicott,  
D. W., 1896-1971 I. Ribeiro, Caroline Vasconcelos.  
II. Santos, Eder Soares.

25-295986.0

CDD-150.195

**Índices para catálogo sistemático:**

1. Terapeuta winnicottiano : Psicanálise :  
Psicologia 150.195

Aline Grazielle Benitez - Bibliotecária - CRB-1/3129

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# **Project's presentation**

## **The Winnicottian Yearbook (WY) Project**

The Winnicottian Yearbook is published on behalf of the Brazilian Institute of Winnicottian Psychoanalysis (IBPW) by DWWeditorial, of the Brazilian Society of Winnicottian Psychoanalysis (SBPW)

Editors in chief: Caroline V. Ribeiro and Eder S. Santos (Winnicott Institute)

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### **Editorial advisory board**

In agreement with the common editorial practice, the role of the members of the Editorial Advisory Board of the WY is to provide advice and specialized scientific support in WY's planning and editorial activities, acting occasionally as Guest Assistant Editors for specific papers or Guest Editors for special thematic issues, proposing opinion papers or reviews and acting as reviewers for problematic papers.

### **Confirmed members of the editorial advisory board**

Christophe Janssen (Louvain-la-Neuve University), Conceição Serralha (Uberaba University, Winnicott Institute), David Kitron (Israel Winnicott Center), Dino Dazzi (Rome, La Sapienza University), Irene Borges Duarte (University of Évora, AP), Julieta Bareiro (University of Buenos Aires, Conicet), Laura Dethiville (IWA-France), Leticia Minhot (Universidade Nacional de Córdoba), Ofra Eshel (Tel-Aviv University), Oswaldo Giacoia Jr. (University of PUCPR), Thanassis Hatzopoulos (Athens IWA Group).

## **General outline of the project**

WY is a project of the IBPW created within the Winnicottian School of São Paulo to preserve, transmit and develop Winnicott's intellectual legacy.

The project was created jointly with several IWA member-groups and will actively rely on collaboration from all of them and from researchers outside the IWA.

WY will be published on behalf of the IBPW by the DWWeditorial, of the SBPW, and will require only personal registration to be accessed.

WY will use an online platform for publication.

## **Conceptual basis of the project**

According to the interpretation proposed initially by Winnicott scholars in the 1980s, later on independently developed by some Winnicottian Groups and after the publication in 2013 of Winnicott's plea for a revolution in psychoanalysis adopted by many member-groups of IWA and researchers outside IWA, Winnicott legacy consists essentially of

- 1) a project of a scientific revolution in several fields of clinical practices in which he was involved, based on his theories of maturational processes, maturational pathology and maturational therapy,
- 2) partial accomplishment of this project and
- 3) a plea from the end of his life for a revolution in the clinical practices mentioned.

Thus, one aim of WY is to articulate and further develop Winnicott's revolutionary project as a set of new perspectives or, more precisely, as a series of scientific revolutionary shifts in pediatrics, psychiatry, psychoanalysis, social work, nursing, physiotherapy and education.

A second aim is to reconstruct Winnicott's own contributions to the realization of this project. Special attention will be given to the variety of Winnicott's professional activities and to his specific revolutionary moves in the fields mentioned.



The third aim is to help readers heed Winnicott's plea and to understand it as an acknowledgement that the revolution he started is not finished and that he handed over to future generations the task to continue it as far as they may judge it reasonable and fruitful to do.

To this scientific and philosophical study and research program, respectful of Winnicott's language and his theoretical and conceptual universe, proposed to drive the WY issues we want to add as an overarching purpose the promoting of the practice of the Winnicottian care-cure for maturational disorders in our own difficult times, and in the future.

Z. Loparic  
IBPW, IWA

# Presentation

## A winnicottian plea for a revolution

*The Winnicottian Yearbook* is a publication of the Brazilian Institute of Winnicottian Psychoanalysis (IBPW) created within the Winnicottian School of São Paulo to preserve, transmit, and publish clinical and theoretical research on Winnicott's maturation theory and develop Winnicott's intellectual legacy. This publication takes the form of a yearbook and aims to annually disseminate original works on winnicottian theory and practice in the English language. This publication was created jointly with several International Winnicott Association (IWA) member-groups and will actively rely on collaboration from all of them and from researchers outside the IWA.

A first aim of *The Winnicottian Yearbook 2024* is to articulate and further develop Winnicott's revolutionary project as a set of new perspectives or, more precisely, as a series of scientific revolutionary shifts in paediatrics, psychiatry, psychoanalysis, social work, nursing, physiotherapy, and education. As a second aim, the idea is to reconstruct Winnicott's own contributions to the realization of this project. Special attention will be given to the variety of Winnicott's professional activities and to his specific revolutionary moves in the fields mentioned. Finally, the third aim is to help readers heed Winnicott's plea and to understand it as an acknowledgment that the revolution he started is not finished and that he handed over to future generations the task of continuing it as far as they may judge it reasonable and fruitful to do.

The variety of the publication in this volume of *The Winnicottian Yearbook 2024* is organized in two parts (I and II) and contains two general groups of chapters. The first group consists of works exclusively theoretical or works which link theoretical discussions with the clinical practice of the winnicottian orientation. This group formed by fifteen original works represents Part I of this oeuvre. The second group of chapters deals with the field of arts or highlights aspects of the biography of Winnicott or other analysts who have been fruitful for the emer-

gence of ideas, which nurture the theory and the clinical practice. In Part II, the reader will find 5 (five) chapters, which present these original intersections with arts and with the construction of a personal mode of producing a theory and its linking with practice.

So, giving life to the purpose of this publication, the reader could start by reading the text “Winnicott’s Plea for a Revolution in Psychoanalysis” by Zeljko Loparic, in which he makes a deep analysis of Winnicott’s plea for a revolution in psychoanalytic clinical practice, made in 1971. This analysis shows the results of his revolutionary research presented in his works from 1945 onwards, providing an opportunity to re-examine the theoretical and therapeutic crisis in psychoanalysis and other health areas that motivated Winnicott’s revolution. Besides, the reader will be able to understand the main components of the new paradigm proposed by Winnicott as a solution to the crisis, and the tasks that await those who choose to practice and research within this framework.

A very important contribution to understanding the plea for a revolution in psychoanalysis is found in the article “Harry Guntrip: A Trauma and Two Analyses” by Elsa Oliveira Dias. Her chapter illustrates, through Harry Guntrip’s account of his analyses with Fairbairn and Winnicott, the paradigmatic shift sparked by Winnicott in psychoanalytic theory and practice, especially the differences between a psychoanalysis based on the Oedipal framework and one that takes its cue from the baby on its mother’s lap.

In “Thinking About Identity in Winnicott”, Eder Soares Santos seeks to raise a discussion about self-awareness as an organizing principle of identity, showing the need to think about the meanings of pre-reflective consciousness in contrast with reflective consciousness, the role of temporality, and the body in the building up of awareness, pointing out how such concepts are present in Winnicott’s theory of personal maturation.

Julietta Bareiro writes in her text “Identity Aspects of the Self: Protection and Gift-Giving in the Early Stages” deals with the possibility of inhabiting the world in a personal way, as Winnicott refers to it, depending on various factors. She argues that Winnicott’s contributions on the

early stages refer to the fact that existence arises in relation to others and that the notion of double dependency appeals to the fact that the infant needs much more than food or nutrition. In this way, it shows concern for the other, the way the mother relates to her baby, and the concrete conditions of that care are the key to holding and handling to the extent that they involve the conditions of the winnicottian being.

Giving sequence to the theoretical contribution, Claudia Dias Rosa analyses in “The father in Winnicott” the contribution to the process of personal development throughout its various stages, clarifying the potential paternal failures and relating their relationship to the aetiology of emotional disorders. In doing so, she illustrates these failures and their consequences, from the most primitive stage to the establishment of triangular relations. The chapter was written from a theoretical perspective, according to the maturational criteria proposed by Winnicott for an understanding of the aetiology of emotional disorders.

Still thinking about the father’s figure, Maria Fernanda F. M. de Carvalho and Érico Bruno V. Campos in “From Freud to Winnicott, Thinking About the Concept of Superego” assert that Freudian theory is focused on the intrapsychic, in the first instance, when it presents a metapsychological model used to represent psychic organization. However, Winnicott’s theory brings in its wake the formation of the contours of the psyche based on the relationship with the external, in the baby’s relationships with parental figures – in the first instance, the mother. So, in Winnicott’s work, the maternal figure stands out due to the primary connection necessary to the baby. The figure of the father represents the trigger of a series of conditions for the actions of this new being before there is contact with repressive forces. The role of the father, therefore, does not occur through imposed and direct order – which will occur later, in higher layers of the subject’s interface with the environment – but in a more basal and gradual way from very early moments.

In “A philosophical approach to Winnicott’s thinking”, Irene Borges-Duarte focuses her chapter on what she considers to be Winnicott’s clearest and most outstanding contributions to philosophical culture. She tries to find points of intersection and originality in the configuration of the philosophical consciousness of our century, without taking away

from the origins of Winnicott as a doctor and psychoanalyst. Irene shows that the starting point of Winnicott diverges from Freud, in a logic of relation and not merely one of desire; as a result, one can see the opening up of the world as a potential space for encounter; and a conception of the self as an integrative dynamic, and culture as a transitional space in which the self plays a vital role.

How challenging is it to think about Being as an “I am!” This is the focus of Susanna Guida’s chapter, titled Being, “Sum, I Am: Vicissitudes of Primary Identification as the Cornerstone of Subjective Identity”. Firstly, she develops an analysis of Winnicott’s conception of being a unity as an “I am.” After that, she presents a clinical analysis exploring the different stages of being.

Xinchun Liu, Chengzhi Zhao, Xueru Zhang, and Tingting Tan explore “The Function of the Setting in Psychotherapy”. The idea is to show that therapeutic settings include analytic settings and analytic attitudes. The aim of the settings is to create a room where the therapist and the patient mutually have the opportunity to listen to and participate in their own and each other’s thoughts and feelings and in the movements of the unconscious. The settings within the therapist should be good and solid, regardless of the variability of the external settings. For the authors, the therapist should have the feeling of having volunteered to swim with the patient in a very stormy sea, but also of having held the helm of the therapeutic work steadily on course, navigating toward the continuity of being and making the best of a bad job.

Some of the authors of this book have focused their work on developing clinical analyses with Winnicott’s maturation theory as their guide. This is the case of Alfredo Naffah Neto in “Dreams in Borderline Clinics as a Form of Imaginative Elaboration of Body Functioning”. He works, through a clinical case, with the assumption that the dream is one of the modalities of imaginative elaboration of body functioning and generally expresses the individual’s stage of maturation and the form of existence characteristic of that stage.

With the purpose of contributing to a theoretical reflection on the clinic in Winnicott, Conceição Aparecida Serralha, in her chapter “The Specificity of the Winnicottian Clinic”, aims to discuss this specificity,

showing that all the modifications introduced by Winnicott can only be validated if they are based on the theory of maturation proposed by him. In this way, psychoanalysis itself, along with therapeutic consultations, becomes possible to promote the necessary conditions for the resumption of maturation made difficult by environmental failures.

Danit Pondé, for her turn, deals with “Winnicottian Clinical Practice”, asserting that Winnicottian clinical practice is based on the therapist’s ability to follow through and adapt to the maturational diagnosis of the patient’s emotional condition. From her point of view, Winnicott’s extensive body of work is primarily dedicated to reformulating fundamental issues of psychoanalytic theory and clinical practice. Winnicott challenged Freud’s avowal of the primacy of the sexual function in the lives of individuals and societies, and proposes instead a new paradigm for psychoanalysis predicated on the early relationship between child and mother, rather than on problems stemming from the Oedipal situation.

“Winnicott’s Clinic in Adolescence: Embracing and Surviving the Goo Goo Muck”, by Helena Sardo Mourão, deals with questions such as: How can the winnicottian clinic facilitate this very important process for accessing a mature adult life with the capacity to revisit the adolescent space? How can you help parents and society in general to understand that you cannot fight adolescence and that the only way to survive it is to endure it, with malleable firmness, coherence, and affection, accepting the “Goo Goo Muck” that is yours? Inherent and vital? Through the work of Winnicott, in his considerations about the adolescent process and the necessary management of these patients, he emphasizes the enormous importance of individual time and recognizes the need for aggressive expression and destructive movement as the only possibility of building a world based on oneself.

Written by Joana Espírito Santo, “Winnicott’s clinic in infancy” is first approached from the perspective of personal development – with an emphasis on ongoing development during childhood – and from the perspective of the importance of the environment (the family) and its role in the therapeutic process. The application of the Theory of the Maturation Processes to the field of Winnicott’s clinic in infancy then

addresses the winnicottian concepts of space and time, integration, potential space, and the capacity to play.

The chapters above make up Part I of this book and fulfill the task of introducing the reader to Winnicott's original theoretical-clinical contributions. The section we present next, Part II, refers to works that bring art as a horizon for dialogue or highlight how aspects of personal journeys can be promising in shaping the theory and guiding clinical practice.

In "The Frail Identity of Ms. Vogler: Winnicottian Notes on Ingmar Bergman's *Persona*", Ricardo Telles de Deus calls attention to the distinctive way in which Winnicott contrasts the scientific and the artistic approaches to human nature. Telles suggests that what Winnicott wrote about the Bard of Shakespeare could be applied to Ingmar Bergman. Among the questions the chapter deals with, some seem to stand out: is it possible for any individual to be truly oneself, especially in the midst of social life? Are we not all, in social interaction, always and irremediably false and unreal, no more than mere characters in a play? Isn't that what Shakespeare is suggesting in the opening lines of his play?

Rita Pereira Marques, in "On destruction and obscurity in contemporaneity", poses an intriguing question in her text: Which time are we in? How can we live up to our current times? Starting from the consideration that the contemporary artistic process integrates obscurity and destruction as essential elements of progression, and the way in which Winnicott's clinic incorporates the act of destroying in the maturational development of the Self, she proposes to reflect on how painful obscurity and destruction can be paths leading to the appearance of the new – a new experience.

Margareth Spelman, in "Winnicott and Milner – The Legacy of Collegial Love", asserts that the importance of collegial friendship and love for the psychoanalytic project is rarely acknowledged. Conflicts and schisms usually get all the attention. Therefore, before attention inevitably turns to the problems related to their relationship, her chapter concerns the environment for the growth of psychoanalytic thought provided by the loving collegial friendship between Marion Blackett Milner and Donald Woods Winnicott.

In “Memories: Coimbra De Matos and Winnicott”, José Carlos Coelho Rosa pays a personal tribute to Coimbra de Matos, revisiting his career as a psychoanalyst and sharing his experience as an analysand. Rosa talks from a personal point of view about the therapeutic relationship with his analyst, the evolution of his thought and his work, and recounts some of their conversations and disagreements. He also discusses some of the fundamental concepts of Coimbra de Matos’s thought, namely the concepts of “new relation,” “possibilitation,” and “intentionality.” Winnicott appears in this context as being the psychoanalyst who most influenced and stimulated Coimbra and Rosa above all because the foundations of his writings were based essentially on clinical observation and not on theoretical hypotheses or theories of others.

Finally, “Olga’s depression and its implications”, text by Adriana Pacchioni, uses the novel *The Days of Abandonment* (2016) by Italian author Elena Ferrante to bring the story of Olga, whose life has lost its meaning. The character goes through a long and delicate depression process, one whose unfolding seems to enable her to come into progressive contact with primitive aspects of her own early development. Olga experiences a gradual disintegration of the self that reminds the reader of what Winnicott termed “schizoid depression.”

We, the General Editors of *The Winnicottian Yearbook*, hope that this book will be the beginning of a long series of publications that focus on disseminating thought, work, contributions, and changes that Winnicott’s theory of personal maturation has brought to research on human nature.

Caroline Vasconcelos Ribeiro  
Eder Soares Santos  
(General Editors and Editors)



### Adriana Pachioni

Psychoanalyst. Pachioni has worked for over twenty years in various mental health institutions. She has been working in private practice since 2008. Student of the Curso de Formação Winnicottiana at the Instituto Brasileiro de Psicanálise Winnicottiana (IBPW). Affiliated with the IBPW and the International Winnicott Association (IWA). Bachelor's Degree in Occupational Therapy (PUC-Campinas) and Specialization in Occupational Therapy in Mental Health (UNIFESP).

### Alfredo Naffah Neto

Psychoanalyst. Master's degree in Philosophy from USP and PhD in Clinical Psychology from PUC-SP. Full Professor at PUC-SP, in the Graduate Program in Clinical Psychology. He is also Professor and Supervisor at the IBPW and the IWA, currently collaborating in the training of Chinese psychoanalysts. In his private practice, he provides psychoanalysis, couples therapy, and family therapy. His current research focuses on the comparative evaluation of different psychoanalytic traditions in their theoretical-clinical dimension, with Winnicott as central figure. He has published his research in articles and books. His three most recent books are: *Perto das trevas – a depressão em seis perspectivas psicanalíticas* (2022, with A. P. Almeida); *Veredas psicanalíticas – à sombra de Winnicott* (2023) and *A clínica winnicottiana – os casos difíceis* (2025, with A. P. Almeida and F. P. Vieira), all published by Editora Blucher.

### Claudia Dias Rosa

Psychoanalyst. Master's degree in Clinical Psychology from PUC-SP, with the dissertation *A presença do pai no processo de amadurecimento*:

*um estudo sobre D. W. Winnicott*; PhD in Clinical Psychology from the same university, with the thesis *As falhas paternas em Winnicott*. Professor and Teaching Supervisor at the Winnicottian School of Psychoanalysis of the Instituto Brasileiro de Psicanálise Winnicottiana (IBPW) and member of the International Winnicott Association (IWA). Author of several articles on Winnicott's theory, including "O pai e a tendência antissocial: considerações a partir da psicanálise de Winnicott" (2017), "Idas e Vindas" and "Família e adoção: algumas reflexões com a base de um caso de Winnicott" (both published in 2014). Editor of the book *E o pai? Uma abordagem winnicottiana*, (2014) and author of *A paternidade em Winnicott*, (2022), both published by DWWeditorial. She has been working in private practice since 1992.

## **Conceição Aparecida Serralha**

Post-doctorate in Psychology at Universidad Argentina John F. Kennedy-UK-Buenos Aires (2018) and Universidade Estadual de Campinas (Unicamp) (2018). Master's degree in Psychology (Clinical Psychology) from PUC-SP (2002) and PhD from the same institution (2007). Professor in the Graduate Program in Psychology at UFTM. Psychoanalyst at Instituto Brasileiro de Psicanálise Winnicottiana (IBPW), affiliated to the International Winnicott Association (IWA). Author of the books *O ambiente facilitador winnicottiano: teoria e prática clínica* and "*Não atendo criança*": *situações de risco para a não constituição do si-mesmo individual*, both published by Editora CRV.

## **Danit Zeava Falbel Pondé**

Psychologist, Specialist in Hospital Psychology, and Psychoanalyst. Master's degree and PhD in Philosophy of Psychoanalysis (Unicamp). Professor and Supervisor of the IBPW and IWA member. Visiting Professor at the Beijing Mental Health Centre. Research coordinator at the contemporary LABÔ/PUC-SP in the group "Maturation Crisis in Contemporaneity". Author of the books *O conceio de medo em Winnicott* (DWWeditorial) and *Cinema no divã* (Editora Leya).

## Eder Soares Santos

Bachelor's degree in Philosophy from the Universidade Estadual de Campinas (Unicamp, 1997), Master's degree in Philosophy from the same institution (2001), sandwich doctorate in Philosophy from Universität Freiburg (Albert-Ludwigs) (2005), PhD in Philosophy from Unicamp (2006) and postdoctoral studies at Bergische Universität Wuppertal (2015). Author of *Winnicott and Heidegger: approximations and distances* (DWWeditorial/FAPESP, 2010) and *Path of Science of Man in Heidegger* (2019). He has also published several articles and book chapters on philosophy and psychoanalysis. He is Associate Professor in the Department of Philosophy at the Universidade Estadual de Londrina (UEL).

## Elsa Oliveira Dias

Clinical psychologist and training analyst at the IBPW. Master's degree in Philosophy and Ph.D. in Clinical Psychology from PUC-SP, with the thesis *D. W. Winnicott's Theory of Psychoses*. In 2001, together with Zeljko Loparic, she founded the Centro Winnicott de **São Paulo (CWSP)**; **in 2005, both founded the** Sociedade Brasileira de Psicanálise Winnicottiana (SBPW) to promote research and teaching, and to disseminate Winnicottian psychoanalysis. In 2013, with Z. Loparic, she co-founded and became vice-president of the International Winnicott Association (IWA). She is the author of numerous articles on philosophy, psychoanalysis and, especially, Winnicott. Her books include *A teoria do amadurecimento de D. W. Winnicott*, 5th edition by DWWeditorial (2024, which was translated and published in Spanish, English, Chinese, Italian and French). She's also the author of *Sobre a confiabilidade e outros estudos*, 2nd edition (2023); *Interpretação e manejo na clínica winnicottiana*, 2nd edition (2023); and *As competências do terapeuta winnicottiano*, 2nd edition (2024). All editions in Portuguese are published by DWWeditorial.

## **Érico Bruno V. Campos**

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## **Helena Sardo Mourão**

Bachelor's degree in Clinical Psychology from the Instituto Superior de Psicologia Aplicada. She is a full member of the Ordem dos Psicólogos Portugueses, specializing in clinical and health psychology and psychotherapy. She is member of the Associação Portuguesa de Psicanálise e Psicoterapia Psicanalítica and founding member of the Associação Winnicottiana Portuguesa, where she provides training. She has specialized in promoting the rights and protection of children and young people, having worked in the field for several years and contributed as a trainer on infant, child, and adolescent development. He currently works exclusively in private practice.

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# Part I

**Z. Loparic**  
(IBPW/IWA)

## 1. Notes from 1971

In January 1971, a few days before his death, Winnicott set out to write a paper for the panel “The Role of Aggression in Child Analysis” at the 27th IPA Congress, to be held in Vienna in July, on “The Psychoanalytic Concept of Aggression: Theoretical, Clinical and Applied Aspects”. However, he only managed to write six brief preparatory notes, the first four of which were published by Jan Abram in 2013a<sup>1</sup>. In the following comments, I have used my own translation of the full text of the notes, published in Winnicott’s *Collected Works*, volume 9, pp. 355-356, under the title “Notes for the Vienna Congress”<sup>2</sup>. For the sake of readability, I numbered the notes and divided the longer ones into fragments, also numbered. My purpose is to examine the meaning of the revolutionary change Winnicott called for, and at the same time to point out the paths of research and personal development that led him to a place where he felt real, could live and think creatively, and was able to explicitly challenge the orthodoxy of the IPA<sup>3</sup>.

## 2. Note 1, fragment 1: The plea for a revolution in psychoanalysis

I am asking for a kind of revolution in our work. Let’s re-examine what we do. (1971a/2017, p. 355)

1. See in Abram, 2013a, pp. 311-317.
2. All quotations from Winnicott’s books are referenced in the bibliography.
3. An examination of this same challenge, launched by Winnicott in other texts, can be found in Loparic, 1996a and 2001/2017.

Winnicott's planned article begins with a call for revolution addressed to psychoanalysts. Before 1971, his work contained similar observations on revolutionary changes in other areas of health, such as pediatrics, child psychiatry, social work and education, among others, often expressed in the British manner. Sometimes he warns the reader that some of his proposals are neither original nor "revolutionary" (1989a, p. 26). Not infrequently, however, he takes up positions that modify traditional psychoanalysis, both theoretically and clinically<sup>4</sup>. At other times, he acknowledges "revolutions" in clinical practice promoted by other professionals, for example, in nursing, in mental hospitals, (1951/1989, p. 548) and in teaching.

Committed as I am to the idea that paediatrics is the best of the various possible preparations for child psychiatry, I have to go quickly on to an assertion that the really necessary preparation for child psychiatry (whether of paediatrician or psychiatrist) is in the psycho-analytic training. It is an important thing for me that what I have to say about this is now generally recognized, whereas a few years ago it was quite revolutionary. (1962e/1983, p. 200)

The revolutionary nature of Winnicott's work in the field of psychoanalysis has been duly recognized in secondary literature. As early as 1971, perhaps because M. Khan was familiar with these Winnicott notes, he chose the distinction between ego-needs (maturational needs, in the terminology of the Winnicottian School of São Paulo) and id-needs as an example of a "revolutionary shift of emphasis in contemporary analytic thinking and practice" (Khan, 1975/1958, p. 15)<sup>5</sup>. This line of interpretation has been significantly deepened and reinforced by a series of authors, such as R. Schafer (1976), M. I. Little (1981), Greenberg and Mitchell (1983), P. C. Horton and colleagues (1988), J. M. Hughes (1989/1998), E. O. Dias, Z. Loparic and their colleagues at the Winnicottian School (in works published from 1996 onwards), J. Abram

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4. See 1962d/1965, pp. 168-169 and 1969d/1989, pp. 255-256.

5. In pointing out the revolutionary nature of Winnicott's thinking, Khan reveals a certain timidity. He speaks of a change of emphasis, when, in fact, the revolution produced by Winnicott consisted of replacing Freud's sexual-metapsychological paradigm with the maturational-experiential paradigm, expressed in a new language with philosophical dimensions yet to be explored (see Loparic, 2001/2017).

(2013b), J. Abram and R. D. Hinshelwood, 2018), O. Eshel (2019) and more recently T. H. Ogden (2022)<sup>6</sup>.

In his 1971 notes, Winnicott's call for a revolution in psychoanalytic practice is expressed in a markedly personal tone and addressed to the therapeutic community of psychoanalysts who were to meet at a congress in Vienna, Freud's own city. The context of the notes reveals that he was perfectly aware that such an attitude would be perceived as a provocation, if not as aggression ("murder of the father").

Winnicott also knew that a revolutionary attitude requires certain personal conditions, personal maturity in particular, and it is in this sense that the following sentence should be interpreted: "Mature adults bring vitality to that which is ancient, old, and orthodox by recreating it after destroying it" (1960a/2011, p. 137). Maturity means health, and health is defined by capacities acquired in the maturational process:

[In the theory of physical and emotional development, we are not only] concerned with the richness of the personality and strength of character and with the capacity for happiness, as well as the capacity for revolution and revolt. It is likely that true strength belongs to the individual's experience of the developmental process along natural lines, and this is what we hope for in individuals. (1968a/1987, p. 24)

Although in this quote (as in other passages, for instance, 1939/1996, p. 52) a personal capacity for revolution and revolt seems to be related more directly to the political arena, the overall context of the sentence encompasses the capacity for revolutionary changes in other fields, including theoretical ones. In Notes 2, 3 and 4, Winnicott alludes, as we shall see, to the personal circumstances under which he made the decision to write the opening sentence of Note 1, an aspect that will become central in the more autobiographical Notes 5 and 6.

What "kind of revolution" might Winnicott have in mind? Note 1 does not make it clear. It would be possible to think he is talking about revolution in the common sense (1962e/1983, p. 200). It is more likely,

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6. The reception of Winnicott's revolution in other areas of healthcare would merit a separate study.

however, that he is referring to a revolution in a more technical sense borrowed from Thomas Kuhn, the theorist of scientific revolutions who was very much in evidence in 1970. That year saw the release of the second edition of his book *The Structure of Scientific Revolutions*, originally published in 1962, and the debate between Popper and Kuhn on the nature and progress of science was in full swing at that time, dominating the field of philosophy of science at the time. Be that as it may, since the 1990s, still unaware of the content of Note 1, I proposed and developed the thesis that Winnicott had proposed a paradigmatic revolution in Kuhn's sense<sup>7</sup>. This perspective has proved fruitful, attracting a growing number of followers in Brazil and abroad, and I will use it here.

Well, what do Winnicottian psychoanalysts do? They deal with “mental” health issues, that is, disturbances in the process of healthy maturation or, in language borrowed from philosophy, a disorder of what is truly at stake in human life, namely, the persistence of being, one's continuing existence that is revealed in temporal samples of the innate potential of human nature, the main component of which is the tendency towards integration (1969b/1987, p. 187). It should be noted that, as a central component of Winnicott's theory of the inherited potential in human nature, the theory of the tendency towards integration is an elaboration and enrichment of the topics dealt with by ego psychology (H. Hartmann) and, more broadly, by post-Freud psychoanalysis:

Also the inherited tendency towards integration of the personality may be the most important inherited thing in human beings, and this touches on the whole subject of what the psychoanalysts refer to as ego psychology and the work that has been done chiefly by psychoanalysts in the last two decades, that is to say, since Freud died. (1969b/1987, p. 187)

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7. See, for example, Loparic, 2001/2017. Kuhn's ideas – which took up and elaborated, in the light of Wittgenstein's theory of science in particular, the concept of revolution that had been used in the historiography of physics – were also used to reformulate the philosophy and historiography of biological sciences (Hodge and Radick, 2009, chapter 11), of the humanities (Bird, 2000, chapter 7) and even of formal sciences such as mathematics (Gillies, 1992). Kuhn (2022) reworked and reasserted his theses on scientific revolutions, particularly on incommensurability in science, and that volume brings together his last writings, some previously unpublished.

How do Winnicottian psychoanalysts act? They apply the theory of maturation to clinical practice and research:

So *psychoanalysis* is a term that refers specifically to a method and to a growing body of theory, theory that concerns the emotional development of the human individual. It is an applied science based on a science. [...] Applied science is not science. When I do an analysis, this is not science. But I depend on the science when I do work that could not have been done before Freud. (1961a/1986, pp. 13, 15)

From Winnicott's perspective, psychoanalysts, as scientists, address factual issues about illness and health – this is their main task – and outline research programs to solve them. New clinical facts are discovered in the chosen field of study and solutions previously found for old, already discovered facts often turn out to be partial or even wrong; new questions arise and research continues, step by step, without ever reaching absolute and complete truth. As clinicians, psychoanalysts observe what happens to the patient, whether in the transference or in real life, and relate clinical experience and life to their own theoretical framework, modifying the theory and their research program when either proves insufficient or in conflict with experience (1961a/1986, p. 17 and 1965b/1986, p. 174).

We know what Winnicott's research program is. The fundamental concepts of pathology are made explicit and articulated in terms of his theory of maturation, as he never ceases to emphasise. In this context, illness is (almost) the same as immaturity relative to one's age. Furthermore, the treatment of maturational problems employs procedures that reproduce, in the therapeutic relationship, the care provided by the facilitating environment in the maturational process, especially that of one's parents and family, including a survey of clinically relevant facts, their interpretation (i.e., one's understanding of them) and the management of situations.

There is one thing especially that needs to feed back into medical practice, and I will end with this. It is that care-cure is an extension of the concept of holding. It starts with the baby in

the womb, then with the baby in arms, and enrichment comes from the growth process in the infant, which the mother makes possible because of her knowing just what it is like to be this one particular baby that she has given birth to.

The theme of the facilitating environment enabling personal growth and the maturational process has to be a description of father-mother care, and of the family function, and this leads on to the whole buildup of democracy as apolitical extension of family facilitation, with the mature individuals eventually taking part according to their age and capacity in politics and in the maintenance and rebuilding of the political structure. (1970b/1986, p. 119)

What are the possible outcomes of Winnicottian science applied to clinical practice? Questions about the solvability of health issues through the procedures provided by psychoanalysis – an epistemological and methodological theme with Kantian overtones taken up by Kuhn and others<sup>8</sup> – have been present in this discipline since Freud and Ferenczi. I quote a brief passage from Winnicott on this subject:

Psycho-analysis does not cure, though it is true that a patient may make use of psychoanalysis, and may achieve with adjunctive process a degree of integration and socialisation and self-discovery which he would not or could not have achieved without. (1968c/1989, p. 216)

This excerpt summarizes the main means and objectives of Winnicottian therapy: to foster, within a facilitating environment, the tendency to integrate the individual into a whole person, interchanges with other people, and self-knowledge as a sample in time of the value of human nature.

I will now explain, albeit partially, the rationale and tenor of Winnicott's call for a revolution in psychoanalytic work, formulated in Note 1 and implicitly contained in Notes 2, 3 and 4.

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8. Winnicott's theses on the solvability and procedures to resolve these problems were examined in Loparic, 2025b and 2025c. The Kantian origin of the two topics was the main subject of my book *Kant's Transcendental Semantics* (Loparic, 2025d).



### 3. Note 1, fragment 2: The rationale of the call for a revolution

It may be that in dealing with the repressed unconscious we are colluding with the patient and the established defences. (1971a/2017, p. 355)

What might have motivated Winnicott to confront the IPA leadership with a proposal for a revolutionary revision of the Freudian paradigm? The main reason is the existence of unsolvable problems when one applies psychoanalytic science to the treatment of psychosis, covered up by the therapist's collusion with the defences produced by the patient's false self, which has played the role of a nurse-nanny. Winnicott is referring to the collusion between therapists and borderline psychotic patients who (to defend themselves from the threat of resurging primitive agonies – rooted in the fear of annihilation, i.e., in the breakdown of the continuity of being and the consequent collapse of the process of establishing a true unit self as the control centre for spontaneous acts and for integrating somatic functions) cease to rely solely on *primary psychotic defences*, such as active disintegration or the splitting between a true self and false, truly psychotic self that conceals and impersonates the true self, presents itself as the whole person and takes control of everything experience. Instead, borderline patients, by leveraging their maturational achievements, produce a false self controlling the various functions of the me and of self-care techniques acquired in later stages that are used as *secondary psychotic defences*<sup>9</sup> (in lieu of failed maternal care). This self is false because it is neither creative nor spontaneous, i.e., because its protective services are a copy of, or are derived in some way from, the sublimation of Freudian-type maternal services that were not

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9. See 1952b/1958, p. 219, 1965a/1965, pp. 9-10, 1962c/1965, p. 58, 1959-1964/1965, pp. 135-16, 1963e/1965, p. 223. These cases concern a double self-deception, i.e., false solutions to poorly formulated problems (1961b/1989, p. 71). For example, hysteria can conceal an intolerable agony that causes problems but never appears clearly as madness (1963d/1965, p. 244). On this view of central aspects of Winnicott's theory of borderline psychosis, see Loparic, 2025a.

provided<sup>10</sup>. For example, they start displaying neurotic-type defences that were created not against properly neurotic anxieties – those originating in the ambivalent relationship based on sexual instincts with one same person in the family – but against the anxieties arising from the threat, or even from the experience of the breakdown of personal unity: collapse, annihilation. In these cases, the defence does not result in personal disintegration, that is, in “true” schizophrenia, but in a schizoid personality disorder, the condition of patients who have a schizoid, disintegrative element in a personality that is neither psychotic nor disintegrated in other respects. Note 1 continues:

In the clear-cut psycho-neurotic case there is no difficulty because the whole analysis is done through the intermediary of verbalization. Both the patient and the analyst want this to be so. But it is only too easy for an analysis (where there is a hidden schizoid element in the patient’s personality) to become an infinitely prolonged collusion of the analyst with the patient’s negation of non-communication. Such an analysis becomes tedious because of its lack of result in spite of good work done. (1963b/1965, p. 189)

In the traditional treatment of pure cases of neurosis, if they exist<sup>11</sup>, the aim is to decipher and articulate to patients the sexual undertone of their symptomatology, i.e., the meaning of the ciphered manifestations of their repressed unconscious. Thus, the aim is to help patients remember their unconfessed sexual secret (in metapsychology: “libidinal”) and free them from its pathogenic return, encrypted through metonyms and metaphors, into conscious life. In cases of schizoid personality disorder, patients may develop this same neurotic symptomatology. However, they do not use it as a defence against the compulsive return of the part

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10. For Winnicott, Freudian sublimation, because it is adaptive and acts as a substitutive satisfaction of instincts, is not a creative activity (1971b, pp. 65 and 72). On the false self that acts on the basis of sublimation, Winnicott says: “It can easily be seen that sometimes this False Self-defence can form the basis for a kind of sublimation, as when a child grows up to be an actor. In regard to actors, there are those who can be themselves and who also can act, whereas there are others who can only act, and who are completely at a loss when not in a role, and when not being appreciated or applauded (acknowledged as existing)” (1960c/1965, p. 150).
  11. On Winnicott’s doubts in this regard, see 1961b/1989, p. 71.

of conscious life *that was indeed experienced* – that is, *that happened, but should not have* – and ended up *repressed by social or internal censorship* and relegated to the Freudian unconscious. This time, taking on the role of their own nurse, they use it as a defence against the pain revealed in unthinkable anguish over *what did not happen, but should have*, in the early stages of life. This not-having-happened – namely, the absence of the experience of continuity of being and the establishment of a unit self capable of becoming a centre of spontaneous gestures, which constitutes the Winnicottian unconscious – reveals itself as pathogenic and becomes a burden on the patient's entire future life.

Because it does not comprise repressed representational (mental) material, the unconscious that did not happen can neither be recovered as conscious memory, nor therefore be the subject of comprehensible verbal communication; it can only be *relived* and thus *integrated into the present*, in a situation of regression to dependence on a fully reliable therapist. Thus, verbal communication between therapist and patient that follows the basic rule of Freudian psychoanalysis of “never censoring one's words” is a negation of the absence of communication that needed to take place. At the root of *this* non-communication is not censorship, but the original loss of the patient's ability to communicate as a baby, resulting from traumatizing maternal environmental failures, i.e., a mother that did not meet the child's instinctual needs, but only its needs for integration and omnipotent control of the situation (1963b/1965, p. 189). This is not, however, a negation in the sense of resistance to repressed elements, as in Freud; rather, it is a *collusion* between analyst and patient, an unsatisfactory and inefficient attempt to manage both the patient's lack of capacity for contact and the traditional analyst's ignorance of the patient's clinical state<sup>12</sup>. The analyst may have his own theoretical and personal reasons, while the patient appeals to the secondary self-su-

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12. Just as the analyst can be enticed by the patient, the patient can also be seduced into pleasing and even agreeing with the analyst. See Winnicott's observation about Jung, who, by *lying* when agreeing with Freud about the content of a dream, avoided, *in that context*, the collusion and flight from psychosis into neurosis, which characterizes the so-called “borderline” patients (1964a/1989, p. 487). Further details about this episode will be discussed below.

portive services of his false self acting as a nanny<sup>13</sup>. The clinical setback generated by the collusion between the psychotic patient (whose false self turns him into a false neurotic and defends himself from annihilation as if it were a gap in consciousness caused by moral censorship) and the therapist (who does not know Winnicott) is fatal, because: 1) the patient is not cured; 2) the therapist is unable to *see* the patient's non-neurotic symptoms – the dissociation and even the personality split, the unthinkable anxieties and the psychotic defences underlying the neurotic ones – and therefore cannot efficiently mobilize procedures to treat this type of clinical problem.

The same kind of anomaly of traditional psychoanalysis can be seen in the clinical effects of the therapist's collusion with defensive formations generated by the borderline patient's split false self against the threat of recurring breakdowns (neuroses, psychosomatic disorders, dissociation between feminine and masculine aspects of personality, antisocial behaviour and, extremely, suicide).

By the term "a borderline case" I mean the kind of case in which the core of the patient's disturbance is psychotic, but the patient has enough psychoneurotic organisation always to be able to present psychoneurosis or psychosomatic disorder when the central psychotic anxiety threatens to break through in crude form. In such cases the psychoanalyst may collude for years with the patient's need to be psychoneurotic (as opposed to mad) and to be treated as psychoneurotic. The analysis goes well, and everyone is pleased. The only drawback is that the analysis never ends. It can be terminated, and the patient may even mobilise a psychoneurotic false self for the purpose of finishing and expressing gratitude. But, in fact, the patient knows that there has been no change in the underlying (psychotic) state and that the analyst and the patient have succeeded in colluding to bring about a failure. (1968b/1989, pp. 219-220)

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13. On the self in the role of the nanny, see 1960c/1965, p. 151. On dissociation or, more precisely, the split in the structure of the personality in borderline patients, revealed as an opposition between the spontaneous true self and the defensive false self, see 1965a/1965, p. 9. The individual's use of the false self as part of an unconscious strategy of defence against that which did not happen, i.e., annihilation, is explained in 1962c/1965, p. 57.

Borderline patients, unlike pure schizophrenics, develop a wide range of defensive formations, in addition to purely psychotic ones. Treating these patients, therefore, requires therapists with the personality structure that allows them to cross-identify with the patient on two levels of defence, and imposes a wide variety of requirements on them – attitudes, roles and procedures. These, taken as a whole, characterize the *care-cure* proposed by Winnicott, explicitly diverging from traditional therapeutics centred on the *talking-cure*.

Before developing this point, I would like to point out that Freud excluded cases of psychosis from his clinical practice, deeming them untreatable and, in this sense, “wrong”. He did not treat the insane, patients who had suffered an annihilating breakdown or had set out pure psychotic or borderline defences<sup>14</sup>; nor did he treat patients with other maturational disorders; he basically only treated neurotics<sup>15</sup>. The same exclusion is implicitly made by Freudian analysts who, as if by inertia, elaborate excellent neurotic analyses of psychotics, accepting the Freudian-type unconscious produced by the repression of the instincts, whether of the genital/Freudian or the alimentary/more Kleinian type. Winnicott, in turn, shows that it is necessary to do something else: to facilitate the resumption of personal integration that was not achieved in early childhood in a sufficiently secure manner, so that the patient can

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14. In Winnicott, “psychosis” is the technical term for defence against madness; see 1963c/1989, p. 90. The basic proposition of Winnicott’s theory of madness and psychotic defences can be found in 1965c/1989.

15. See 1963e/1965, pp. 219-220. While Freud maintains that everyone is neurotic, badly or well resolved (acceptance of castration), Winnicott asks himself if everyone is mad: “The new question is: ‘Is every infant mad?’ This is a question which cannot be answered in a few words, but the first reply must certainly be in the negative. The theory does not involve the idea of a madness phase in infantile development. Nevertheless the door must be left open for the formulation of a theory in which some experience of madness, whatever that may mean, is universal, and this means that it is impossible to think of a child who was so well cared for in earliest infancy that there was no occasion for overstrain of the personality as it is integrated at a given moment. It must be conceded, however, that there are very roughly speaking two kinds of human being, those who do not carry around with them a significant experience of mental breakdown in earliest infancy and those who do carry around with them such an experience and who must therefore flee from it, flirt with it, fear it, and to some extent be always preoccupied with the threat of it” (1965c/1989, p. 96).

dispense with the production of primary defence organizations, their reinforcement or even their replacement by secondary ones<sup>16</sup>. By following the maturational process from start to finish, Winnicott included cases of antisocial tendencies in his practice, as well as borderline cases, and redesigned the diagnosis and aetiology of depressive and sexual disorders in an equally revolutionary way<sup>17</sup>. In fact, he did much more than that: he opened up space for the treatment of *any and all disorders of the maturational process* along one of the main maturational lines (personal, somatic, mental, social, cultural)<sup>18</sup>. It should be noted that Winnicott's maturation-based practice applies exclusively to maturational problems, as defined in his pathology, and not to hereditary ones, nor to problems of mental or cerebral functioning of the kind dealt with by medicine, paediatrics and organicist child and adult psychiatry.

#### **4. Note 1, fragment 3: Addressing the needs of borderline patients – the starting point of revolutionary clinical practice**

What is needed of us, because the patient cannot do the work by self-analysis; someone must see and witness the parts that go to make the whole, a whole that does not exist except as viewed from outside. (1971a/2017, p. 355)

Colluding with the secondary defences of the various types of borderline patients does not address their needs. What do they need? The same as all babies. Every baby needs to *be seen to apperceive itself*, that is, to establish itself as a unitary and personal whole that brings to-

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16. On this type of unconscious and the differences between the Freudian and Jungian unconscious, see 1963c/1989, p. 90.
  17. An example of Winnicott's revolutionary change in the theory of sexuality is the replacement of Oedipus, the wanderer in the mother's bed, by the baby in the mother's lap as the exemplary problem of psychoanalysis. See Loparic, 1996a and 2001/2017.
  18. On the main maturational lines, see Loparic, 2024a.

gether the experienced past, the present and the anticipated future<sup>19</sup>, as an existent being, to see the external world creatively. This point is very well expressed in the following passage:

I see that I am linking apperception with perception by postulating a historical process (in the individual) which depends on being seen:

When I look, I am seen, so I exist.

I can now afford to look and see.

I now look creatively and what I apperceive I also perceive [...]. (1967a/1975, p. 114)

Seen by whom? Seen by the mother. If this need is not met, there will be pathological consequences that make up the Winnicottian symptomatology of psychoses.

They look and they do not see themselves. There are consequences. First, their own creative capacity begins to atrophy [...]. [Then] the baby gets settled in to the idea that, when he or she looks, what it sees is the mother's face. The mother's face is not a mirror. So perception takes the place of apperception, perception takes the place of that which might have been the beginning of a significant exchange with the world, a two-way process in which self-enrichment alternates with the discovery of meaning in the world of seen things. (1967a/1971, pp. 112-113)

The initial, primary creativity is atrophied; apperception, the creative and integrating gaze, gives way to the passive gaze of perception, the result of external stimulation; consequently, there is an impoverishment of exchanges between the subjectively conceived and the objectively perceived world, exchanges which are key to objective relationships and which are absent in psychosis, leading to a withdrawal into the subjective world as a defence.

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19. The concept of being cared for by the gaze of another human being, rooted in everyday and clinical experience, is radically different from Honneth's (2009) concept of recognition, inspired by Hegelian speculation on the manifestations of figures of the Absolute Spirit in human consciousness.

Following on from the excerpt above, the pathological effects of not being seen by one's mother, of not seeing oneself in the mother's face, are illustrated by four clinical cases of faceless patients, accompanied by comments on the human portraits in Francis Bacon's paintings.

Psychotics have likewise the need, arising from their being threatened by annihilation, to *be seen* as a whole, as a unit self comprised of parts that are innate or to be acquired or recovered (cf. 1970a/1989 pp. 270-271). Seen where? In the faces of other humans not preoccupied with their own affairs, but attentive, if only in a restricted space-time, to the need of restarting the process of integration that the patient has placed under their care. Like an infant, the adult patient needs to be *witnessed*, i.e., anticipated, and thus recognized, both verbally and non-verbally, as someone in the process of personal integration based mainly on the continuity of being, of existing, in time, in space, in the body, in object relating, not as someone possessing such and such mental (cognitive etc.), moral (character), sexual or physical qualities.

Psychotherapy is not making clever and apt interpretations; by and large it is a long-term giving the patient back what the patient brings. It is a complex derivative of the face that reflects what is there to be seen. I like to think of my work this way, and to think that if I do this well enough the patient will find his or her own self, and will be able to exist and feel real. Feeling real is more than existing; it is finding a way to exist as oneself, and to relate to objects as oneself, and to have a self into, to relax into which to retreat for relaxation. (1967a/1971, p. 117)

The therapy of psychotic patients also involves the matter of giving back to them, from an external position, what they brought with them— their disintegration, split or dissociation. This somewhat painful path to recover the continuity of being and the reality of the self will be illustrated by the FM case, analysed in the comments on Note 3.



## 5. Note 1, fragment 4: The futility of traditional analysis in the treatment of borderline patients

In time we may have to come to the conclusion that the common failure of many excellent analyses has to do with the patient's dissociation hidden on material that is clearly related to repression taking place as a defence in a seemingly whole person. (1971a/2017, p. 355)

According to fragment 4, traditional psychoanalysis fails because it cannot identify and meet the need for *holding* that reunifies a broken personality. Psychoanalysis based on the patient's verbalizations in a transference relationship of the mental pathogenic repressed unconscious – related to Freudian castration anxieties, which are perfectly thinkable and generate neurotic defences – is unable to deal with “dissociation”, which here means disintegration or splitting of the personality. In Winnicottian maturational pathology, disintegration belongs to a group of defences that are not erected against the effects on one's conscious life of the resurgence of the Freudian repressed unconscious, but rather, as we have seen, against the threat of a return of the annihilation or breakdown of a human individual who is beginning to exist. It should be emphasised that this unconscious clinical state is not generated by social or moral repression, but by patterns of environmental failures, e.g., by a depressive, obsessive or, even worst, tantalizing mother. This unconscious state is not mental, it is not a breach in the flow of representational and affective states of consciousness, but concerns the diminishing or even total loss of the inherent human capacity, to encompass something of the full spectrum of reality. In other words, the Winnicottian unconscious comprises the pathogenic lack of the illusory but necessary experience of omnipotence, of being able to bring all phenomena into the area of personal control. It is precisely that which did not happen that generates the Winnicottian unthinkable anxieties, which require the defences and even the psychotic defence organizations that constitute what is technically called psychosis. Patients can only free themselves from them by regressing to absolute dependence in a relationship of psychotic transference with a therapist who provides

holding through cross-identification or even primary identification<sup>20</sup> (as Winnicott was willing to do in the FM case, as we'll see below). This will inevitably fail at some point, giving the patient the opportunity to access a mitigated version of the original childhood breakdown, relive it in the present and incorporate the environmental impingement that could not be experienced at the original time. This will facilitate the onset of the patient's personal and existential interactions with objects and the environment.

Several years prior to 1971, in his programmatic text "Fear of Breakdown", probably written in 1963 but only published posthumously in 1974, Winnicott recognized what was clinically obvious: the futility *in*, and therefore *of*, traditional analysis for cases of breakdown or potential breakdown of the continuity of being, that is, for psychoses.

#### Futility in Analysis

I must take for granted an understanding and acceptance of the analysis of psychoneurosis. On the basis of this assumption I say that in cases I am discussing the analysis starts off well, the analysis goes with a swing; what is happening, however, is that the analyst and the patient are having a good time colluding in a psychoneurotic analysis, when in fact the illness is psychotic.

Over and over again the analysing couple are pleased with what they have done together. It was valid, it was clever, it was cosy because of the collusion. But each so-called advance ends in destruction. The patient breaks it up and says: So what? In fact the advance was not an advance; it was a new example of the analyst's playing the patient's game of postponing the main issue. And who can blame either the patient or the analyst? [...] (1963c/1989, pp. 91-92)

There is a hint of irony in Winnicott's criticism: in traditional psychoanalysis, sessions with psychoanalysts who have not undergone a selection or self-selection to enable them to make the primary and cross-identification with disintegrated or split-off patients tend to become somewhat of an amusement for both participants, initially pleasurable

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20. This concept is defined in 1966a/1989, p. 190.

but ending in therapeutic disaster<sup>21</sup>. Later, in 1964, in his review of Jung's autobiography, an equally strategic text, Winnicott revisits this topic:

It is truly difficult for those with healthy unit personalities to achieve empathy with those whose divided selves give them constant trouble. Jung has helped here, and among psychoanalysts there are some who are drawing our attention to the inapplicability of the so-called classical psychoanalytical technique to the treatment of schizophrenia. (1964a/1989, pp. 491-492)

In addition to reiterating that traditional psychoanalysis grapples with unsurmountable anomalies – something that, from Kuhn's perspective, would call for a paradigm shift among practitioners – Winnicott addresses two other important issues in this text. First, as mentioned above, he states that an analyst with a *merely healthy personality* (that is, one anchored in sanity and self-protective against the *madness* that inhabits every truly mature human being<sup>22</sup> – someone who is self-protective, as Freud himself was according to Winnicott) will likely excel at traditional schools of psychoanalysis, but not at the type of training advocated by Winnicott<sup>23</sup>. In the same review, Winnicott makes a sharp observation on the composition of the theoretical background that informs his thinking: not only Freud, but also Jung, although Winnicott distances himself from both<sup>24</sup>: “Freud's flight to sanity could be some-

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21. For Ferenczi (1931), an analysis that does not end is a fault of the analyst's technical unpreparedness. A critique of psychoanalytic case reports that become a means of seducing the reader is presented in Loparic, 2024b. On the intrinsically painful aspect of treating borderline patients, see 1967c/1989, p. 199 and 1969a/1987, p. 182 and Loparic, 2025a.
  22. “We need now to remind ourselves that a flight to sanity is not health. Health is tolerant of ill health; in fact, health gains much from being in touch with ill health in all its aspects, especially the ill health called schizoid, and with dependence” (1967d/1986, p. 32). “In our cultural life we accept the madness, exactly as we accept the madness of the infant” (1959b/1989, p. 58). “These same phenomena that are life and death to our schizoid or borderline patients appear in our cultural experiences” (1966b/1971, p. 100).
  23. Some guiding ideas for a Winnicottian education are outlined in Loparic, 2001/2017 and 2009.
  24. On Freud and Jung as two sides of the same coin – co-pertaining but reversed, that is, irreconcilable – see Loparic, 2014.

thing we psychoanalysts are trying to recover from, just as Jungians are trying to recover from Jung's 'divided self,' and from the way he himself dealt with it" (1964a/1989, p. 483).

## 6. Note 2: Aggression in the therapeutic relationship

My own analysis was being done by my colleagues who at this time accepted my paper: "Hate in the Countertransference." (1971a/2017, p. 355)

Winnicott seems surprised that his two analysts, J. Strachey and later J. Riviere, both orthodox, favoured the publication of his article "Hate in the Countertransference" in the *International Journal of Psychoanalysis* in 1949<sup>25</sup>. Indeed, we find in this article an unorthodox assertion on the role of the analyst, complementary to the one discussed above, regarding the mutual aggression in the therapeutic relationship: just as an infant or child cannot develop emotionally in a depressive or sentimental maternal environment, reaching the point of loving and hating (see Piggie's problems with integrating the mother's hatred), psychotic patients need the therapist's hatred so that they themselves can hate, beginning with hate of the analyst (1947/1958, p. 203). This, Winnicott insists, is an acquisition of health for the patient.

In the analysis (research analysis) or in ordinary management of the more psychotic type of patient, a great strain is put on the analyst (psychiatrist, mental nurse) and it is important to study the ways in which anxiety of psychotic quality and also hate are produced in those who work with severely ill psychiatric patients. Only in this way can there be any hope of the avoidance of therapy that is adapted to the needs of the therapist rather than to the needs of the patient. (1947/1958, p. 203)

It is difficult to assess whether or not this final sentence of the article contains an implicit message from patient Winnicott to his two analysts (the article is based on a 1947 lecture at the BPS). If this is so,

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25. For publication in vehicles of the BPS, Winnicott's texts were submitted to reviewers who represented Kleinian orthodoxy.

Note 2 should be read as the resumption of an initial, partly autobiographical attempt to address the equally autobiographical problem of the origin and management of aggression, taken up in Notes 4 and 5. I would like to emphasize just one point here<sup>26</sup>: the experiences of anger or hatred that a patient amasses, which correspond to a cumulative trauma, are in fact the therapeutically operative factor in the treatment of pure schizophrenia and its borderline version.

What is it that may be enough for some of our patients to get well? In the end the patient uses the analyst's failures, often quite small ones, perhaps manoeuvred by the patient, or the patient produces delusional transference elements [...] and we have to put up with being in a limited context misunderstood. The operative factor is that the patient now hates the analyst for the failure that originally came as an environmental factor, outside the infant's area of omnipotent control, but that is now staged in the transference. (1962b/1965, p. 258)

In this context, we should discuss what Winnicott had to say in the late 1960s about the inevitable mixture of kindness and cruelty that motivates analytical work<sup>27</sup>.

## **7. Note 3: Clinical example of a complete Winnicottian analysis**

It was here that my clinical experiences were able to drive me to complete the analysis of the man who had carried a girl self round with him all his life, but who did not know this, and none of his dozen analyses had been able to recognise the vital fact. (1971a/2017, p. 355)

It is quite likely that Winnicott is referring to the FM case<sup>28</sup>, which is indeed one of the exemplary cases of the revolution he advocated, and

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26. See comments below. For an example of the absence of this type of experience, see Loparic, 2023.

27. See 1967c/1989, pp. 198-199 and 1969a/1987, p. 182.

28. See, 1959a/1989, 1963a/1989 and 1966a/1989.

seems to be remembered here as the ultimate example of the superiority of his practice vis-à-vis the traditional Freudian one<sup>29</sup>.

This is a borderline case<sup>30</sup>, and Winnicott's account shows how the dynamic of the treatment process, essentially determined by the patient himself, allowed him to successfully complete an analysis that had until then proceeded along traditional Freudian lines; with this change, he was able to help the patient overcome both his sexual dissociation and the initial and deeper disintegration that was fracturing the structure of his personality.

Despite preserving some integration, patient FM, a middle-aged, married man with children, developed, to Winnicott's surprise, a *complete* dissociation, more precisely, a split between being himself as a male (with a masculine identity) and being himself, but as a female. Through this split, he was able to defend himself against a pattern of maternal failures in the first few months of his life: not only did his mother desire her second child to be a girl, she also *treated his body like a girl's* (the way she placed etc.), effectively preventing him from integrating experiences related to his nascent male sexual identity. By her attitude, the mother had imposed on him the maturational task of constituting a female sexual identity with no biological basis (this is the maturational aetiology introduced by Winnicott) effectively putting two developments at risk: the spontaneous and undistorted imaginative elaboration of his male identity, based on his boy body, and, more fundamentally, the establishment of his spontaneous unit self indwelling this body<sup>31</sup>.

FM's previous analysts, including Winnicott himself during the first stage of treatment (from 1959 to 1964), conducted competent analyses along Freudian lines (Winnicott describes several of these sessions between 1959 and 1963), but none ever went beyond perceiving FM as a supposedly integrated individual grappling with the complexi-

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29. A characterization of the health problems formulated by Winnicott as exemplars of his paradigm can be found in Loparic, 2009.

30. For this diagnosis, see Loparic, 2025a.

31. For a detailed study of sexual identity unfounded in biology, as exemplified by the FM case, see Loparic, 2005. This type of formation can occur in parallel with the formation of gender identity unfounded in biology.

ties of managing a bisexuality derived from maternal repression. They failed to see him as someone whose personal identity was distressingly threatened. Working within a paradigm centred on the treatment of sexually-based neuroses, none of them identified the fact and nature of his personal split, the roots of which were not predicated on sex or gender, but was a split in his own self. What FM needed, as Winnicott will say in the final report of this case, and which was successfully accomplished, was for the defence through dissociation to give way “to an acceptance of bisexuality as a quality of the unit or total self” (1966a/1989, p. 173).

How did Winnicott free FM from this personal split hidden in the abundant material collected in the first stage of treatment and clearly related to the repression of his developing masculine identity? From 1963 onward, when the second part of FM's treatment began, Winnicott began to notice, especially in FM's dreams, signs of unthinkable anxieties and, therefore, threats of annihilation of his self or even annihilations that had already taken place. That same year, he wrote his strategic article “Fear of Breakdown”, published only posthumously in 1974, in which he noted, as we've seen, the futility of “psychoneurotic analysis”, and established, as a paradigmatic alternative, three major guiding ideas for his alternative pathology and practice: 1) diagnosis of an early disruption in the nascent personal unity; 2) a symptomatology comprising unthinkable anxieties and a set of defence organizations deployed against them, including active disintegration (more typical of schizophrenics) and splitting (between the true spontaneous, active but threatened self, and the false autarkic, reactive and non-spontaneous self) to which borderlines resort; 3) the treatment by care-cure of the disrupted self, which aims to free patients from unthinkable anxieties and the corresponding psychotic defences, helping them to recover or, perhaps, to acquire for the first time the capacity to exist as a unit self at the service of their tendency towards integration.

In 1963, Winnicott was therefore in possession of a science of human nature that would allow him to see and witness, in the 1966 sessions with FM, the existence of *two fully split parts of the same personality*; non-sexual parts, although overlaid with dissociated sexual differences. As it had become clear by then, the split was generated by the creation of

a false self as the centre of the operation of caring for a self that is threatened but acts as a usurper, because it presents itself as the whole person. This production took place through *defensive cross-identification with the mother*, a strategy that preserved unity with the mother, but at the price of losing spontaneity and creativity. It was as if FM was aware of his basic integrative maturational needs and said to his mother: “Better the lesser evil: since I depend on you to be able to exist as a minimally integrated self, I will sacrifice my spontaneity and conform. I, who indwells a boy’s body, will be your girl. In fact, I’ll be a false girl throughout my life and, as for the rest, a weak boy. I will defend myself against your imposition by developing psycho-somatic symptoms of sexual transvestism. I’ll be a *doubly false self*: one, truly psychotic, which preserves the split, and another, borderline, which recognizes it but conceals it, to protect my minimal true self”. Through this *two-level collusion with the mother*, the primary problem of splitting, the state that characterizes schizophrenia in Winnicott’s sense, remained, camouflaged by the almost complete sexual dissociation of the self. I believe we have here yet another figure of secondary borderline defence<sup>32</sup>.

How did Winnicott extricate himself from his own initial collusion with FM’s sexual dissociation, into which he was drawn both by FM and for still being under the sway of the psychoanalytic theory of bisexuality? How did he come to see this patient as a personal whole pursuing his own constitution and then help him accept his bisexuality and cease struggling against his masculinity?

The first step, still theoretically unclear and emotionally challenging, occurred in a session in 1966, when Winnicott *experimented* engaging with FM not as a homosexual, but as a little girl – a girl, not a grown *woman*, because the split-off and falsified parts of a person do not mature). *He looked at her, heard her speak, spoke to her*, including about her penis envy. At the same time, he could not help but realize that the person lying there on his couch was an *adult man*. After a pause, FM said: “If I were to tell someone about this girl I would be called mad.”

32. In Loparic, 2025a, I discuss the Winnicottian definition of borderline pathology and reconstruct the classification of the types of this maturational disorder scattered throughout his writings.



Winnicott's next remark closed the matter: "It is not that *you* told this to anyone; it is *I* who sees the girl and hears her talking, when actually there is a man on my couch. I am the crazy one". FM immediately *recognized himself* in Winnicott's mad, disintegrated way of seeing and speaking (to which he had been led by this adamant little girl) and said: "You have spoken to *both parts of me*" (1966a/1989, p. 171, italics mine). At that moment, he felt integrated, healthy. He was released from a *dilemma* that had weighed on him his entire life: being divided within his own self and hiding this latent psychotic division (a division between *having the mother* so as to continue to exist, and having to *be sexually like her*), all the while *confronting the mother* by setting up a defence mechanism of manifest sexual dissociation against the false girl within, first as a boy and then as an unfeasible adult man<sup>33</sup>. Extreme sexual dissociation was part of FM's borderline secondary defence, built by his facilitating self, against the irruption of the threat of unthinkable anxiety revealing the failures of the primary defence of a split-off between FM's true self and his usurping false self.

In the extremely intense contact, from which Winnicott did not defend himself, he was united to FM through the latter's girl side, a defensive split disguise of his threatened self, as it had now become clear. The vividness of the contact enabled him to communicate with the other side of FM's self, hidden within the other of his false characters, the boy. But now, in his relationship with Winnicott, the boy was no longer threatened, as it had been by the mother, and was even welcome. Previously, FM's analysis *had never been complete* and was destined to remain interminable. By accepting to be placed in the position of a mad analyst by one of the patient's personalities, Winnicott re-enacted the madness of the maternal environment that had driven FM mad. He gave back to FM what he had brought to him in the transference and thus opened the way for FM to come to himself as a split-off madman; and, having experienced this, to begin to recover from the state of being mad, to stop defending himself through the split and to integrate. That is how Winnicott carried to completion the previous analyses of FM's bisexuality, as indicated in Note 3 above, by addressing his need to rid himself

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33. On this dilemma in the relationship, see 1969/1989, pp. 191-192.

of the split in his personality. In the *follow-up* of the case, it became clear that FM's recovery took a long time to stabilize. Nevertheless, a process had begun by which he could achieve what Winnicottian therapy proposes: some degree of integration, socialization and self-discovery.

This clinical experience in 1966 enabled Winnicott to formulate one of the most important elements of his theory of the nature and treatment of the split/dissociation that characterizes the basic symptomatology of borderline psychosis, namely: 1) the assertion that the self of a patient like FM has non-sexual unconscious parts; 2) the assertion that one of these parts also unconsciously seeks a relationship through identification or merging, exempt from instinctual impulses (what Winnicott calls "primary" identity); 3) the idea that this type of object-seeking can only be carried out by patients who regress to absolute dependence on their therapist, transformed into a subjective object; 4) the idea that addressing this part's need for a merged relationship would free the other part of the patient's self for the opposite relationship, neither merged nor identity-based, foreshadowing separation and confrontation, that might over time mature enough to include object-seeking based on instinctual impulses.

Winnicott described the non-sexual part of FM's personality, the one that sought to relate to him in terms of primary identification, as "pure female element", and the other as "pure male element". In a note from 1968-1969, he revises this terminology and postulates the existence, in healthy human maturation, of a fundamental object-relating *dilemma* (a term already used, as we have seen, in the case report in 1966), an *opposition*, between the infant *being* the mother (the breast that the baby itself *is*), and *confronting* and *being confronted by* the mother (by the breast that *it creates*)<sup>34</sup>. This opposition is only pathological if it becomes a splitting or dissociation, which is another way of saying that abrupt environmental shifts from one "horn" of the dilemma to the other –from confronting to being confronted – are at the root of the maturational pathologies that hinder the constitution of the self and the

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34. As we can see, Winnicott embeds in human nature a binary object-relating structure that is neither sexual, nor gendered, nor biological, nor social, nor cultural, but can properly be said to be existential.

integration of instincts in one's life, as happened with FM while still on his mother's lap.

By illustrating the course of treatment and guiding the research that begins with secondary defences, characteristics of borderline psychosis, and arrives at primary defences (typical of schizophrenia in Winnicott's sense), the FM case helps us to understand Winnicott's assertion that "the psychoanalytic study of madness, whatever that means, is being done chiefly on the basis of the analysis of what are called borderline cases" (1965c/1989, p. 122).

## 8. Note 4: On the destructiveness of the 1968 article

Eventually these matters became lost to me in my conscious daily life, and yet the idea evolved and made me go to New York to give "The Use of an Object" [...]. This paper takes me as far as I can get, and its new feature is that it recognises the survival of the object – i.e. the world's separate existence – as a vital fact in personal emotional growth. It involves the theory of the beginning of fantasy, and it also introduces the idea that aggression is not generated by the externality of the object, so the place and moment of origin of the object's externality is not at origin destructive. (1971a/2017, p. 356)

The lecture in question, delivered at the New York Psychoanalytic Society in late 1968 and published as an article in 1969, was not well received by an audience made up mostly of Kleinians<sup>35</sup>. In addition to referring to the lecture's central theme – the survival of the object, that is, existence separate from the world, as an ingredient in the treatment of borderlines – Note 4 highlights two other equally innovative concepts present in the article: first, the theory of the maturational stage in which fantasy originates (not psychotic *fantasying*); second, the idea that aggression, that is, destructive behaviour or action, is not a reaction to the intrusive (or, in Freud's term, frustrating) behaviour of external objects perceived as external, but rather that the very externality of ex-

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35. A detailed discussion of what was at stake in this episode can be found in Dias, 1999.

ternal objects has *its origin* in a *place* and a time (*moment*), that is, in an area in which *there is not yet destructiveness*. This idea – which can be related to the infant’s original goodness, indistinguishable from its healthy functioning and established by the creative incorporation of the good enough mother’s caregiving (1962f/1965, pp. 94 and 97) – has all the hallmarks of controversy. J. Abram, for example, makes the following comments on the end of Note 4: “Presumably this ‘destructive’ refers to the death instinct, rather than Winnicott’s alternative use of ‘destructive’ as benign motility – otherwise the notes make no sense” (Abram, 2013a, p. 328). It is not clear why Winnicott, in 1971, in a programmatic text, would have taken the trouble to exclude the death drive from the place and moment of the origin of object externality, a part of Freudian metapsychology that he had already emphatically rejected at least since 1952 (see the letter to Money-Kyrle). The suggestion that he included “benign motility” in the origin of destructiveness is no longer convincing, as he quickly discarded this assumption from 1950. The possibility remains that Winnicott abandoned the idea that externality originates in object relationships whereby the primitive love drive is also destructive.

In this hypothesis, Note 4 demands a re-examination of the “central” thesis of the 1969 article, that there is a “*destructive drive* that creates the quality of externality” (1968b/1989, p. 226), a “first instinct”, as Winnicott says in the supplementary comments of January 1969, which would be “something that I call ‘destruction,’ but I could have called it a combined love-strife drive. This unity is primary” (1969f/1989, p. 245). In particular, the question arises as to whether this “instinct” is primitive in the sense of being active from the very beginning of human life (from conception?) or in the sense of being a form of somatic functioning developed and integrated later in infant’s or child’s life<sup>36</sup>.

The second alternative leads us to think of an initial area of omnipotent control, devoid of resistance or destruction and ensured by the infant’s primary identification with the mother who developed primary maternal preoccupation. From this perspective, the end of Note 4 acquires a special gravitas, as it leaves room to say that, days before his death, Winnicott toyed with the idea that the destructiveness that arises in the

36. This last hypothesis is implicitly suggested in 1988, pp. 79n and 134.

human infant's early relationship with the world does not originate from instinct, motility or impulse, but from the same source mentioned in *Human Nature*, in 1954, namely, the interruption of the continuity of being by an impingement that challenges the tendency towards integration and elicits a reaction in terms of this same tendency under pressure. An event of this sort changes the entire history of the infant's life, because it implies the loss of self, of the original omnipotence and of the subjective world. If it takes place a little later on, in the stages of relative dependence, it leads to an inability to gradually accept this loss and let go of the illusory resemblance to the omnipotent God, all-powerful creator of heaven and earth, provided by the good enough mother.

The idea alluded to here of a space and time without destructiveness in the maturational process, when total (not partial) destruction of the subjective world takes place, appears in a more elaborate form in a 1963 letter to an unidentified colleague from which we have a short extract, consisting of a diagram accompanied by an observation (1963f /1989, p. 230).



This line is between operating in the area of omnipotence, and outside it. If it's a simple journey over the line then the line is the place for destruction 100 percent.

One should perhaps associate this core area of the experience of omnipotence, the space-time of primary, absolutely spontaneous and omnipotent creativity<sup>37</sup> (as well as of control over everything that is

37. On the creation of the world, including the mother, by the human baby, see

created, over a world where there is yet no destruction), to Hartmann's concept of conflict-free area, as Winnicott observed when discussing maturational processes: "We have to bring in Hartmann's 'conflict-free sphere' which really, I think I'm right in saying (he did not mind when I said it to him), has to do with the inherited tendencies" (1967b/1989, p. 579). In fact, Winnicott repeatedly sought in Hartmann, a traditional psychoanalyst, substantiation for his revolutionary assertion that in early life there is no conflict between the various tendencies of one's inherited potential nor between the human individual and the facilitating environment<sup>38</sup>. Specifically, destruction only occurs when one leaves the area of spontaneous action for the area of relationships with uncreated phenomena, outside one's omnipotent control. And the destruction is total, in the sense that it de-creates, deconstructs everything that has been created, constructed and attributed to the world until then, but it is not suicidal, because it does not destroy the creator-self. This journey is not imposed by any instinct or impulse based on somatic functions (movement, eating) nor aimed at achieving this or that goal through object-relating, but consists of carrying out one of the basic tasks of the maturational process that derives from the tendency towards integration: that of acknowledging the reality principle, that is, the fact that external reality has always existed in and of itself. In health, when making this journey,

the infant is helped by being given (by ordinary devoted Mum) areas of experience of omnipotence while experimenting with excursions over the line into the wasteland of destroyed reality. The wasteland turns out to have features in its own right, or survival value etc., and surprisingly the individual child finds total destruction does not mean total destruction. (1963f/1989, p. 230)

The ordinary devoted mother ensures not only the experience of omnipotence, but also of excursions, i.e. *trips* to the area without any

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1988, pp. 110-111.

38. M. Khan, a close collaborator of Winnicott, wrote a tribute to Hartmann in which he highlights the importance of the latter's concept of conflict-free sphere. See Khan, 1971.

type of control and *returns* to the fully controlled area. These excursions take place in the intermediate area between the other two and will be called “potential space” from 1967 onwards. Through these experiences, the child acquires the capacity to perceive reality objectively, that is, as external and permanent, as properties of itself, a capacity it will need to continue the journey of maturation, while preserving the primary capacity to create phenomena whose permanence is ensured, without the child's knowledge, by the mother (double dependence) and whose properties are the spontaneously attributed meanings pertaining to the maturational needs of that period<sup>39</sup>. At the beginning of the maturational process, the very existence of the world, regardless of whether or not the infant created it, is actually experienced as an *insult*, while only most people can say:

[Our parents] made mistakes, they constantly frustrated us and it fell to their lot to introduce us to the Reality Principle, archenemy of spontaneity, creativity, and the sense of Real; BUT, they never really let us down. [...] Gradually a child values being let go, and this corresponds with the presentation to the child of the Reality Principle, which at first clashes with the Pleasure Principle (omnipotence abrogated). (1961c/1984, pp. 236 and 237)

On the child's side, sanity acquired in this manner implies a commitment that is actually a form of cheating, that is, taken on at the behest of the false self<sup>40</sup>.

One can understand what happens in illness from the caption in the diagram above: the baby inevitably makes the journey out, but if it

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39. See 1966c/1984, p. 111: “Each child must be enabled to create the world (the mother's adaptive technique enables this to feel to be a fact) else the world is to have no meaning. Each baby must have enough experience of omnipotence if he or she is to become able to give over omnipotence to external reality or to a God-principle”.

40. What parents do “may (hopefully) have the effect of getting these individuals past the cheating bit before they have become old enough to meet the reality principle, and the fact that omnipotence is subjective. Not only is omnipotence subjective, but as a subjective phenomenon it is an actual experience—that is to say, at the beginning, when all goes well enough” (1966c/1984, p. 112).



does not have maternal support, it won't be able to make the journey back. It will become lost to a greater or lesser extent, confronted with the wasteland of the reality it has destroyed, possibly feeding its feelings of hatred<sup>41</sup>. The devastation does not affect the subjective world as such, but reality itself, which deprived of a *subjective*, personal or created *meaning*, and therefore becomes unreal, merely *residual*, but still existent<sup>42</sup>.

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41. This is a frequent topic in modernist poetry. In *The Waste Land*, the famous poem by T. S. Eliot, whose work Winnicott knew well, after reading several verses about the ruin of the world of culture (London and other capitals of Western culture, Athens, Jerusalem, Alexandria and Vienna, would be “unreal” cities), we find the following verses about the unreality of the external world, which announces the unreality and, in this sense, the death of Western man (Eliot, 2015, p. 140):

“We who were living are now dying  
 With a little patience  
 Here is no water but only rock  
 Rock and no water and the sandy road  
 The road winding above among the mountains  
 If there were water we should stop and drink  
 Amongst the rock one cannot stop or think  
 Dead mountain mouth of carious teeth that cannot spit  
 Here one can neither stand nor lie nor sit  
 There is not even silence in the mountains  
 But dry sterile thunder without rain  
 There is not even solitude in the mountains”

42. Despite the differences, I believe it is fruitful to associate the devastation of the world of subjective reality under omnipotent control, as theorized by Winnicott, with the dehumanization of the everyday world of things at hand, described by Heidegger. The problem of the meaning of the reality of things in themselves in the external world, central to maturational analysis, is no less fundamental in the existential analysis of *Being and Time*, see Heidegger, 1927/1967, pp. 200-212, §43. In both cases, this meaning, which is that of objectivity accessed through representation, and particularly through perception, is radically different from the meaning attributed to human existence: in Winnicott, it is revealed not in perception, but in the experience of “being there in order to be” and of becoming an existent being in the subjective world; in Heidegger, in the phenomenon of having to be (*Zu-Sein*) arising from care (*Sorge*), a structure that, in its origin, governs the having-to-be in the world of human affairs. The resolution procedures and the conditions for their execution also have significant similarities: in both cases, the creation or constitution of this meaning is related to the dynamic elements inherent in human nature; in Winnicott, it is related to the concern over omnipotent control derived from the tendency towards integration, an essential component of the structure of the human personality; in Heidegger, it is related to the “impulse” (*Trieb*) or “will” (*Wille*), which are “modifications of care”. Control through thought, by the *cogito*, is made possible by preconditions that characterize the “I am” not suspended in the *cogito*, a point that opposes the two authors to Descartes and brings them closer to Kant.



Unable to remain in the world of omnipotent control and continue to be absolutely spontaneous, creative and, in this sense, real, unable even to cheat, because it lacks support to do so, the child has to submit to another reality – a reality it may at the same time come to hate. This crucial disturbance in the maturational process originates in the environment and will typically be resolved either by the false self, which defends what is still left of the individual's inherited potential by establishing itself as the overseer of a human being lacking spontaneity, creativity and reality, or by suicide.

The initial total destructiveness experienced at the edge of the area of the experience of omnipotence, which is an integral part of the personality, is illustrated by a dream of Winnicott's which "refers to a deep layer of destructiveness, yet to a somewhat sophisticated (ego-wise) coping with destructiveness" and solves a "mystery of an element of my psychology" (1963f/1989, p. 229 and 228, respectively). So understanding Winnicott's theory of the area of the experience of omnipotence, of the experience of the journey, is facilitated by material from his ongoing practice of *self-analysis*<sup>43</sup>. It should be noted that in the same year (1963) he read Jung's autobiography, learned of the suicide of a patient's sister (see comments to Note 5) and wrote "The Fear of Breakdown", which deals with the infant's aggression stemming from the need to recover in the present the omnipotent control that was lost in the past. In that text, he also discusses aggression against the therapist, by means of which a patient recovers in the present, in the transference relationship, the omnipotence he or she once had in the area of childhood experiences,<sup>44</sup> even if such recovery is limited and even if it takes the form of an illusion.

The personal "mystery", revealed in several other dreams and which traditional analysis could not free him from, was a recurring feeling that everything would be all right if someone *split* open his head and extracted something, such as a tumour or abscess, from behind his nose. A certain dream, which was not a nightmare because it was within his

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43. Other data from Winnicott's self-analysis will be discussed in the comments to Note 5.

44. This central point of Winnicott's theory of the treatment of pre-I AM disorders (psychoses) is developed in 1963d/1965, p. 239.

personal capacity (Winnicott says “my ego’s capacity”) to stand strain and was “immensely satisfactory”, clearing up the mystery<sup>45</sup>.

It is a three-part dream. First, Winnicott dreamt that “there was absolute destruction” and the whole world and all the people, including himself, suffered destruction of this magnitude from something external and unidentified; absolute destruction in the sense of pure and simple annihilation, detached, says Winnicott, from any kind of *mollification*, that is, relativization in terms of any sort of instinct-based destructive relationship with any objectively perceived object (cruelty, sensuality, sadomasochism, poisoning, explosive weapons etc.).

In the second part, Winnicott dreamt that *he himself* was the agent of an equally absolute destruction of everything, of the end of the world, with only him being spared. This dream posed therefore a problem for him (“for the ego”, he writes, using Freud’s jargon): to solve *how to integrate* into his personality, into his life history, these two aspects of total destruction, the one endured and the one inflicted.

The solution, which he felt to be immensely satisfactory, was reached in the third instance of the dream (his Freudian “third I”), when he *woke up within the dream* and was aware he had dreamt, first, of being destroyed, then of being himself the destroying agent, although not suicidal. There was no longer any split in him, nor any dissociation: “so the *three I’s* were altogether in touch with each other.”

I now turn to Winnicott’s self-analysis of the dream. He woke up with a severe headache, feeling his head was split in half, with a black gap between the right and left halves. The words “*splitting headache*” came to mind to describe what he was feeling, and this helped him finish waking up. He then recalled the dream and realized he now knew he possessed these three parts, “*these three essential selves*”: I(3) “that could remember

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45. The very complex and summarized account of this dream was deliberately written by Winnicott in terms borrowed from the language of Freudian metapsychology (perhaps because the recipient of the letter was a Freudian), a language created, as we know, to speculate on the Freudian psychic apparatus and which obviously could not be used to adequately describe the dynamics of maturational processes and personality structure as conceived by Winnicott. Therefore, the language of the Winnicottian paradigm needs to be purified in each case, and I will give an example of this in the commentary that follows.

dreaming in turn of being *I(2)* and *I(1)*<sup>46</sup>. Winnicott adds: “Without *I(3)* I must remain slit, solving the problem alternately in sadism and masochism, using object-relating, that is, relating to objectively perceived objects” (1963f/1989, p. 229). He was also perfectly aware that the painful personal problem revealed in this and other dreams, now symbolized by his headache, had already been resolved in the dream: *he* established himself in the dream as a *unified self*, i.e., as a positive result of his tendency towards personal integration, and overcame the split between *the two parts of himself*, the destroyed and the destroyer. In the dream, *he was three*: himself destroyed; himself omnipotent destroyer, but not self-destroyer; and himself having these two parts, or better said, existing and acting in these two ways. He dreamt himself as a centre of operations that could control the imaginative elaboration (oneiric, in this case) of himself *being* totally annihilated and of himself *being the* annihilator of everything<sup>47</sup>. He realized, therefore, that he had experienced spontaneous, non-reactive destructiveness as part of himself and that this served as a “backcloth” for the fantasy of total destructiveness, both endured and executed. It should be noted that the area of the experience of omnipotence preceding these two dreamt destructions does not appear in the dream. This strongly suggests that the destruction endured by *I(1)* stems from external reality which, through privation, disrupts the continuity of being and the process of establishing the unit self, leading to the ruin of the area of initial innocence.

In the interpretation suggested here, the deep destructiveness of *I(2)*, recognized by *I(3)* as part of the structure of his personality, precedes any form of object-relating – and, as we have seen, precedes sadism and masochism. The destructiveness does not aim to regain control over anything, does not follow the scheme of the Freudian pleasure principle;

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46. Winnicott notes that Freud speaks of an “observing ego” between the id and the external world (1989b, p. 43). Here, he uses language clearly influenced by Jung to refer to the mediation between the operations of the different parts of the self. This mediation does not take place through observation, a conscious activity, but through the unconscious integrative activity of the self, initially experienced in dreams, expelled from the area of omnipotence, which dreams itself to be completely destroyed and which then destroys everything except itself.

47. On the self as an “*operations centre*” constituted prior to the emergence of an “I”, see 1954c/1958, p. 292.

instead, its unlimited power over everything created, exercised in the first person<sup>48</sup> – not reactive, but rather restitutive – is the main source of all other forms of destructiveness, without the need to invoke the death instinct, or potentially destructive physical movements or even a destructive primitive love drive.

Other texts from the same period point out that the same personal root of destruction can, for instance, act as a backdrop for patients' fantasies and attacks actually aimed at the therapist. If the therapist fails after having offered the patient the opportunity to regress and establish a reliable relationship of dependence, he will be repeating the initial failure experienced by the patient in a similar situation. Provided that the failure occurs only in doses that do not exceed the patient's capacity for tolerance and that the therapist is sufficiently resourceful to not react to behaviours and acts of aggression, the patient will be able to have the experience of bringing him under his control – and, thus, recover, albeit in the limited field of the therapeutic *setting*, the initial experience of omnipotence. We have here a destructiveness that, paradoxically, contributes to fulfil the maturational needs of the self<sup>49</sup>. These are the lessons that Winnicott extracted from a dream that he dreamt not only for himself (to achieve and integrate within himself the power both to create and to de-create), but also for Jung, who lived without ever achieving this integration, and for his patients as well, who suffered from the same “headache”.

In 1964, on the end page of the text “Roots of Aggression,” Winnicott addresses primitive destruction, called “magical”, i.e., omnipotent, which coexists with its opposite, magical creation, which is why it can be called *de-creation*, and “belongs to the fact that (for the infant) objects shift from being part of ‘me’ to being ‘not me’” (1964b/1984, p. 98). Both emerge from the same source: the tendency towards integration

48. Jung probably did not attain this degree of integration and never had first-person contact with the destructive side of his personality (1964a/1989, p. 488).

49. I have recently developed arguments in favour of the thesis that the origin of aggression and its manifestations can be addressed without resorting to the concept of a primitive destructive impulse, by using only the thesis that all forms of destructiveness and aggression originate from the interruption of the continuity of being, or the failure to establish a unit self (see Loparic, 2024c, chapters 1 to 5).

and control, however limited. In health, this shift, inevitable due to the mother's maladaptation, does not happen suddenly, but gradually, allowing the infant to deal with the "shock of recognizing the existence of a world that is outside his or her magical control" (1964b/1984, p. 98), to remain creative and to develop forms of limited control, which include aggressive behaviour and feelings. If the maturational processes are given enough time, the child becomes capable of being both *physically* destructive, biting or kicking, and *emotionally* destructive, challenging, provoking, rejecting, hating this or that *object*, instead of magically annihilating the *world*. In the light of this development, it is possible to see actual aggression as the materialization of magical destructiveness at the service of the maturational process. Ideas and behaviours that are actually aggressive thus acquire a positive value, and hatred becomes a sign of civilization, provided we take into account the entire process of the individual's emotional evolution, especially its early stages (1964b/1984, p. 98).

Considering these texts from 1963/1964, the Winnicottian thesis that the external world is created by a primitive destructive *instinct* or *impulse* can be abandoned in favour of *recognizing* one's unavoidable loss of omnipotent control over the world. External is what is outside omnipotent control. If this interpretation holds, then in 1971, in the end of Note 4, Winnicott apparently still hesitated to accept the full consequences of the solution to the problem of the origin of destructiveness he had reached through his dream about his three selves.

## 9. Note 5, fragment 1: Required personal conditions to call for and carry out a revolution

This contribution [the 1971 paper] consists of a slice from my life. I hope I have Freud's permission to use my own experience in the construction of theory. (1971a/2017, p. 356)

This truly intriguing text explicitly mentions Winnicott's personal conditions that led him to promote a revolution in psychoanalysis, as mentioned earlier, conditions that allowed him to build his own theories and to have the fortitude to disagree with Freud. More than that, they

enabled him to produce radical alternatives to psychoanalytic theory and practice, since the Freudian paradigm had proved to be theoretically problematic and clinically inefficient.

To begin with, let us see if Winnicott really needed to ask Freud's permission. Did Freud demand such personal loyalty that he forbade psychoanalysts from conducting independent scientific research, and from promoting, even if he disagreed, the progress of the science that he himself had created? It is true that Jung, in his autobiography (which Winnicott knew well), gripes about Freud in this sense<sup>50</sup>. Regardless, Winnicott made it clear in the early 1960s that he felt personally at ease with Freud while reaffirming his commitment to research independence:

I believe my views began to separate out from hers, and in any case I found she had not included me in as a Kleinian. This did not matter to me because I have never been able to follow anyone else, not even Freud. But Freud was easy to criticize because he was always critical of himself. (1962a/1965, pp. 176-177)

The same attitude is reaffirmed in a letter to W. W. Sargant, an organicist psychiatrist, who referred to "the psychoanalyst's absolute and unshakeable faith in the existence of a highly sexualized Freudian subconscious mind" (Sargant *apud* 1969c/1987, p. 193). Winnicott disagrees and retorts: "Of course I know analysts who are dogmatic and proselytizing and, in my view, they are all bad analysts."

The letter continues:

[...] Growing up in the psychoanalytic group and knowing all its internal strains and stresses, I only know of psychoanalysis as a struggling science, and certainly as I never knew Freud I never came to a faith in him that you [W.W. Sargant] are always talking about. I had my early loyalties to Freud, to Melanie Klein, and to others, but eventually the loyalty is to oneself, and this must be true of most of my colleagues. (1969c/1987, pp. 193-194)

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50. "My dear Jung, promise me never to abandon the sexual theory" Freud asked Jung, who felt deceived.

Winnicott's quest for theoretical and clinical autonomy began as early as the 1920s, at the start of his training in psychoanalysis and his therapy with Strachey, when he acknowledged that the Oedipal dynamic does not explain the maturational disorders of very young babies, a criticism that he takes up and expands throughout his writings. This path passed through several stages, including the critique of an exclusively sexual interpretation of fantasies (1935), the affirmation of the environment as an external pathogenic etiological factor (late 1930s), the recognition of two types of psychoanalysis – one dealing with relationship problems of whole individuals accompanied by conscious and unconscious fantasies, and the other considering the imaginative elaboration of instinctual experience (1945) – not to mention the following theses:

- 1) The Freudian theory of life and death instincts is a blunder (1953).
- 2) Freud's theory of aggression is false (1954).
- 3) Envy does not exist in early life, as it includes attitudes that have to be acquired (1959).
- 4) Dreams are not the fulfilment of repressed desires, but a form of imaginative elaboration of maturational processes, including somatic ones (1960).
- 5) What is at stake in life is being and feeling real, rather than sex and pleasure (1967).
- 6) The theory of narcissism fails to grasp the beginning of human existence (1968-1969).

The list of disagreements, some examined above and others discussed below, does not end here. Taken together, they testify to the crisis of the Freudian paradigm and the gestation of the positive elements of a revolutionary alternative.

It is true that Winnicott hesitated to publicly delineate the distance between himself and Freud. In a 1954 letter to a Scottish therapist Guntrip, he criticized Fairbairn, also a Scot from Edinburgh, for wanting to outplay Freud:

From my point of view any theories that I may have which are original are only valuable as a growth of ordinary Freudian



psychoanalytic theory. My paper on Regression would make no sense at all if planted on a world that had not been prepared for it by Freud. In any paper I have written I simply take for granted that people know their Freud and are familiar with the developing theory which had to be started off somewhere. Freud could easily have gone straight through intuitively to fundamental truths but that was not what he wanted to do. He wanted to set aside all sorts of tempting intuitions (which however turned up in the footnotes and odd remarks here and there) and he wanted to begin a new science, although this meant concentrating on the bit of work that was just under his nose at the time. (1954b/1987, p. 75)

And he continues, in the tone of a militant Freudian:

I would very much like to know that you feel in this way about Freud's work to which we all owe everything if we are doing psycho-therapy. I also feel that Fairbairn must really agree with all this, only he happens to take the line that he is knocking Freud over and putting up something in his place. (1954b/1987, p. 75)

This letter was written one year after Winnicott and Masud Khan published the review of Fairbairn's *Psychoanalytic Studies of the Personality* (1952). In a harsh tone, they document (with citations) and denounce what they consider to be contradictions in the book, the worst being the statement, attributed to Fairbairn without a quote, that the "libido seeks objects". The reviewers' alternative is to say that an infant has instinctual needs, but no mechanisms to seek and use an object in order to fulfil them. It does not seek an object, but distension. Better said, it is not the infant, but its libido (which is not the child's per se), that seeks satisfaction; it is the inner instinctual tension that seeks to return to a state of rest or non-excitement, which takes us back to Freud (1953/1989, p. 419). These words are almost verbatim what Winnicott says in *Human Nature*, also from 1954, about the disturbances caused by biological instincts or by impersonal forces that come and go in the life of a baby or child, and require action (1988, p. 39).

In 1967, in an autobiographical text, Winnicott changes his tone and retracts his statements, acknowledging Fairbairn's many "tremen-



dous” contributions and highlighting two of them: object-seeking, which begins in the area of transitionality and continues throughout the process of maturation, and the feeling of being real (1967b/1989, pp. 581-582). Articulated in non-Freudian language, these two notions occupy a prominent place in the paradigm of the therapist from the equally historically Celtic lands of Plymouth. It should be noted that object-seeking is no longer attributed to the libido. In 1969, the debt to Fairbairn is fully acknowledged and the error is amended.

I have remained close to the familiar framework of psychoanalytic statements concerning the object relationship, because I want to keep open the bridges that lead from the older theory to the newer one. Nevertheless, I am obviously close to the statement Fairbairn made in 1944 that psychoanalytic theory was emphasizing drive-satisfaction at the expense of what he called “object-seeking.” And Fairbairn was working, as I find myself doing here, on the ways in which psychoanalytic theory needed to be developed or modified if the analyst was to have any hope of becoming able to deal with schizoid phenomena in the treatment of patients. (1969d/1989, p. 255)

Two very important observations accompany this passage. In the first, Winnicott quotes a phrase from Fairbairn's book, tacitly acknowledging his misinterpretation in the review: it is not the libido that seeks the object, but the human individual who already possesses a certain personality structure. This is made clear in the following passage:

The theory of object-relationships thus inevitably leads us to the position that, if ‘impulses’ cannot be considered apart from object, whether external or internal, it is equally impossible to consider them apart from ego structures. Indeed it is even more impossible to consider ‘impulses’ apart from ego structures, since it is only ego structures that can seek relationships with objects. We are thus brought back to the conclusion, already recorded, that ‘impulses’ are but the dynamic aspects of endopsychic structures and cannot be said to exist in the absence of such structures, however immature these may turn out to be. Ultimately ‘impulses’ must be simply regarded as constituting the forms of activity in which the life of ego structures consists. (Fairbairn, 1944/1992, p. 88)

The second observation distinguishes between *needs* and *drives* that underpins Winnicott's theory of the dynamics of maturational processes and, in particular, the theory of the baby's primitive need to achieve primary identification and contact with the mother (1970c/1987, pp. 85-86), without the presence of instincts (or "libido").

Let's go back to 1971, when the moment was ripe for the cry of independence. Since Winnicott feared neither personal rebuke from Freud, who was now dead, nor, apparently, his dogmatism, and, in a certain sense, stands by him even when calling for a revolution in Freudian clinical practice and, consequently, in the body of his theory – he can only be alluding (if we exclude the hypothesis of irony) to the theoretical and personal criticism of his colleagues at the British Psychoanalytical Society (BPS). A letter he wrote to Klein of November 1952 contains major reproaches to her and Riviere, his second therapist from 1936 to 1941<sup>51</sup>. Winnicott confesses to Klein that, in 1952, when he delivered the lecture "Anxiety Associated with Insecurity" at the BPS and defended certain theses on the effects of the baby's insecurity towards the mother, he took the risk of making a creative and spontaneous gesture to her, hoping to inspire a reciprocal movement from her. This did not happen and their relationship was severed at that deep level. He comments on what did not take place:

I think that I was wanting something which I have no right to expect from your group, and it is really of the nature of a therapeutic act, something which I could not get in either of my two long analyses, although I got so much else. There is no doubt that my criticism of Mrs. Riviere was not only a straightforward criticism based on objective observation but also it was coloured by the fact that it was just exactly here that her analysis failed with me. (1952a/1987, p. 34)

At the end of the letter, which seems to take up Note 2, Winnicott acknowledges that he finds it personally difficult to write an article in homage to Klein; he ponders that, in the Kleinian group, his difficulty was seen as an illness, and adds: "My illness is something which

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51. On the same subject, see the letter to A. Freud and M. Klein, June 1954a/1987.

I can deal with in my own way and it is not far away from being the inherent difficulty in regard to human contact with external reality” (1952a/1987, p. 37), seemingly indicating that he is quite able to deal with his ambivalence.

Perhaps it's not too much of a stretch to see that, in this last sentence of his letter to Klein, Winnicott is taking on a personal stance towards her and sending a message to both her and Riviere: “What I did not achieve in my personal relationship with Klein and in my analysis with Riviere, namely to be hated and to hate, I am achieving through self-analysis”. Could this be the slice of life that Winnicott has in mind in Note 5?<sup>52</sup> Following the quoted part of this note (see Note 5, fragment 2), he specifically mentions that after his two traditional analyses with Strachey and Riviere, he went on to develop his own self through self-analysis, prompted by the material from the analysis of B.C., as we will see in detail below. B.C. was one of his patients, from 1953 onwards, who had a depressed mother and an older sister, F., who eventually committed suicide.

Other elements of self-analysis that helped Winnicott free himself from the “frame” of external factors and to “emancipate” himself from them, much like happened with B.C., are mentioned in his writings even before 1953. In 1947, he wrote:

If we are to become able to be the analysts of psychotic patients we must have reached down to very primitive things in ourselves, and this is but another example of the fact that the answer to many obscure problems of psychoanalytic practice lies in further analysis of the analyst. (Psychoanalytic research is perhaps always to some extent an attempt on the part of an analyst to carry the work of his own analysis further than the point to which his own analyst could get him.) (1947/1958, p. 196)

An interesting outcome of Winnicott's continuous self-analysis, which allowed him to situate the origin of destructiveness in the dyna-

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52. It would also be interesting to ask about other parts of Winnicott's intellectual life that are not related to his theoretical differences with Freud and Klein, but that might be relevant to understand his call for a revolution; for example, his indirect interlocation with Jung, his lifelong attachment to paediatrics, his efforts to institutionalize the teaching of child psychiatry, his involvement with the treatment of antisocial tendencies and with the tasks of social work.

mics of the maturational process without having to resort to the hypothesis of a primitive destructive love drive, was analysed above in the comments on Note 4. Another intriguing result, which also deserves to be examined in the context of a biographical study, is his mention of having experienced a degree of insanity, i.e. madness, something from which Freud would have shielded himself, not by developing psychosis but by taking refuge in a framework of sanity and scientific rationality, which Winnicott considered to be symptoms of defences that psychoanalysts are not able to free themselves from<sup>53</sup>.

If I want to say that Jung was mad, and that he recovered, I am doing nothing worse than I would do in saying of myself that I was sane and that through analysis and self-analysis I achieved some measure of insanity. Freud's flight to sanity could be something we psychoanalysts are trying to recover from, just as Jungians are trying to recover from Jung's 'divided self,' and from the way he himself dealt with it. (1964a/1989, p. 483)

In 1967, apparently more composed than in 1952, Winnicott recalls how his revolutionary research was stifled by the Klein's group unreceptiveness – in particular, his research into the environment, which had been imposed on him by Riviere in their therapeutic relationship, was revitalized in the late 1950s and became a central element of his paradigm.

But what happened to me was that I began to be interested in the environment, and this has led to something in me. Now who else was doing this? I don't think I know at the moment. The point is that I was at that time [1936-1941] having analysis with Mrs. Riviere who was a great friend of Mrs Klein's, and I said that I was writing a paper on the classification of the environment, and she just wouldn't have it. This was a pity really because I'd got a tremendous amount from my five years with Mrs. Riviere, but I had to wait a long time before I could recover from her reaction. (1967b/1989, p. 576)

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53. On sanity as a symptom, see 1945/1958, p. 150. Freud's need, unlike Jung's, to set aside psychosis and take refuge in neurosis, that is, in the theory of relative sanity, might reveal a symptom, a sign of personal distress in the face of certain types of health disorders (1964a/1989, pp. 487-488). The defensive recourse to "logic", i.e., scientific rationality, can also be seen as a symptom (1969e/1986, pp. 201-202).

Riviere's reproof of Winnicott's theoretical pursuits was perfectly consistent. In 1927, as a recent adherent to Klein, she articulated a view of psychoanalysis that could serve as a superlative epigraph to any work on the conflict between the Winnicottian and Kleinian paradigms:

Psychoanalysis [...] is not concerned with the real world, nor with the child's or the adult's adaptation to the real world, nor with sickness or health, nor with virtue or vice. It is concerned simply and solely with the imaginings of the childish mind, the phantasied pleasures and the dreaded retributions. (Riviere, 1927/1991, p. 87)

There are compelling reasons, therefore, to say that at the beginning of Note 5, fragment 1, Winnicott is not contrasting the experience drawn from "a slice of his life" with Freud, but with the difficulties of his relationship with Klein and the Kleinians, and with their dogmatism. It is likely that the "long time" it took for Winnicott to recover the capacity for work stretched from the final years of his analysis with Riviere until 1945, when, eager to be heard and criticized publicly rather than within the four walls of a consulting room, he proposed his article "Primitive Emotional Development" for discussion at a scientific meeting of the BPS. This was a *programmatic text* of his paradigmatic shift, in which he formulated a project to study infants and children alongside with a study of psychotics. His lodestar would be elements from his still incipient theory of primitive emotional development, which eventually became his master theory. Among other things, he addressed the maturational problems that arise in the early mother-baby relationship and that also appear regressively in psychoses. The path to revolutionary research was now open.

In 1948, in the introductory part of an article proposed for discussion in a non-psychoanalytic environment, the Medical Section of the British Psychological Society, Winnicott identifies himself not as a psychoanalyst, but as a paediatrician who turned to psychiatry and as a psychiatrist who maintained his ties to paediatrics. Reckoning to have found a more favourable intellectual and institutional environment, he articulates one of the

central thesis of the revolution he was advocating and tacitly enters into a head-on theoretical conflict with Klein and Riviere<sup>54</sup>.

The environment is so vitally important at this early stage that one is driven to the unexpected conclusion that schizophrenia is a sort of environmental deficiency disease, since a perfect environment at the start can at least theoretically be expected to enable an infant to make the initial emotional or mental development which predisposes to further emotional development and so to mental health throughout life. An unfavourable environment later on is a different matter, being merely an additional adverse factor in the general aetiology of mental disorder. (1948/1958, p. 162)

To analyse thinkers is always an arduous task. I found stimulus for my observations on Winnicott's personality structure in a courageous gesture he made in his review of Jung's autobiography:

This is a book [*Memories, Dreams, Reflections*, Jung's autobiography] that can enable us to become objective in our assessment of Jung, in the same way that we wish to be objective about Freud. We ourselves undergo analysis, and we must be able to analyse our masters too; they could not have analysis by the very nature of things. (1964a/1989, p. 492)

In a similar vein (1964a/1989, pp. 484), Winnicott observes that Jung's image of himself is one of childhood schizophrenia, thus of active personality disintegration. This psychotic defence likely stemmed from maternal depression that prevented or hindered Jung from establishing a unit self. In a conversation aboard a ship on his way to the United States, Freud offered an Oedipal interpretation to one of Jung's dreams. Jung himself had a radically different interpretation and, to avoid open confrontation, decided to acquiesce, as I noted earlier, and lie to Freud. By telling this lie, i.e., by *pretending to collude* with Freud, Jung would have come the closest to a unit self and an I AM separate from the not-me, before being able to write and publish his autobiography in his

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54. The conflict between the Winnicottian and Kleinian paradigms was studied in Loparic, 1997.

later years, where he bluntly reasserts his theoretical and clinical opposition to Freud<sup>55</sup>. In this context, it is worth remembering that Winnicott's suggestion that the name "I AM" given to God in the Bible reflects the danger an individual faces and feels upon reaching the state of an individual human being. In becoming a unique me, the individual *repudiates* everything else and, by repudiating the not-me, *provokes* and even *insults* the world, and must thus expect to be attacked back and insulted in return (1968d/1986, pp. 57-58).

These words from 1968 are remarkable, because they offer yet another clue to the origins of aggression, persecution, paranoia (and, consequently, of defensive splitting) and of very primitive feelings and gestures from a maturational point of view (risk of losing security, threats to the self, repudiation) without having to resort to the hypothesis of a primitive destructive love drive (position discussed above at length in the commentary on Note 4) and without engaging in the eternal Kleinian war between love and hate – which, if it exists at all, pertains to more advanced stages and, whether or not it is a remnant of Kleinianism, can be perfectly dispensed with in the economy of Winnicott's work<sup>56</sup>.

In 1971, he set out to articulate his revolutionary theses to his fellow psychoanalysts in an autobiography. In particular, he intended to illustrate how his personal self was established in a maturational process whose moments were recalled and brought to light through self-analysis. There are reasons to believe that he had the same goal as Jung in his autobiography<sup>57</sup>. Although he did not complete this project, his writings give precious indications of how these various parts came to compose his whole person.

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55. If he hadn't lied to Freud, Jung would have started analysis with him, which, according to Winnicott, could not have led to a cure, although it might have led to an escape into sanity or into neurosis (1964a/1989, p. 487), so that the collusion with Freud would have turned Jung into a borderline neurotic.

56. See Loparic, 2024c.

57. I will save for another occasion a deeper examination of the similarity that seems to exist between the autobiographical content of the notes and Jung's intellectual and personal self-portrait in *Memories, Dreams, Reflections*, particularly in relation to the emancipation of both from their fascination with Freud's work. According to Winnicott, Jung was "unprepared as a man to clash with Freud" (1964a/1989, p. 489). Note 5 gives some indications of Winnicott's path to achieving this condition.



## 10. Note 5, fragment 2: Data from the case of a patient seeking her true self through self-analysis

It happens that a research patient of mine (referred to as B. C.) was interested in her own analysis, and she made notes relating to each session of a long analysis, except over the period of a few weeks when she was in a state of deep regression to dependence, and towards the end of the treatment when she had to find a new motive for note-making. The main crisis of the analysis is portrayed in the material selected for report here.

For this patient the month of February was significant. This belongs to her date of birth, the birth and death of her sister who preceeded her, her mother's recurring depressive episodes. Moreover, she had an older sister, F., who was as much like her in matters of personality as possible, as *if each had a personality moulded on environmental factors and on an absence of central or true self*.

F. never found herself and eventually came to suicide, and I report the special part of the analysis of B. C. that is time-linked with F's suicide. B. C. had to think of *her own emancipation* as something associated with her sister's failure to arrive, but, as it happened, F. ended her life in one of the Februaries that were anniversaries. (1971a/2017, p. 356, italics mine)

The self-analysis of B.C., the daughter of a depressed mother, was conducted through *notes* she wrote to complement her sessions of analysis with Winnicott. Like F., her older sister, B.C. suffered a breakdown in the process of establishing her unit self, caused by some unspecified impingement. Rather than cultivating a schizoid personality disorder (disintegration), her means of defence was splitting. She developed a complaisant false-self type of split personality, shaped by the environment, that severed contact with her core self. She was left without control of primary spontaneity, for she was unable to achieve the experience of omnipotence and, by implication, the capacity to say no. Given the innate human tendency towards integration, both sisters needed to find and centre themselves within their self. F. could not do it, and resorted to the radical psychotic defence of suicide. Aware of her sister's failure, B.C. persisted in her pursuit and apparently made successful use of her analysis with Winnicott.



## **11. Note 5, fragment 3: Winnicott's self-analysis aided by material from B.C.'s self-analysis**

The material from this analysis affected me deeply and jolted me forward in my own continuing analysis (though I had long ceased to go to either Mr Strachey or Mrs Riviere for analytic work).

After the description of the events of 1953, I shall trace in a way that I hope is economical the development of my own self in relation to these matters, helped by notes made at the time without which I would not have been able to write this. (1971a/2017, p. 356)

This text is astonishing: the notes on B.C.'s self-analysis paved the way for Winnicott to embark on his own self-analysis, persist with it, establish himself as an emancipated person and, like Jung, openly confront Freud in the article he was working on. In fact, this clearly autobiographical fragment seems to be part of the autobiography that he was beginning to draft, which unfortunately remained unfinished. There are reasons to believe that reading Jung's memoirs in 1963 also helped to stimulate his process of self-analysis – especially with regard to overcoming his own personality split (the dream of 1963, discussed above, can be seen as evidence of this) and to integrating aggression. In both men, one sees an urgent need to tell their life story, including the problems of the splitting and the overcoming of the split through self-analysis (through autopoiesis might be a better way of saying it), which allowed them to take on revolutionary positions and break away from Freud.

## **12. Note 6: A brief account of the beginning of B.C.'s self-analysis**

The story starts in 1953, ten years earlier than the dramatic events of the 1963 episode that involved both B. C.'s analysis and the suicide of F. In 1953, B. C. produced one of a long series of highly significant drawings. These drawings had no artistic value and were blind communications of a preverbal kind. There were about twenty of them, and mostly done in duplicate so that I could have one copy and she could keep the other.

She always did work on her analysis (an analyst herself), and she used the notes that she made each day after getting home to her flat and recovering from her regression. Any session without regression would hardly have been a session. It would always mean that I had made some technical error which acted as an impingement and broke the continuity of the type of life that she was precariously finding and seeing as the place where she was herself. Any session without regression was hardly a session at all. It always meant that I had made some technical error that acted as an impact and broke the continuity of the kind of life she was precariously finding and seeing as the place where she found herself. (1971a/2017, p. 356)

After establishing pre-verbal communication with Winnicott through a series of shared drawings, B.C. used the seemingly daily sessions to enter the state of regression to dependence, facilitated by Winnicott. Upon returning home, she would make notes while recovering from the regression. By following up on this process, Winnicott to embark on a similar path and, towards the end of his life, he began drafting the preparatory notes for an article retracing the intellectual and personal path that had led him to say No to traditional psychoanalysis. Regrettably, just as his autobiography was left unfinished, Winnicott did not complete the article and did not describe the process of his intellectual and personal emancipation from Freud and from the Kleinians. He did, however, leave many clues in his writings, some mentioned above, that allow us to conjecture the stages that led him to a place where he could plant and cultivate his own ideas about the process of emotional and personal maturation, gleaned from clinical and life experiences and made available in his writings for public debate<sup>58</sup>.

### 13. Unfinished revolution

I have identified here the development of the personality traits that allowed Winnicott to break with Freudian psychoanalysis, as well as some of the main aspects of the revolution he called for and partly

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58. Much of this evidence was reconstructed in Dias, 2003/2024 and Loparic, 1996a and 2001/2017.

brought about. Perhaps the essence of this change was that psychosis, the pathology that drove Jung away from Freud, both personally and theoretically, took over from neurosis<sup>59</sup>. Paradigmatic in Freud, neurosis in Winnicott is often suspected of being nothing more than a false-self type formation of borderline patients, a false solution to poorly formulated problems of a breakdown in the structure the personality<sup>60</sup>. There were many other changes. Oedipus, the mythical wanderer who ends up in his mother's bed, seems now more like a case of health than of illness when compared to the Winnicottian baby, who falls ill in his mother's lap. The Freudian theory of sexual development and illness became part of the theory of maturation, just one of several lines along which the human individual matures or stagnates. Metapsychology disappeared for good, giving way to the theory of the maturational fulfilment over time of one's innate potential, accompanied by a radical modification of the theory of aggression<sup>61</sup>. An expanded aetiology, rejected by the orthodoxy, includes external and environmental factors that are irreducible to the inner conflicts of the old paradigm. Interpretation changed and ceased to be exclusively sexual; it became maturational, mutative and complemented by management. The pleasure principle no longer commanded the pursuit of a life worth living, because pleasure alone is simply not that worthwhile. Social and cultural life shifted away from merely sublimating sexuality to actively fostering creativity. Theraputics left the analyst's couch and reinvented itself as management extended to community service. To this theoretical-clinical-cultural *Gestalt-switch* of psychoanalysis itself – which places Winnicott's thought outside psychoanalysis while ensuring its significance for the future of this field

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59. This shift was discovered and formulated by Dias (1993) in a text that became a guiding reference for research on the Winnicottian revolution carried out since then at the Winnicottian School of São Paulo

60. See Dias, 1993/2023.

61. I have written before that Winnicott was a post-metaphysical thinker and scientist (see Loparic, 1996b), even when theoretical metaphysics was viewed (e.g., by Freud, in a Kantian sense) as the philosophical part of the paradigm of natural sciences (see Loparic, 2025d). Today, I believe it would be better to say that he is a pre-metaphysician or a pre-Socratic, in the sense that, like Heidegger, he initiated a movement that sought a return to origins. Unlike Heidegger, however, he sought not the experience of the self-disclosure of Being, but the experience of Being transmitted from generation to generation by actual human beings.

and of other health disciplines mentioned above<sup>62</sup> – we should add various institutional consequences, such as M. Balint’s proposal to create a “school of management” rooted on Winnicott’s language and ideas about human nature.

Much like his 1971 article, the revolution initiated by Winnicott – from the crisis in the Oedipal interpretations of maturational disorders in infants in the 1920s to the care-cure propositions in 1970 – remains unfinished. His revolutionary project, which had been gestating in his writings since at least 1945 but was only explicitly formulated in 1971, has not been fully recognized. Even after it was posthumously made public in 2013, it went unnoticed and unheeded by the vast majority of psychoanalysts and other health professionals. To this day, Winnicott’s radical ideas remain largely ignored. At best, they have been assimilated, often carelessly, if not distortedly, by what has lately come to be called “psychoanalysis”, an unscientific form of postmodern culture, with no authoritative authors, no reference works and no identifiable research communities. The alternative – and here I recall the position of our School – is to say that it is not enough to *read* Winnicott, or even to study ideas that are unmistakably his; one must *continue the scientific research* he initiated, elaborating, articulating, expanding and, contingent on the results obtained in one’s clinical experience and in life, modifying his work. One should do what he himself did when he employed Freud’s theories to advance the study of human nature, never allowing himself to be tied down by repetitive and sterile dogmatism, or surrendering to a theoretical and clinical “anything goes”<sup>63</sup>. For these tasks to be accomplished, as Balint pointed out, one must create specifically Winnicottian

62. On the importance of this change for the reformulation of traditional psychoanalysis, see 1960b/1965, pp. 37- 38 and 1961b/1989, p. 5. On the relevance of the Winnicottian paradigm to other areas of healthcare, see, for example, part 2 of the book *The Family and Individual Development* (1965d).

63. The cocktail of ideas now called “psychoanalysis” has been denounced with increasing vehemence as unscientific and even mystifying, sometimes for good reasons (Sokal and Briquemont, 1997/2012), sometimes for not so good (Pasternak and Orsi, 2023). The alternative indicated above, clearly founded on Freud himself, is strongly embraced and developed by Winnicott and, in recent years, has also been advocated with growing emphasis (see, for example, the works of the Winnicottian School of São Paulo and the collection by Altmann de Litvan, 2022).

teaching and research institutions – a step Winnicott himself did not see himself in a position to take, but which has been taken in the 21st century by various groups of scholars committed to his ideas and users of his clinical practices<sup>64</sup>.

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64. Unlike Freud, it was only near the time of his death that Winnicott undertook the revolution he had prepared and, for this reason, he founded no institutions. After the Squiggle Foundation, created in 1981, the first institutions and activities dedicated specifically to Winnicott emerged in Brazil, such as the Winnicott Colloquia (1995), the Research Group on Psychotherapeutic Practices (GFPP) at PUC-SP (1999), the journal *Natureza Humana* (1999), the Winnicott Centre of São Paulo (2001), the Brazilian Society of Winnicottian Psychoanalysis (2005), the publishing house DWWeditorial (2008), the International Winnicott Association (2013), and the Brazilian Institute of Winnicottian Psychoanalysis (2015), among others. For more information, see The Winnicott Institute (2024). The Winnicott Institute in Rome (1984) and the Winnicott Institut in Hannover use his name as a tribute, not to identify their activities.

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**1. Introduction**

In 1975, an article by Harry Guntrip titled “My Experience of Analysis with Fairbairn and Winnicott” was published in the *International Review of Psychoanalysis*<sup>1</sup>. When he wrote this paper, Guntrip was nearly 70 years old. The article’s subtitle, “How Complete a Result Does Psycho-Analytic Therapy Achieve?”, pointed to the fact that the central problem that had consumed his life and spirit – amnesia of a trauma that occurred when he was about three and a half years old, concerning the death of his younger brother, Percy – was not resolved over the course of the two analyses he underwent, but only *afterwards*, by way of a series of self-healing dreams. Guntrip, however, did concede this could only have happened because of the previous analytical work done.

Guntrip’s article has an entrancing human and personal outlook, but it is also of great technical and clinical interest. First, because it is not common for an account of an analysis to be given from the patient’s viewpoint. Furthermore, here the author-patient was also an analyst, as well as a theorist, although it is difficult to assess whether this compromised or helped to illuminate not only the very peculiar childhood circumstances he recounts, but also the ensuing symptoms that persisted throughout his life and were the focus of both analyses. Second, the article concerns two analyses carried through with two prominent analysts and theorists of psychoanalysis, Fairbairn and Winnicott, who were contemporaries and were both interested in developing psychoanalytic

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1. The article was republished in 1996 in the *International Journal of Psychoanalysis*. Referenced page numbers are from this version.



theory, having even discussed, at least indirectly and in writing, their respective theoretical positions and the clinical implications of such positions. The data Guntrip provides on each analyst's methods make a comparison between them inevitable (as was, indeed, one of his aims in the paper). Of course, due to the necessarily subjective apprehension of the analytical situation, it is difficult to ascertain whether the descriptions of the analyses are accurate. From the perspective that guides me here, what makes this article so interesting is how clearly it illustrates Winnicott's paradigmatic shift in traditional psychoanalytic theory and practice, as represented by Fairbairn, although he was, in certain respects, an innovator.

The article was not well-received; in fact, it was harshly criticized. Examples of disparaging criticism can be found in J-B. Pontalis, Didier Anzieu and Guy Rosolato (1977) and Ronald Markillie (1996). Pontalis says the article would have been apropos in the issue titled "Narcisismes" of the *Nouvelle Revue de Psychanalyse*, as it serves as an encomium by Guntrip to himself, attempting to depict how he theoretically supplanted Fairbairn, how both Fairbairn and Winnicott failed to resolve his core problem, and how he himself, through an outpour of healing dreams, lifted his own amnesia. Ronald Markillie, also an analyst and a colleague of Guntrip's in Leeds, with whom he was quite close, says he was "unhappy with his paper on his analysis with Fairbairn and Winnicott because it didn't ring true to me and smacked of a need to prove something, a justification [...]" (Markillie, 1996, p. 768). For Guy Rosolato, the paper can be criticized in two senses: first, because Guntrip uses his prior history to attempt to confirm his own theory; and, second, because what is astounding and blatant in the entire account is "the absence of every instance of sensual libido, of any and all sex. [...] In this pious atmosphere, one does not talk of sex, nor, certainly, of homosexuality" (Rosolato *apud* Pontalis, 1977, p. 36).

Not all commentators, however, were critical of Guntrip and his article. Some took Guntrip's subtitle seriously – "How Complete a Result Does Psycho-Analytic Therapy Achieve?" – and tried to find reasons for the alleged failure of the analyses. H. T. Glatzer and W.N. Evans illustrated this well in a 1977 article, "On Guntrip's Analysis with Fairbairn and Winnicott", of which I present here a brief summary, because it is an ex-



cellent example of the incommunicability between paradigms and/or of the interpretive inertia to which the institutionalization of a field leads. Ignoring the article's subtitle and disavowing the theoretical and clinical originality of both (or at least one of the) analysts involved, Glatzer and Evans enumerate, from the perspective of traditional psychoanalysis, the possible reasons why Guntrip's analyses fell flat: both analysts failed to recognize a very specific form of resistance and to deal with an unusual transference situation (it would be interesting to know why they deemed it so unusual); Fairbairn's insistence on an Oedipal interpretation for a patient who, as Winnicott recognized, was absolutely not burdened by an Oedipus complex. Both analysts also failed by not recognizing "Guntrip's infantile megalomania", not exposing his insistence that the blame for his neurosis ought to be assigned to a "'totally' bad" mother, and, ultimately, not acknowledging the intensity of his rivalry with his brother Percy. Finally, Glatzer and Evans claim that Fairbairn's and Winnicott's countertransference with Guntrip prevented both analysts from perceiving and dealing with "the essential problem of this exceptionally gifted patient" (Glatzer and Evans, 1977). What could Glatzer and Evans be referring to when they mention Guntrip's "essential problem"? To the trauma from the death of his brother when he was three and a half, as Guntrip himself believed throughout his life? Or, as we shall see later on, to Winnicott's new understanding of the problem, namely, that Guntrip had a mother who was incapable of relating and did not know how keep him alive, as Guntrip himself states?

In 1981, Michael Eigen wrote an article criticizing the position of Glatzer and Evans and asserting that Guntrip's account of his long therapeutic journey is one of the most moving portraits in psychoanalytic literature. Eigen says that, clinically, by the usual standards, one could not aver that Guntrip was ill, for he "functioned creatively in his work and personal life" (Eigen, 1981, p. 103). His most conspicuous symptom was "a background sense of unreality", which, however, according to Eigen, was "apparently marginal". Most people who feel this unreality put up with it or try to ignore it; Guntrip, though, was an individual who could tolerate no sense of "offness", i.e., of being left outside; he could only accept himself as a whole person, even if this goal was "necessarily elusive" in Guntrip's case, as Eigen puts it (Eigen, 1981, p. 103).

Also in 1981, another article by Bernard Landis criticizes certain passages in Michael Eigen's text. According to Landis, based on long conversations with Guntrip, with whom he met in 1972, it is difficult to accept Eigen's claim that Guntrip's major presenting symptom – a background sense of unreality – was apparently marginal. He argues that Guntrip

did not journey seven hours north to Edinburgh for double sessions with Fairbairn, and later seven hours south to London for his meetings with Winnicott, year in and year out, because of 'marginal' difficulties. The sad reality is that he felt profoundly disturbed and often endured agonizing fear, paralyzing depression and states of complete loneliness. (Landis, 1981, p. 112)

Guntrip's article, followed by his death, seems to have roused certain segments of the psychoanalytic community, even if none of the commentators dwelled on the radical differences in perspective between his two analysts. I hope to do this in this article. The only cursory exception, as seen above, was Glatzer and Evans mentioning that whereas Fairbairn approached Guntrip's predicament from an Oedipal perspective, Winnicott understood that he lacked emotional maturity for the real experience of three-body relationships. They, however, derived no consequences from the profound theoretical and clinical shift this implies, namely, that there is a paradigmatic chasm between Fairbairn, a representative of traditional psychoanalysis, who interprets clinical phenomena from within the Oedipal schema, and Winnicott, who focuses on the phenomena of early life and formulates the idea that, regarding the fundamentals of personality, numerous basic, primitive achievements are necessary for the individual to attain over time the capacity for an experience as sophisticated, in maturational terms, as the Oedipal situation. What guides Winnicott when assessing the nature of a patient's disorder – in this case, Guntrip's – is his theory of maturational processes, which is closely linked to his view of psychopathology. According to this perspective, the nature of a disorder varies depending on its point of origin in the line of maturation. Thus, the Winnicottian classification of psychic disorders is primarily maturational, and only secondarily symptomatic.

## 2. Brief professional biography of Guntrip

Harry Guntrip was born in 1901 and died in 1975, just before his article was published. His mother was deemed a difficult woman, and his father was a preacher of the local Methodist Church who, from 1885, built and led a Mission Hall still active in the early 1970s. Having graduated from London University, a 37-year-old Guntrip became a pastor of a highly organized church in Leeds, whose assembly on Sunday afternoons brought together about 1,000 congregants and provided well-ordered educational, social and recreational activities to the community. It was only after his church ministry that Guntrip became a professor of psychology at the University of Leeds and a psychoanalyst. He began his studies of psychoanalysis as an attempt to understand his recurring bouts of exhaustion, which, in his view, were probably associated with a childhood trauma experienced when he was three and a half years old.

Guntrip was known for his energy and unrelenting activity. According to friends, he was simply incapable of repose and was always pursuing something, relentlessly working, reading, writing, thinking, and talking about his favorite topics. This was the most striking impression Harry left on everyone who knew him. Overwrought, communicative, and even boisterous, he was the opposite of quietness and serenity. He was also an excellent teacher and uniquely presented the various theoretical perspectives then emerging in the psychoanalytic universe as offshoots of the central theory. He applied to, but was never accepted as a member of, the British Psychoanalytical Society, and the reasons for his rejection are not at all clear. Nonetheless, testimonies are numerous of his important contributions to the theory of object relations. From what one may gather from several not insignificant statements, he was remarkably influential, between 1961 and 1975, in the so-called Middle Group (a designation whose *raison d'être* was the overt strife between the groups of Anna Freud and Melanie Klein since the 1930s).

The Middle Group was formed by analysts who did not wish to align themselves or actively participate in the dispute that dominated the Society's politics during those years. Although they did not officially present themselves as a group until 1962, when they adopted the title

“Independent Group”, some of the Middle Group members had been active as an ensemble since 1945 and, indeed, comprised the main and most numerous group of the Society after the controversies of 1943 and 1944. However, they lacked an identifying theoretical position; in the early 1960s, there was no work, within a unified theory, they could subscribe to. Fairbairn had written *Psychoanalytical Studies of the Personality*<sup>2</sup>, which might have become the Middle Group’s first theoretical manual after Freud, had Winnicott and Khan not published an unfavorable review in the *International Journal of Psycho-Analysis* in 1953. Students were primarily trained using Freud’s writings. The Kleinians had their own bible in *Psychoanalysis of Children*, while Group B had Anna Freud’s book, *The Ego and the Mechanisms of Defense*, and, after 1945, the journal *The Psychoanalytic Study of the Child*. The Middle Group, alas, had no New Testament. In this state of affairs, Harry Guntrip’s 1961 book, *Personality Structure and Human Interaction*, was quite welcome. In it, borrowing Fairbairn’s ideas and terminology, and striving to reconcile divergent theories, Guntrip presented the viewpoints of leading theoretical psychoanalysts, from Freud onwards, in a clear-cut historical perspective. In the late 1960s, according to Markillie, when psychotherapy was often seen as a useless diversion by the psychopharmacology-driven world of psychiatry, Guntrip “became the most internationally known and read of all the members of the Department of Psychiatry. [...] He was warmly welcomed as an analytic Nonconformist by a group already in reaction to a very orthodox world” (Markillie, 1996, p. 768), and his alleged non-conformism stemmed from the fact that, in all his writings, he had ruthlessly criticized Freud’s metapsychology (Markillie, 1996, p. 767).

Arguably, more than for his own theoretical work, Guntrip seems to have become known for the article that is our focus here. His analysis with Fairbairn took place throughout the 1950s, and the one with Winnicott, much shorter, comprised approximately 150 sessions (from 1962 to 1968), which, because of the distance, were held monthly. Guntrip died the same year he finished the article and sent it for publication,

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2. In the United States, Fairbairn’s book was published in 1954 by Tavistock Publications as *An Object-Relations Theory of the Personality*.

raising the idea that this paper was a swan song or epitaph to his life – a life that might be said to have been substantially dedicated to clarifying his primitive trauma.

### **3. Guntrip's childhood and family environment**

Guntrip's mother was a sprightly, turbulent, business-savvy woman, ill-disposed toward motherhood and averse to the regression that accompanies it. She was the eldest of eleven siblings and had had to look after her younger brothers and sisters, having witnessed the death of four of them. Her own mother, Guntrip's maternal grandmother, was one of those empty-headed beauties who entrusted all familial responsibilities to the eldest daughter. As a twelve-year-old, Guntrip's mother once tried to run away from home, but was forcibly brought back. When she married Guntrip's father, who had been impressed by her sense of responsibility toward her siblings, she was in fact already fed up with babies and wished to have none of her own. When Harry became a teenager, she confided to him she had only breastfed him for fear of another pregnancy. However, she became pregnant again and a new baby, Percy, was born when Harry was just two years old.

Guntrip's father was a preacher of the local Methodist Church and a public speaker of great eloquence. He seems to have been a tolerant person, who commanded respect. Guntrip's mother, so often nervous and disruptive, never lost her temper in his presence.

Regarding the traumatic episode, Guntrip's mother told him that, when he was three and a half, he went into her room and saw Percy, a year and a half old, naked and dead, lying on her lap. Harry rushed up, grabbed his brother, and reportedly said to his mother, "Don't let him go. You'll never have him back." She sent him out of the room and eventually Harry became so ill it was thought he would die. A doctor was called in, who diagnosed, "He's dying of grief for his brother". And, cruelly, said to the mother, "If your mother wit can't save him, I can't" (Guntrip, 1996, p. 746). Harry was taken to a maternal aunt and, among that family, recovered. On that occasion, her husband admonished her that if she had breastfed Percy the child would not have

died, a remark that made her furious. About this part of his childhood, Guntrip writes that,

All memory of that [time] was totally repressed. The amnesia held through all the rest of my life and two analyses, till I was 70, three years ago. But it remained alive in me, to be triggered off unrecognized by widely spaced analogous events. At the age of 26, at the University, I formed a good friendship with a fellow student who was a brother figure to me. When he left and I went home on vacation to mother, I fell ill of a mysterious exhaustion illness which disappeared immediately I left home and returned to College. (Guntrip, 1996, p. 746)

After Percy's death, Harry's mother got what she had always wanted and opened a store, devoting herself almost exclusively to running it. Harry strove to coerce her into mothering him by displaying disorders – stomachaches, rashes, feverish states, and so on – and making her come and go from the shop to see him. He remembers that, when he was around 5 years old, his mother would go into violent fits of fury if things did not go as she intended, and beat him with a cane. If an overly used cane broke, Harry was sent to buy a new one. In her old age, she once told him, "I don't think I ever understood children. I could never be bothered with them" (Guntrip, 1996, p. 746). And, on another occasion, "When your father and aunt Mary died and I was alone, I tried keeping a dog but I had to give it up. I couldn't stop beating it" (Guntrip, 1996, p. 747).

At the age of seven, Harry was enrolled in a new school, larger than the previous one, and gained some independence. Less depressed, his mother began giving him all the money he needed, and gradually, says Guntrip, "I forgot not quite all the memories of the first seven bad years" (Guntrip, 1996, p. 747). What remained were those sudden illnesses in which he was overcome by "mysterious exhaustion" (Guntrip, 1996, p. 746).

#### **4. Analysis with Fairbairn**

Although he maintained, even before meeting Fairbairn, that "psychoanalytic therapy is not a purely theoretical but a truly understanding personal relationship", (Guntrip, 1996, p. 741) Guntrip says he

looked Fairbairn up to undergo analysis after reading his articles, because “we stood philosophically on the same ground and no actual intellectual disagreements would interfere with the analysis” (Guntrip, 1996, p. 741). Clearly, then, despite his assertion above, he prefers to assure himself of the relationship by means of their theoretical agreement.

Guntrip’s attempts, throughout childhood and even during his entire life, to get his mother to care for him and establish some kind of relationship with him were interpreted by Fairbairn in the line of internalized bad Oedipal object relations.

It was all the fears, rages, guilts, psychosomatic transient symptoms, disturbed dreams, venting the conflicts of those years from three and a half to seven, that Fairbairn’s analysis dealt with. [...] That’s what happened to me. No wonder I had an inner world of internalized libidinally excited bad-object relations, and I owe much to Fairbairn’s radical analysis of it. (Guntrip, 1996, p. 747)

According to Guntrip, Fairbairn’s theoretical production had been highly creative in the 1940s, but he had slowly let himself be taken over by conservatism in the mid-1950s. In an article called “Considerations Arising out of the Schreber Case” (Fairbairn, 1956), he retreated from his “psychology of the ego and its object relations” and explained everything through the fear and the libidinal excitements roused by the “primal scene”. Finally, in his last paper, “On the Nature and Aims of Psycho-Analytical Treatment” (1958), Fairbairn places full emphasis on the “internal closed system” of an all-embracing Oedipal analysis, in terms not of instincts – and therein lies his greatest contribution to the expansion of analytical theory – “but of internalized libidinized and antilibidinized bad-object relations” (Guntrip, 1996, p. 743). It was around this time that Guntrip began analysis with Fairbairn.

I will not go into greater detail on the merits of Fairbairn’s theory, which, according to some commentators, represents an advance vis-à-vis the traditional position, because, unlike Klein’s, it does not involve the internalization of objects, good or bad, but the internalization of a pattern of relationships. As illustration, I quote an excerpt from Gun-



trip's text: "[Fairbairn] accurately analyzed my emotional struggle to force mother to mother me after Percy died, and showed how I had internalized it" (Guntrip, 1996, p. 744). In another passage, on the subject of dreaming, Guntrip reveals his understanding of Fairbairn's theory and interpretation by saying that, regarding psychopathology,

[...] dreaming expresses our endopsychic structure. It is a way of experiencing on the fringes of consciousness, our internalized conflicts, our *memories* of struggles originally in our outer world and then as *memories and fantasies of conflicts that have become our inner reality*, to keep "object relations" alive, even if only "bad-object relations", because we need them to retain possession of our "ego". (Guntrip, 1996, p. 753; emphasis mine)

The idea that "internalized object relations", even bad ones, might enable us to "retain possession of our 'ego'" becomes clearer in the following excerpt, in which Guntrip describes the moment when, in analysis, he began to disagree with Fairbairn. Resorting to, but not explicitly mentioning, Winnicott's maturational approach, he says he had insisted with Fairbairn that his real problem

[...] was not the bad relationships of the post-Percy period, but mother's basic "failure to relate at all" right from the start. I said that I felt oedipal analysis kept me marking time on the same spot, making me use bad relations as better than none at all, keeping them operative in my inner world as *a defense against the deeper schizoid problem*. [Fairbairn] saw that as a defensive character trait of "withdrawnness". (Guntrip, 1996, p. 743)<sup>3</sup>

It is interesting to note that, in this excerpt, Guntrip moves forthwith from Winnicott's perspective – or, perhaps, Balint's (the mother's basic failure) – to Fairbairn's (keeping bad relationships operative in the inner world as a defense against a deeper schizoid problem), as if both approaches were compatible, or even complementary, which is by no means possible.

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3. In his article, Guntrip refers the reader to the first chapter of Fairbairn's 1952 book, *Psychoanalytic Studies of the Personality*.



Regarding the various episodes of sudden exhaustion that Guntrip suffered over the course of his life whenever a fraternal figure somehow withdrew from him (and which he himself called “schizoid”), Fairbairn unhesitatingly interpreted them as withdrawals (or “withdrawal-nesses”), in the sense of “escapes” from “internalized bad-object relations”. In other words, according to Fairbairn, for some individuals, the alternative to the compulsion to repeat bad internalized relationships is isolation. Orestes Forlenza Neto emphasized the importance and clinical usefulness of this theory; however, for Winnicott, from the maturational perspective, Guntrip’s problem was much more primitive and did not allow for an Oedipal interpretation, no matter how modified. Regarding this point, Winnicott once told Guntrip during analysis, “You show no signs of ever having had an Oedipus complex” (Guntrip, 1996, p. 744). But Fairbairn lacked theoretical resources to provide another interpretation, other than the Oedipus complex, to why the boy Harry was so attached to a mother whose nature was so meagerly maternal<sup>4</sup>.

In his article, Guntrip complains that, during sessions, Fairbairn increasingly became an intellectual, precise, ceremonious analyst, an analyst who interpreted, despite having written that “you can go on analyzing forever and get nowhere; it’s the personal relation that is therapeutic” (*apud* Guntrip, 1996, p. 741) and also that “psychoanalytic interpretation is not therapeutic *per se*, but only as it expresses a personal relationship of genuine understanding”:

To my surprise I found him gradually falling back on the “classical analyst” with an “interpretive technique”, when I felt I needed to regress to the level of that severe infancy trauma. [Yet, continues

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4. It should be noted that this bonding between the boy Harry and his mother is similar to the case of Patrick, an 11-year-old patient of Winnicott, who, as a child, clung to his mother not because of a manifestation of the Oedipus complex, but because, in his early experience, his mother had always eluded him (see 1965b/1989). From a Winnicottian perspective, another way of understanding an insistent bond with an unsatisfactory mother is that, if the individual is unable to incorporate maternal care due to the mother’s inability to adapt to the child’s needs, especially in terms of achieving psychosomatic cohesion, the outcome is a “weak ego (dependent largely on not good-enough mothering) with a feeble establishment of indwelling in personal development” (1964/1989, p. 113), so that the individual never becomes autonomous and must always go back to the source.

Guntrip] after sessions we discussed theory and he would unbend, and I found the human Fairbairn as we talked face to face. Realistically, he was my understanding good father after sessions, and in sessions in the transference he was my dominating bad mother imposing exact interpretations. (Guntrip, 1996, p. 742)

One could surmise that Guntrip's real analysis took place in this post-analytical period, with the understanding good father. Yet, in his own words, if what he needed was to regress to the trauma, this pointed to a much more primitive problem and one of a different nature from that of Oedipus. How, then, could regression take place if the "dominating mother" was perpetuated through imposed interpretations and if contact with the understanding father was established through intellectual exchange? I was intrigued by whether "the understanding good father", which Fairbairn supposedly became when discussing theory with his patient, emerged solely because Fairbairn relinquished his stance of cold neutrality as a rigid interpretive machine, as pointed out by Guntrip, or because he opened a space – an extra-analytical space, a space seemingly familiar to both him and the patient – in which they could consort "mentally" as colleagues, rather than in an analytical relationship. In this regard, Markillie mentions that not only was Guntrip always more engaged in assessing the theories of his analysts than in the analytical relationship itself, but he also emphasizes the need to maintain intellectual control over everything and how difficult it was for him to let himself go emotionally. Deep down, Guntrip accepted neither the analytical situation nor his condition as a patient, as corroborated by his unlikely description of an intervention by Winnicott, smack in the middle of analysis, implying full collegiality between them. From all that is known of Winnicott, the tenor of this intervention seems highly implausible<sup>5</sup>.

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5. According to Guntrip, Winnicott once said to him during analysis: "We differ from Freud. He was for curing symptoms. We are concerned with living persons, whole living and loving" (Guntrip, 1996, p. 750). For anyone familiar with Winnicott's theoretical and clinical thinking, and with his sense of responsibility towards patients (who are essentially the recipients of analytical care), and is, moreover, aware that Winnicott's greatest concern were the psychotics, i.e., those who have not yet come to life, this sentence sounds strange and raises doubts as to the authenticity of the account.

Another aspect of Guntrip's personality ups the ante. He was known for his bustling and frantic productivity. Unable to relax, he barely tolerated the gaps of silence that occur in analysis, and talked nonstop. According to Markillie, because of this trait, and although he appreciated Winnicott, Guntrip "rejected strongly the concept of an incommunicado core of the self [and] Winnicott's emphasis on working with the patient's sphere of [illusion of] omnipotence [i.e., regression to dependence] was foreign to him" (Markillie, 1996, p. 768). It appears that, in life, Guntrip's ceaseless agitation was never called into question by Fairbairn as a general defensive trait – a trait to be remarked upon and one that pointed to a certain diagnostic category. Fairbairn restricted himself to interpreting Guntrip's verbiage in analysis in terms of Oedipal rivalry: Guntrip was attempting to take analysis from his hands and perform the analytical work himself, that is, in the language of traditional psychoanalysis, to steal his father's penis. In part, it was true that Guntrip wanted to do everything himself, but not because of what Fairbairn construed as Oedipal rivalry; more likely, Guntrip had deeply despaired of being helped and needed to control everything. Self-sustainment was an integral part of his defensive system. As will be seen in his analysis with Winnicott, Winnicott will assign an altogether different meaning to the phenomenon.

## 5. Comments

Before proceeding to examine Guntrip's account of his analysis with Winnicott, I would like to highlight some points and entertain some hypotheses that may help in understanding the place from which Winnicott operated analytically:

a) Winnicott probably already had some prior notion of who Guntrip was before he became his patient. He was aware of Guntrip's theoretical production and they had exchanged correspondence<sup>6</sup>. In the two letters he wrote, Winnicott points out how much Guntrip adhered to Fairbairn's position and, while this was to some extent understandable, he should perhaps try to have his own attitude or perspective. It

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6. See letters 45 and 47 in *The Spontaneous Gesture* (1954b/1987 and 1954c/1987).

seems to me that Winnicott had noticed Guntrip's tendency to submit to and mimic his environment (Fairbairn, in this case), as confirmed by his remarkable ability to re-present and attempt to reconcile the divergent theories of others.

b) Winnicott must have realized from the outset that Guntrip's self-described "neurotic" predicament – which had been interpreted as such by Fairbairn – was a defensive formation of a pathological false self, sustained by assiduous mental functioning and by "busyness. This false self had become highly competent through intellectual endeavors but lacked the capacity for experience. Quite likely, this was one reason Guntrip always strove to affirm his intellectual viewpoint and supersede his interlocutor, even if the latter was his analyst.

c) One trait that Winnicott noticed right at the beginning of analysis was Guntrip's need to take extensive notes of the sessions. This strikes me as related to his aforementioned underlying disbelief that analysis, like any other relation, can provide a genuine experience of encounter and communication, coupled with an unconscious fear of what might arise from spontaneity. He jotted down everything, immobilizing every session and preventing it from expanding, in his own psychic reality, through dreams, reveries, or playfulness. It seems that an expansion eventually did occur after Winnicott's death. Winnicott had once told him, perhaps wishing to stress this defensive need, that, before him, "I've never had anyone who could tell me so exactly what I said last time" (Guntrip, 1996, p. 742). The highly disciplined Guntrip, so needful of approval, recounts this as a compliment, as someone who'd just received top grade in his report card, when it was a clinical note<sup>7</sup>.

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7. Like Guntrip, the patient that illustrates a split-off intellect in Winnicott's article "Mind and its Relation to the Psyche-Soma" (1949/1984) also jots down her sessions in a diary. This middle-aged woman, whose life was structured on mental functioning, displayed during regression to dependence an urgent need to destroy the mental processes that had been constitutive until then, and to come to terms with various psychic deaths, i.e., the "gaps in consciousness" or "blackouts" that had indwelled since early childhood and that now took the form of a "not-knowing state" that she needed to accept. (1949/1984, p. 250) At this point of her analysis, she ceased writing a diary. Winnicott says: "This diary had been kept throughout the analysis, and it would be possible to reconstruct the whole of her analysis up to this time from it. [...] The meaning of the diary now became clear – it was a projection of her mental apparatus, and not a picture of

d) One gets the impression, reading his article, that Guntrip did not actually experience analysis in either occasion (unfortunately for him, he spent little time, under unfavorable conditions, in analysis with Winnicott), but was instead constantly evaluating how his analysts proceeded, anticipating interventions, and trying to articulate theories, without ever relaxing, without ever letting himself be cared for or brought to a seasoned understanding that might provide relief from, or change, the permanent state of alertness in which he found himself. It is likely that, without the personal compass of the true self, without the capacity for experience, he was only able to evaluate these approaches from the outside, “analytically”, from a purely intellectual viewpoint. This perspective is validated by Markillie, when he says that

Harry always had to control the analysis. He kept copious notes of the sessions and worked hard to understand his material and the process afterwards. That made his recall and his discussion vivid. Yet he never seemed to abandon himself to the experience. If it is not an inappropriate metaphor, he was never baptized in analysis. He analyzed rather than was analyzed. (Markillie, 1996, p. 767)

e) This inability to experience is a core trait of the false-self personality and, in particular, of personalities in which the mind becomes the locus from which the false self operates. According to Winnicott, the false self is a valuable classificatory label in clinical practice, since it “almost absolves us from further diagnostic effort” (1959-1964/1965, p. 134), because when this pathological defensive organization is present in the patient, it alters the meaning of whatever arises in the analytical situation and, thus, must be taken care of before all else. For Winnicott, analysis only makes for individuals who have not become divorced from their true self, for individual who, essentially, are and live by the true self. Otherwise, the only thing left for the analyst to do is talk to the false self about the true one (see 1960/1965, p. 38). He also says, “Only the true self can be analyzed. Psycho-analysis of the false self, analysis that is directed at what amounts to no more than an internalized envi-

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the true self, which, in fact, had never lived till, at the bottom of the regression, there came a new chance for the true self to start” (1949/1984, p. 252).

ronment, can only lead to disappointment” (1959-1964/1965, p. 133). It should be noted that Winnicott is referring to an internalized (i.e., introjected) environment, not to the incorporation of experiences; the latter would lead to psychosomatic experience, not to split mental functioning. However, one only attains the true self by first establishing some type of communication with the false self that presents itself (albeit allowing the patient to see they are still, and only, on the threshold of true communication). Might Guntrip have attained the core of spontaneity before Winnicott’s death?

## 6. Analysis with Winnicott

Already in the first session, Guntrip spoke of the primitive trauma involving the death of his younger brother, of how he had no recollection of the underlying circumstances, and of his struggles to be cherished by his mother. From what we know, Guntrip must have taken up the entire session with his account. In the end, Winnicott said, “I’ve nothing particular to say yet, but if I don’t say something, you may begin to feel I’m not here” (*apud* Guntrip, 1996, p. 749). It is important to note that Winnicott did not interpret the material – the remembrance, the account of events as they had already been told, retold and interpreted – but spoke directly to the child in Harry, a dejected child devoid of creative impulse.

This is an interpretation in the Winnicottian sense, i.e., a communication aimed at making the patient know that the analyst has understood the overall sense of a manifested need – in this case, the communication that he, Winnicott, was alert, attentive and aware of Guntrip’s susceptibility to abandonment and to the feeling that the other might soon no longer be there – as had happened with his mother, who would often, quite suddenly, rid herself from him. In this sense, this interpretation was also management, in the Winnicottian sense.

In the second session, Winnicott said:

You know about me but I’m not a person to you yet. You may go away feeling alone and that I’m not real. You must have had an earlier illness before Percy was born, and felt mother left

you to look after yourself. You accepted Percy as your infant self that needed looking after. When he died, you had nothing and collapsed. (*apud* Guntrip, 1996, p. 749)

Everything seems to suggest that Winnicott's intention, with his first two phrases – “You know about me but I'm not a person to you yet” – was to interpret, or rather, in keeping with the new and specific sense he assigns to the interpretive task, to convey to Guntrip the extent to which he had understood the material brought to him, namely, that Guntrip had not yet attained the ability to be in contact with others but was striving to relate by means of mental cognizance; or perhaps, in other words, that he related much better with categories than with people. Furthermore, Winnicott had also realized that Guntrip, strictly speaking, was incapable of experiencing, that is, of incorporating the care bestowed on him, and was merely acquiring a new theoretical perspective of his own situation. He might choose prominent analysts, either by their résumé or position, but to actually relate to them was quite another thing. He could easily have become – as Winnicott once said regarding the introjection of the good breast – a propagandist of the good breast, as he had done with Fairbairn. In a text from 1955, Winnicott states,

Analysts are faced with this difficult problem, shall we ourselves be recognizable in our patients? We always are. But we deplore it. We hate to become internalized good breasts in others, and to hear ourselves being advertised by those whose own inner chaos is being precariously held by the introjection of an idealized analyst.

What do we want? We want to be eaten, not magically introjected. (1954a/1984, p. 276)

*Magically*, as used in the quote above, refers to what is introjected by the mental mechanism without becoming an actual part of experience, which is inescapably psychosomatic. In introjection, what exists is an idealization, rather than an experience that can be good or bad for a given person at a given moment. “We want to be eaten” means we want the care we provide, and what the patient experiences thanks to this care



(especially when an instinctual demand is at stake), to be gradually incorporated by the patient as an aspect of him or herself.<sup>8</sup>

We already know that Guntrip was intolerant of silence and of doing nothing, since he lacked a place to return to rest, in being. During one session, when Guntrip began to show distress, Winnicott moved in and said,

You began to feel afraid I'd abandoned you. You feel silence is abandonment. The gap is not you forgetting mother, but mother forgetting you, and now you've relived it with me. You're finding an earlier trauma which you might never recover without the help of the Percy trauma repeating it. You have to remember mother abandoning you by transference on to me. (*apud* Guntrip, 1996, p. 749)

We can infer from Winnicott's words how susceptible Guntrip was to feeling abandoned. We can also assume, in this regard, that in childhood, when he repeatedly and for much too long had to fend for himself, Guntrip was often thrown into a kind of unreality, in terms of both depersonalization (weak psychosomatic connection) and inconsistency of the self, and took refuge in the mental realm and in incessant busyness to feel himself extant. Harry's overactivity was a defense against the threat of immobility, as if he felt that from repose (which was actually forbidden to him) no impulse would ever arise again. Thus, he must always remain attentive and put himself in motion. The defense against the agony of falling forever is self-sustainment. Prevented from being, the baby Harry clung to doing, to incessant doing, or else he might fall into the void or the imprisonment of immobility. In his analysis with Winnicott, this absence of personal and creative impulses, which made Guntrip purely reactive, could at last be experienced, and he perceived himself at certain times in "a static, unchanging, lifeless state somewhere deep in me, feeling I [couldn't] move" (Guntrip, 1996, p. 749). Pointing out Guntrip's almost total lack of a creative impulse, the absence of a dri-

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8. For a more in-depth examination of this point, see my article "Incorporação e Introjeção em Winnicott", in Portuguese, (Dias, 2007/2023).



ve that, if it still existed, might propel him to seek something, beginning with his own self, Winnicott said to him,

If 100 per cent of you felt like that, you probably couldn't move and someone would have to wake you. After Percy died, you collapsed bewildered, but managed to salvage enough of yourself to go on living, very energetically, and put the rest in a cocoon, repressed, unconscious. (*apud* Guntrip, 1996, p. 749)

Winnicott evidently knows what he is talking about when he alludes to imprisonment in immobility. When he puts forward this interpretation to Guntrip, he is attempting to bring up the issue of how primitive was the annihilation of his creative impulse, and how Guntrip had to make himself active and seek an opposition to respond to so that life might continue – for it would not do so by itself. In his 1950 text, “Aggression in Relation to Emotional Development”, Winnicott examines the roots of aggression and arrives at primitive motility, which predates differentiation between the instinctual and the egoic. Motility must be exercised, since “the sense of real comes especially from the motility (and corresponding sensory) roots” (1950/1984, p. 213). As a first pattern, that of health, the infant, steered by the creative impulse (and riding on the coattails of the instinctual drive), discovers (creates) the environment (i.e., motility merges with the erotic). In this case, the infant develops from the center and “contact with the environment is *an experience of the individual*” (1950/1984, p. 211). However, in the second and third patterns, which characterize disease,

[...] it is the environment that impinges, and the life force is taken up in reactions to impingement – the result being the opposite to the early firm establishment of the Me. In the extreme there is very little experience of impulses except as reactions, and the Me is not established. Instead, we find a development based on the experience of reaction to impingement, and there comes into existence an individual that we call false because the personal impulsiveness is missing. (1950/1984, pp. 216-217)

Regarding Guntrip's verbiage, which was equivalent to his ceaseless activity and had been interpreted by Fairbairn through an Oedipal schema, Winnicott sheds an entirely new light:

Your problem is that that illness of collapse was never resolved. You had to keep yourself alive in spite of it. You can't take your ongoing being for granted. You have to work hard to keep yourself in existence. You're afraid to stop acting, talking or keeping awake. You feel you might die in a gap like Percy, because if you stop acting mother can't do anything. She couldn't save Percy or you. You're bound to fear I can't keep you alive, so you link up monthly sessions for me by your records. No gaps. You can't feel that you are a going concern to me, because mother couldn't save you. You know about "being active" but not about "just growing, just breathing" while you sleep, without your having to do anything about it. (*apud* Guntrip, 1996, p. 749)

The paradigmatic shift is particularly clear here: from Winnicott's perspective, this is not Oedipal rivalry. What underlay Guntrip's verbiage and frantic busyness was an absolute lack of hope that life might carry on, that feeling oneself alive might persist even in a state of repose. It is quite plausible to imagine that a mother like Guntrip's had scant personal resources to anticipate and prevent the potential interruptions in the continuity of being that an infant is subject to in early life. He probably had to endure constant interruptions that forced him to react and broke up his line of being. If this was indeed so, a state of alertness developed in him from very early on, not to mention that he was made responsible for keeping life alive because there was insufficient environmental quietness to allow the infant to awaken naturally. He began jump-starting a certain liveliness, forcing himself to vivaciousness, the nature of which he did not believe in. As Winnicott said during a session, the baby Harry could not "take [his] ongoing being for granted" (*apud* Guntrip, 1996).

## 7. Winnicott's death and the healing dreams

Near the end of the paper, Guntrip writes that he will wind up his account with something that he naturally could not have foreseen, namely, the fact that Winnicott,

[by] becoming the good mother, freeing me to be alive and creative, transformed the significance of Percy's death in a way that was to enable me to resolve that trauma, and my dilemma about how to end my analysis. Winnicott, relating to me in my deep unconscious, enabled me to stand seeing that it was not just the loss of Percy, but being left alone with the mother who could not keep me alive, that caused my collapse into apparent dying<sup>9</sup>. (Guntrip, 1996, p. 750)

It is not easy to imagine to what extent Guntrip experienced the “good mother” that Winnicott became: the analysis was too short and the sessions were too far apart to enable a regression to dependence. Guntrip, furthermore, seems to have been a strictly defended split-off intellect. I sense that, more than actual experiences, he drew conclusions about what might ensue in his life if he took Winnicott's hypotheses into account. At any rate, Winnicott's hypotheses were radically different from Fairbairn's – substantiating the proposition of a paradigmatic shift – and led Guntrip to realize that there existed, within him, a problem prior to his trauma at three and a half years of age: he saw himself alone, isolated, with a mother incapable of relating, particularly at the pre-verbal and silent communication level. Guntrip's later stridency was no accident, for to make himself heard he had to make himself boisterous – not to mention that his mother wouldn't know how to keep him alive if he ever weakened.

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9. When Guntrip refers to the “deep unconscious,” he seems not to take into account – or perhaps he was unaware of – the important distinction that Winnicott makes, in the light of his theory of maturation, between what is “deep” for the repressed unconscious and what is “primitive” in the period that precedes the achievement of unit status. Guntrip's issues did not pertain to depth, but to primitiveness. However, if he actually was not aware of this distinction, it could also be that he saw himself as neurotic, following Fairbairn's lead – and, indeed, he spoke of amnesia in terms of repression. On this important distinction made by Winnicott, see Dias E. O. *A interpretação na clínica winnicottiana* (2011/2023).

In late 1970 or early 1971, Guntrip learned that Winnicott was very ill. He inquired Masud Khan about him and was told that his former analyst was feeling better and would like to hear from his friends. Guntrip wrote to him; shortly after, Winnicott called him thanking him for the message and they chatted for a while. A few weeks later, Winnicott's secretary called Guntrip to say that Winnicott had passed away. That same night, Guntrip says he had an alarming dream: "*I saw my mother, black, immobilized, staring fixedly into space, totally ignoring me as I stood at one side staring at her and feeling myself frozen into immobility: the first time I had ever seen her in a dream like that*". (Guntrip, 1996, p. 751)

It was this dream, claims Guntrip, that gave rise to a torrential sequence of dreams that went on "night after night" and made him revisit, in proper chronological order, all the houses in which he had lived. The spate of dreams was curative: some two months later, he reports, two new dreams "at last broke that amnesia for Percy's life and death" (Guntrip, 1996, p. 751).

I was astonished to see myself in a dream clearly aged about three, recognizably me, holding a pram in which was my brother aged about a year old. I was strained, looking anxiously over to the left at mother, to see if she would take any notice of us. But she was staring fixedly into the distance, ignoring us, as in the first dream of that series.

The next night the dream was even more startling. I was standing with another man, the double of myself, both reaching out to get hold of a dead object. Suddenly the other man collapsed in a heap. Immediately the dream changed to a lighted room, where I saw Percy again. I knew it was him, sitting on the lap of a woman who had no face, arms or breasts. She was merely a lap to sit on, not a person. He looked deeply depressed, with the corners of his mouth turned down, and I was trying to make him smile.

I had recovered in that dream the memory of collapsing when I saw [Percy] as a dead object and reached out to grab him. But I had done more. I had actually gone back in both dreams to the earlier time before he died, to see the "faceless" depersonalized mother, and the black depressed mother,

who totally failed to relate to both of us. Winnicott had said: “You accepted Percy as your infant self that needed looking after. When he died, you had nothing and collapsed”. (Guntrip, 1996, p. 751)

## 8. Closing remarks

a) Guntrip’s article is highly illustrative, and illuminates the theoretical and practical differences between his two analysts. It is, therefore, of great value for the psychoanalytic debate. What is surprising, although perhaps not overly, in view of his diagnosis, is that Guntrip himself was only superficially aware of these differences as distinctive “styles” of analysis.

b) It is interesting to note that, up to the very end of his article, Guntrip refers to what he called amnesia – but which could well have been a dissociation, or even a splitting – as brought about by repression, revealing that, despite saying he had greatly enhanced his understanding of the problem that afflicted him, he in fact stuck to the perspective acquired in his first studies of psychoanalysis and which were corroborated, in part, by Fairbairn. It is quite clear from his account that, although he benefited from the fundamental uniqueness of the Winnicottian way of seeing and analytically addressing his issues, Guntrip understood little of Winnicott’s perspective<sup>10</sup>. Until the end, he reckoned the cure would come from “softening up the major repression” of the traumatic event, and what he needed, from Winnicott’s perspective, was to approach not what happened, but rather what had not, yet should have, happened, namely, the fact that his mother simply did not look after him and was incapable of relating. Remembering this fact was unnecessary; it would be more than enough that his hopelessness be corrected by the experience of reliability.

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10. This is interesting because, before beginning his analysis with Winnicott, they had exchanged a few letters, in which, regarding the concept of regressed ego in a book Guntrip had written, Winnicott inquired: “Is your Regressed Ego withdrawn or repressed?” Guntrip supposedly replied it was both: “First withdrawn and then kept repressed”. Guntrip recounts this passage in his 1975 article (Guntrip 1996, p. 743), but there is no mention of it in Winnicott’s letters published in *The Spontaneous Gesture* (1987).

c) On the one hand, Guntrip claims to have gained a deeper understanding of his problem in his analysis with Winnicott; on the other, he continues using all of Fairbairn's concepts and formulations to recount his case. He says, for instance:

After brother Percy's death I entered on four years of active battle with mother to force her "to relate", and then gave it up and grew away from her. I will call that, for convenience, the oedipal internalized bad-object relations period. (Guntrip, 1996, p. 743)

The notion that Guntrip's mother was simply incapable of establishing contact or relationships – leading him, as he retrospectively puts it, "to force her 'to relate'" – is an insight derived from his analysis with Winnicott; Guntrip, however, "for convenience" and in the manner of Fairbairn, calls it, a period of "Oedipal internalized bad-object relations".

It is interesting – and tragic – to note that, as much as Guntrip may have experienced, availed himself of and even written about the benefits of his analysis with Winnicott, he never ceased trying to reconcile the positions of both analysts – as his unchanged position in his article makes clear – and to uphold the rationale of Fairbairn's analysis, according to whom it was first necessary break down one's defenses. He criticizes Fairbairn and then thanks him for doing what he did. To be sure, nothing prevents a patient from being grateful for the analyst's dedication and, at the same time, to diverge from his or her theoretical orientation. One thing is the theoretical approach that guides therapeutic action; quite another is the analyst's goodwill, honesty, and availability. Yet Guntrip seems to mix both things and is not sure what to do with the psychoanalytic requirement of gratitude, ushered in by Melanie Klein and which few analysts manage to evade.

d) To articulate the theories of, and show gratitude to, both analysts, Guntrip attempts a certain complementarity between their theories, as if one of them covered one part of childhood and the other the remaining part. This, however, is an impossibility if we analyze them in light of the paradigmatic shift, and, in particular, of the Winnicottian theory of ma-

turation<sup>11</sup>. Indeed, some commentators of Winnicott, refractory to the idea that his work proposes radical changes in theory, claim there is no incompatibility: Freud tackled with later childhood, whereas Melanie Klein pursued an earlier stage and Winnicott an even earlier one. Regardless, the fact remains that, perhaps without realizing it, Guntrip continues to conceive the analytical process according to Freud's archaeological metaphor. After mentioning that he told Fairbairn that an Oedipal analysis of his problems was making him waste his time, Guntrip writes,

But my Oedipal analysis with Fairbairn was not a waste of time. Defenses have to be analyzed and it brought home to me that I had actually repressed the trauma of Percy's death and all that lay behind it, by building over it a complex experience of sustained struggle in bad-object relations with mother, which in turn I had also to repress. It was the basis of my spate of dreams, and intermittent production of conversion symptoms. Fairbairn for long insisted that it was the "real core" of my psychopathology. *He was certainly wrong, but it did have to be radically analyzed to open the way to the deeper depths.* That happened. Steadily regressive and negative schizoid phenomena thrust into the material I brought to him, and at last he began to accept in theory what he no longer had the health to cope with in practice. (Guntrip, 1996, p. 743, emphasis mine)

Guntrip's propensity to make the theories of Fairbairn and Winnicott complementary (which more often are incompatible, as one may gather from each analyst's understanding of Guntrip's case) is corroborated in the official introduction to his article in the *International Journal of Psycho-Analysis*, which likewise states he did not realize the profound differences between both perspectives:

[Guntrip's] sessions of psychoanalysis with Winnicott in 1962-1967 made him intent upon reconciling Fairbairn's and Winni-

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11. Winnicott's own review of Fairbairn's book (1953/1989) shows the crucial differences in perspective between their respective theories and discusses how much Fairbairn, despite being an innovator in psychoanalytic theory, inadvertently ends up repeating Freud on the matter of the orientation towards the object, since, according to him, it is not the individual, but the libido that seeks, and, therefore, what is sought is satisfaction, not relationship.

cott's ideas. This he did by using Fairbairn to explain schizoid processes of the two-person relationship and Winnicott to deal with depressive processes consequent on experiences of loss. (Introduction to the article, in Guntrip, 1996, p. 740)

e) Quite often, in his text, perhaps due to the habit of analysis, Guntrip ceases distinguishing between facts and interpretations. Referring, for instance, to the initial period of his analysis with Fairbairn, he says: "For the first few years, his broadly Oedipal analysis of my 'internalized bad-object relations' world did correspond to an actual period of my childhood" (Guntrip, 1996, p. 747). What is the problem here? This is an interpretation, not the reality of facts. To put it differently, although it is understood that the relationship was bad, this does not necessarily have to be described through the concept of "internalized bad-object relations". It could be depicted in other ways. About Guntrip's insistent bond with an unsatisfactory mother, or the repetitiveness of his bad relationships, Winnicott would say that if an individual cannot rely on satisfactory mothering and, therefore, cannot incorporate such care as an aspect of the self, a "weak ego" will eventually be constituted (with a barely inactive tendency towards maturation) that is forever dependent on unsatisfactory care and will always have to return to the source – which, however, never responds to the need (see 1964/1989, p. 113).

On another occasion, previously mentioned, when he describes his mother's disruptive tendency, Guntrip says: "No wonder I had an inner world of internalized libidinally excited bad-object relations, and I owe much to Fairbairn's radical analysis of it" (Guntrip, 1996, p. 747). Had he really understood Winnicott, he would, at most, have said: "Fairbairn had to deal initially with my false self, which, presenting itself as neurotic, concealed the central psychotic issue". Furthermore, if Fairbairn could actually have seen things from this perspective, his interpretation would not have been that of "an inner world of internalized libidinally excited bad-object relations" (Guntrip, 1996, p. 747). It is quite true that the false self is nothing more than the environment internalized, but then the problem is not one of bad internalized relationships that tend to repeat themselves, but rather the alienation of the early self, which reacts with and internalizes the environment, so that the indivi-



dual, instead of growing from the core, grows from the shell, mimicking the environment. Therein the problem is constituted.

Guntrip further writes:

I developed a double resistance to him [Fairbairn] consciously, partly feeling he was my bad mother forcing her views on me [i.e., the mother who subjugated him], and partly openly disagreeing with him on genuine grounds. I began to insist that my real problem was not the bad relationships of the post-Percy period, but mother's basic "failure to relate at all" right from the start. (Guntrip, 1996, p. 743)

It is interesting to note that Guntrip mentions this as an illation he made himself when he was still undergoing analysis with Fairbairn, but this is clearly an understanding that he achieved later with Winnicott.

And I cannot but ask: Why were the interpretations so determining, keeping Guntrip trapped in an inner world of bad relationships? The excerpt above clearly reveals how much he was driven by intellectual understanding rather than by experience.

Winding up his commentary on Guntrip's article, finished and published in 1996, his friend and colleague Markillie says:

The paper is what Harry elected to say about the analyses and to reveal about himself. [...] Should his full diaries ever be published, different conclusions might be drawn. Unfamiliarly, it is an analysand's account, and we have no knowledge of how it seemed to the analysts, other than what he says of their actions. I suggest that any theoretical exegesis of its statements is hazardous, as that must rely on an imperfect source. (Markillie, 1996, p. 769)

## 9. One last word

One of Winnicott's cardinal contributions, not yet duly explored in psychoanalytic literature, is the idea of maturation and tendency towards maturation. The notion of health as the continuity of maturation – through its various, successive stages – enabled him to conceive psychic disorder as an interruption of the maturational process. In this

perspective, the nature of a given clinical disorder will vary according to the stage of maturation where the problem originated, that is to say, according to the nature of the task with which the infant or child was involved at the time of the environmental failure that broke the line of life and the maturational process. This allowed Winnicott to develop a new criterion for classifying psychic disorders and has since provided therapists and professionals engaged in either prevention or cure with a map of the etiology of each disorder. The Winnicottian classification of psychic disorders is, therefore, primarily maturational and only secondarily symptomatological. For the sake of rigor, we should therefore call them maturational disorders.

That said, it is not difficult to see, in Guntrip's account of himself and his analyses, that the trauma that afflicted his entire life and pervaded two analyses was not what he conjectured, namely, finding his dead brother in the arms of an indifferent mother when he was only three and a half years old. Conceivably, if his early life story had been different – had Guntrip had a better start in life and everything had gone reasonably well until that moment when, at the age of three and a half (when he would have been developing his capacity for concern), he might have been hit, side by side, by the sight of his dead brother and the sudden recognition of an indifferent and impotent mother, incapable of keeping his brother alive – then the type of disorder, impediment, or difficulty he might evince would also have been different and much more evolved from the viewpoint of maturation: it could be a simple depression, perhaps, a mourning for the loss of his brother (or even of his own mother, whom he had hitherto always bet on, but who proved to be incapable of relating or even of being moved by the death of her baby, Percy). Or, alternatively, perhaps the entire episode would have constituted what Winnicott calls *deprivation* – provided Guntrip's early life had been, indeed, good – seeing that from that moment on his family situation fell apart: Percy died, his mother proved oblivious to (or disconnected from) everything, and he was sent to live with an aunt. However, what Guntrip displayed – and was manifested in his analyses and in the comments of his acquaintances and colleagues – implies much more primitive problems, related to *privation*, and therefore to psychosis: a highly-developed false self, depersonalization, other serious dissocia-

tions (which are conspicuous even in his article), a need for control that seems associated with a serious threat of disintegration, and a split-off intellect. All this leads to a diagnosis of latent schizophrenia, associated to a psychosomatic disorder.

Conceivably, what led Guntrip to think that it was at that moment (the episode of Percy's death) that everything shattered and the unbearable erupted was the fact that his every recollection of the event had been erased. Yet, what was revealed in analysis with Winnicott, and became crystal-clear through healing dreams – which sundered his old, serious dissociation (he always knew, in his mind, that his mother was unable to relate, but in dreams this was “revealed”, or rather, eventually integrated) – was that, in truth, the trauma did not occur at that moment. The traumatic event, which paralyzed his maturation, did not consist in the breakup of a previously existing bond, in the breakup of the relationship that connected him to his mother; no, the trauma occurred much earlier, in early childhood, because the relationship with the mother had *never* been constituted, had never existed, because his mother – his “faceless”, depersonalized mother, [...] the black depressed mother, who totally failed to relate to both of us” (Guntrip, 1996, p. 751) – was a person incapable of establishing any kind of relationship and of identifying with and caring for the other, even if it was her own child. Her gaze – and her concern – was never aimed at her children. Guntrip was never properly *seen* by his mother. Yet, having been born, it was up to him to cause no trouble and merely pretend that he hadn't come to life, as if he didn't actually exist. The shock of Percy's death was, therefore, as Winnicott told him, a later version of a pattern of early trauma by which a very young Guntrip – probably still a baby, needing to connect with his mother, to communicate with her, to see himself in his mother's face and gaze, to feel himself existing, to have a license to exist (“When I look I am seen, so I exist” (Winnicott, 1967/1971, p. 154) – encountered only her stiff gaze, adrift on the horizon. What does a child feel when it looks in the mirror and sees nothing?<sup>12</sup>

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12. Ogden redefined the Winnicottian concept of breakdown, giving it, in particular, the meaning of “breaking the mother-child tie” (Ogden, 2014/2016, p. 59). Now, taken in this sense, this concept no longer applies to early childhood, before the conquest of a unitary identity, when there is still no tie that can be bro-

At this point, it is impossible not to turn to Francis Bacon, the “exasperating” artist “who goes on and on painting the human face distorted significantly,” and who, according to Winnicott, “forces his way into any present-day discussion of the face and the self” (1967/1971, pp. 153-154). From the perspective of the Winnicottian concept of the mother’s gaze as a mirror, Bacon sees “himself in his mother’s face, but with some twist in him or her that maddens both him and us” (1967/1971, p. 153-154). More precisely, what one perceives when observing Bacon’s distorted and deformed faces, is that he seems “to be painfully striving towards being seen” (1967/1971, p. 154).

When babies, instead of seeing themselves reflected in the face of their mother, see only their mother’s face, “or, worse still, the rigidity of her own defenses”, they are urged to “look around for other ways of getting something of themselves back from the environment” (1967/1971, p. 151), mimicking their surroundings, perhaps, or making a lot of fuss, always attempting to draw attention, in order to be seen and recognized for their efforts to be accepted, whatever the circumstances – as in Guntrip’s case. By resigning themselves to the idea that when looking what they see is only their mother’s face – meaning that the mother’s face is not a mirror – the babies’ creative capacity “begins to atrophy” and “perception takes the place of apperception, [...] takes the place of that which might have been the beginning of a significant exchange with the world” (1967/1971, p. 151).

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ken; what there is, as Winnicott has shown, is a mother-baby merging. When analysing the Guntrip case, Ofra Eshel (2019), refers to Ogden’s article to say that the concept of breakdown, as reformulated by the California psychoanalyst, is more useful in analysing Guntrip’s case than Winnicott’s concept explained in “Fear of breakdown”. It’s difficult to follow Eshel’s suggestion: you don’t break something that doesn’t exist. We have to say, following Winnicott, that the tie never came into being. This seems to me to be much more the case with Guntrip, as we saw earlier. As in other articles, in this one from 2014, Ogden accuses Winnicott of being “confusing”, he complains that his texts are unintelligible, which would allow and even require the reader – Ogden himself, of course - to rewrite the text in his own way in order to make it understandable. Perhaps it’s a case of supposing that one of the reasons Ogden doesn’t understand Winnicott’s texts - neither this one nor many others - is that he only reads Winnicott’s isolated concepts, detached from the total work, without taking into account its internal unity and the place of each one of them in the totality of the Plymouth master’s thought.

These babies are also obliged to perform a rather tantalizing exercise: to remain always on the alert, exhaustively studying “the variable maternal visage”, attempting to predict at what moment the maternal mood will dominate the scene. We know, from Guntrip’s article, how much he sought, restlessly and frantically – traits of anyone who doesn’t have their own existence legitimized by the maternal gaze –, to feel real and to set up an image of himself as someone with his own existence, although he could never convince himself of it and never felt appeased. On the contrary, he was compelled – permanently, restlessly, tirelessly – to produce life.

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**1. Introduction**

“My job is definitely to be myself”, says Winnicott in his book *Home is Where We Start From* (1968/1986, p. 56). Maintaining myself as myself is a job, an occupation, and that means it involves a certain amount of effort. Being myself implies being an *I am*. Being an *I am*, in turn, implies being whole, integrated. It also means that there is something that is not-me and, therefore, there is already an establishment of a relationship with the world.

One could immediately question whether Winnicott’s *I am* represents the Cartesian moment of childhood existence. This moment occurs when the child, having already reached some maturity for reflection, becomes aware that they exist and that they are. I say no because they do not arrive at a conception of *I am* through mental representation or a projection of themselves in their mind. Being an *I am* that remains oneself is an effort precisely because the *I* in Being – or, if you prefer, the *I* in existence – is a constant that must remain integrated and supported within an environmental situation that implies reliable holding and care.

If I can arrive at a conception of *I am*, then something like an identity that holds across time and space can be established. However, this identity is not something pre-given, nor is it something innate, nor is it something that I project in my mind to guarantee in advance that I exist because I am. *I am* means being oneself and having reached a vivid perception (awareness) of being oneself in relation to a world that differs from oneself. How can we understand and explain this phenomenon?



Philosophy, from the beginning of modernity until the middle of the last century, considered the self as something that, once given, needed to find its conditions of guarantee in the world, whether through representation, determination, or intuition. Philosophically, we are entangled in the problem of what it means to be aware of “what it is like” to perceive any given object in nature (Zahavi, 2020, p. 24). The self becomes the anchor point of a person’s entire system of reference since we can only refer to something in the world and understand our position in relation to it by possessing some awareness of ourselves (Zahavi, 2020, p. 26).

However, from a Winnicottian perspective, the constitution of oneself, that is, the *I am* as a vivid self-perception (self-awareness) and its differentiation from the world, occurs through a gradual maturational development that implies achievements that must be reached. Because these achievements are not guaranteed *a priori*, they may be barely achieved or may not even be achieved at all. There is an effort involved in taking care of yourself to stay alive. However, it is not an occupation that disturbs and worries. Striving to maintain a self as oneself must take place as a background of existence, in the form of a continuity of being, guaranteed by an environment. This environment provides and facilitates the necessary care for each given moment of maturation. This implies that constituting an identity is neither a determination nor a representation, but rather a possible event for human nature when certain conditions of environmental care are guaranteed, specifically, the guarantee of certain initial adaptive care.

All of this encourages us to unfold some dimensions of what it means to be an *I am* in Winnicott’s terms, in order to achieve a greater understanding of the topic. It is necessary to think about what Being-itself has to do with movement and perception-action in relation to corporeality. Corporeality leads us to consider what it means to have our own body, and this leads us to have in perspective a type of care capable of enabling the achievement of this own body. This care, given its *sui generis* nature, should allow for the constitution of a temporal dimension in which a vivid, pre-reflective self-perception can be established, even before the constitution of a vivid, reflective perception (*I am*).

## 2. Movement and perception-action

Perception and action are intrinsically linked. Action presupposes perception in that we do not passively perceive what is around us, but rather do so already in the form of an action. For example, if we hear something, our ears, or our auditory attention, immediately turn toward the source of the sound. Our body moves and acts in response to something perceived through a self-affection of bodily movement. Our first experience of the world occurs through movement, beginning in the intrauterine phase. It is important to think that movement also implies non-movement. Therefore, movement and rest, or stillness, are considered conditions of possibility for the initial constitution of our vivid perception (awareness) of reality. When we move, we experience that we have a body. Body and existence in the world need to meet each other.

This relates to our sense of being alive. An enactivist approach to this sense of being alive can be found in Fuchs (2013). He clarifies that at the most fundamental layer of affective experience, we find what can be called the sense of being alive: a pre-reflective and undirected bodily self-awareness that constitutes the unnoticed background of all feeling, perception, or intentional action. This continuous background feeling of the body exists at the threshold of life and experience, between life and lived experience. According to Zahavi (1999, p. 33), the distinction between reflective and pre-reflective awareness lies in the fact that we are not only aware of ourselves when we explicitly direct our attention to our conscious life. It is necessary to differentiate between pre-reflective self-awareness – which is an immediate, implicit, non-relational, non-objectifying, non-conceptual, and non-propositional form of self-awareness – and reflective self-awareness, which is explicit, relational, mediated, conceptual, and objectifying.

From Mathew Ratcliffe's perspective, the sense of being alive is linked to an understanding of the feeling of being. When coining this concept, he references the ontology of affective dispositions in Heidegger. Existential feelings are at the same time "feelings of the body and a way of finding oneself in the world" (Ratcliffe, 2008, p. 2). Through the sense of being alive, a variety of emotional states that act as a backdrop can be related to the

tacit presence of the body in the experiential field. These feelings include a sense of freedom, spaciousness, and openness, or feelings of restriction, suffocation, vulnerability, protection, strangeness, certainty, familiarity, estrangement, reality, or unreality. As Fuchs emphasizes, these feelings do not involve the body as an object of consciousness but rather as a means through which being-in-the-world is experienced (Fuchs, 2012; 2013).

### 3. Corporeality and own body

We were born with a body, but that does not mean we have appropriated it. This appropriation occurs through provisions of holding in initial adaptive care and through the development of the brain as a functioning organ that begins to store personal bodily experiences and memories, enabling our constitution as human beings (1988, p. 21).

The constitution of one's own body involves the imaginative elaboration of body parts, feelings, and somatic functions, that is, physical experiences. This means that something (feelings, body parts, somatic functions) is constituted and brought into physical experience through something other than its own manifestation. Thus, it becomes necessary to consider imaginative elaboration as both a constituent of itself and a condition of its own manifestation.

The basis of psyche is soma, and in evolution the soma came first. The psyche begins as an imaginative elaboration of physical functioning, having as its most important duty the binding together of past experiences, potentialities, and the present moment awareness, and expectancy for the future. Thus self comes into existence. The psyche has of course no existence apart from brain and brain functioning. (1988, p. 19)

The threads woven here are complex. Imaginative elaboration is, on one hand, independent, enabling the psychosomatic constitution that serves as the foundation for becoming an *I am*, an identity. However, on the other hand, it can only take place based on the care provided by the maternal environment and, progressing from a state of absolute dependence to relative dependence, and eventually to independence.

Contrary to logical formalism, we are, then, at the same time autopoietic and allopoietic<sup>1</sup>. By this, I mean that we constitute ourselves both independently and dependently. This generates a type of contradiction that certain branches of the philosophy of logic may not accept. The key concept for handling this conceptual tension is reliable care.

## 4. Provision of care

As previously mentioned, to know who and what I am, one must have a body and be aware of having a body. The body becomes a necessary and fundamental element for intentional perception. There must be a vivid bodily self-awareness even before a mental awareness (consciousness, Bewusstsein).

The point is that vivid bodily self-perception is not conscious at all. And this does not mean it is unconscious. From a certain level of maturity – specifically, from the moment when we are able to know ourselves as an *I am* – we no longer pay attention to routine actions, such as picking up an object, standing up, or walking. It is as if the body acts on its own. The fact that I do not think about the movements I perform does not mean that I act unconsciously; rather it simply means that my body is there as a background to my existence, performing actions in a pre-reflective way. This means that, as the body functions, we have a vivid perception (awareness) of it through itself and not through anything else, such as, for example, a reflection on the intentional act directed at the body. In other words, I do not need to think about having a hand or where it is in relation to an object in order to reach out and pick it up. I do not need to make my body the object of intentional thematization in order to act. This occurs because I have a body that has already achieved its integration, which, once in this state, becomes the position and reference point for a *here* and *there* from which I perceive the world. Here, this is not as a spatial point locatable in time-space but as a manifestation of the event of a continuity-of-being. Vivid bodily self-perception is based on being integrated.

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1. I discussed these concepts in the article “Environmental interaction in Winnicott’s psychoanalysis: an approach to the enactivist approach”, see Santos, 2021.

Integration is the process by which something or someone becomes part of something. With regard to human nature, integration means that Being is understood as a unity, that is, that the “what is” (its permanence in the time of its own existence) of existence can have some meaning for that person. In other words, the self, which represents who a person is, acquires a status of unity. In Winnicott’s words: “Integration means responsibility, and accompanied as it is by awareness, and by the collection of memories, and by bringing of the past, present and future into a relationship, it almost means the beginning of human psychology” (1988, p. 119).

Initially, there is not yet an organized state of affairs. What exists is still an absence of globality in time and space. The integration process will be responsible for conferring this sense of globality. This does not mean we should consider this state prior to integration as a state of chaos. This is not the case, as “chaos is a concept which carries with it the idea of order; darkness too is not there at the beginning, since darkness implies light” (1988, p. 135).

What exists is a state of non-integration, which is accompanied by a state of non-awareness. It is from this initial state that integration takes place. Integration occurs gradually, through brief moments and periods, only becoming a fact after many comings and goings of the baby from the state of non-integration to the state of integration. For this process to occur, it is necessary to take into account that there are internal factors – such as instinctual urges, the expression of aggression, and movement – and environmental care contributing to this integration: “Promoting integration are internal factors such as instinctual urge or aggressive expression, each of which is preceded by gathering together of the whole self. Awareness becomes possible at such moments, because there is a self to be aware. Integration is also promoted by environmental care” (1988, p. 117).

Achieving integration as a fact depends on the stability of the environment, that is, it depends on the environment being reliable. In this way, “as the self becomes established and the individual becomes able to incorporate and hold memories of environmental care” (idem), they can begin to take care of themselves. In other words, the gradual decrease of dependence, which is absolute at the moment, may occur.

Integration, therefore, consists of a precarious, dynamic, and temporal state – a state that is characteristic of all human existence. It is necessary to recognize that it is a state to be conquered. Given the initial conditions that we have already mentioned, integration enables a greater sense of reliability. With this, the self becomes established, and the person is able to incorporate and retain memories of care provided by the environment, making integration a reliable state that contributes to achieving the establishment of a unity, that is, it establishes the conditions of possibility for contemplating a feeling of Being alive<sup>2</sup>.

Reaching a state of stable integration implies having received sufficiently good care at the beginning of life's journey. This allows that, even before dealing with the responsibility of being myself, being nothing other than myself, I need to be able to create my own body, temporality, spatiality, and reality. This creation is facilitated by the opportunities that maternal care provides to the baby. Since the environment allows me to simply be, without having to be in a state of alertness, I can easily elaborate imaginatively, that is, I can incorporate the various initial events of life (hunger, thirst, physical discomfort, the mouth, the hand, the gaze, the touch, the feeling of being supported) into myself. Such activity is not carried out through the intentional reflection of an *I am*, but through a bodily sensitivity to the event of oneself.

In the *I am* phase, I assume an identity that is not immediately accessible through a self-apprehension of the self, as it is shaped by the other. It is the other person who takes care of me who confronts me with the question, "Who did this?". The answer requires taking responsibility for being yourself. Answering this question implies being concerned with the action. Having to answer "it was me" or "it wasn't me" necessarily implies already "Being": being before doing, as Winnicott would say. Being an *I am* means having enough integrity to understand that you are not the other. What differs from the world is that there is a not-me, and therefore, that a relationship between people and objects in the world has been established.

Identity requires that one respond, as oneself, to a world that can be understood as something other than oneself. I begin to experience

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2. On the feeling of being alive, see Fuchs, 2012.

myself from a reciprocal coexistence with others. It is not a self-centred identity within a social ego or a personalized subject, but rather a vivid personal self-awareness located in social actions. A self-awareness of oneself as a pole of the ego is not enough. There must be a social and environmental relationship with other people. To exist as a person is to exist socialized in a community horizon, where someone's attitude towards themselves is appropriated from others (Zahavi, 2020, p. 164).

To conclude, the *I am* as an identity is the formal indication of a fundamental self-ness that is present in a lived body, assumed by an awakened consciousness (awareness), that is, a vivid perception of oneself. My body does not become the medium of a reflexive appropriation; rather, it becomes present to a consciousness that arises from a basic bodily awareness (self-awareness) that will not develop by itself but only through a very specialized type of care: trustworthy care.

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**1. Introduction**

The possibility of inhabiting the world in a personal way, as Winnicott refers to it, depends on various factors. One of them is the presence of care, especially during the earliest stages of life. Protection and vital support enable the development of the infant's potential, allowing them to shape their world. This function depends on the other and on the trust that is based on this bond, creating a space of care. Understood in this way, Winnicott's contributions on the early stages refer to the fact that existence arises in relation to others. This link does not refer to a merely operational reason, but also an ethical one. Winnicott warns that being effective with childcare but emotionally indifferent can lead to terrible experiences of abandonment. The notion of double dependency appeals to the fact that the infant needs much more than food or nutrition. Basically, without the love interest, development loses the condition of subjective growth, the foundation of all somatic and psychic processes. Concern for the other, the way the mother relates to her baby, and the concrete conditions of that care are the key to holding and handling to the extent that they involve the conditions of the Winnicottian being.

**2. The early stages**

The model that Winnicott refers to for clinical experience involves the infant's initial experiences. Due to ignorance and primordial helplessness, the infant is not in a position to perceive the figures, objects, and states that surround and sustain it. Their experience is inaugurated



in the sensory and perceptual aspects of the other as a care provider – terms that refer to support and protection, which are fundamental conditions for development and human life.

This very first period opens the way to a gradual experience of mutual implication between the subject and the world. However, individual experience always implies otherness. It is not without this presence of the human that the possibility of being becomes real. World, creativity, and transitionality are terms that acquire value if there is a caregiver who is involved. Psychotic, borderline, and other severe pathologies manifest as significant and extreme failures, arising from the absence, violence, or intrusion of the other – as failures in the function of providing trust.

Winnicott's clinic developed from his discovery of play in children and babies. He found that they manipulate objects in a meaningful way and that these objects become privileged within the child's universe. This does not mean that they have materiality, but rather they are concrete examples of the child's progressive conquest of the world within their subjectivity. From there, he observed in more detail the mother-baby relationship at the beginning of the child's life, where the environment acts as a facilitator of development. Winnicott could not separate the subject from their relationship with the environment, as a mutual implication is established between the two: the Winnicottian child gradually signifies the world and, at the same time, signifies themselves. It is only from this baby-medium encounter that they can grow, giving rise to the spontaneous gesture as a sign of the baby's incipient creativity. These are the phenomena that Winnicott clinically describes from the beginning of his work, starting with *Primitive Emotional Development* (1945/1958), and continuing until his latest work.

Therefore, it is only possible to consider the baby's development in relation to its environment, specifically the maternal environment. This explains the statement that "the baby does not exist" and that its place is taken by the mother-baby couple. Here the term "good enough mother" appears to account for this fundamental role in the child's experience of living and existing. Conversely, if this function is intrusive or indifferent, it will result in experiences of futility, isolation, violent intrusions, and an arrest in the processes of development and individuation.

### 3. The path to identification

The immaturity with which the baby is born determines the complexity that their organization can reach based on their interaction with the environment. The construction of the feeling of identity is carried out through a dialectic between one's own and that of others, the self and the object, the baby and their caregiver. To be yourself, you have to "feed" on others (Jeammet, 1995, p. 95). This interaction determines a series of primary identifications with the object in the first stages of child development that expand as the child's symbolization capabilities increase and with them their ability to differentiate the object.

Montaigne (1595/1996, p. 157) once insightfully noted, "the child is not an empty vessel to be filled, but a flame to be kindled." This profound observation dispelled the notion of a child as a blank slate needing education and instruction to become a responsible adult. A baby is born with a rich array of innate abilities geared towards social interaction and early learning, as well as representational capacities that, if all goes well, allow for a differentiation between the self and the other (Tió, 2024).

Identification, therefore, is a complex process through which the child organizes their internal structure based on their experiences with caregivers. The quality of these experiences depends on the caregiver's characteristics and how they interact with the child. We traditionally speak of identification in this sense. A phobic mother may end up transmitting her phobia to her child. However, the process is more heterogeneous as identification also depends on how the child perceives the caregiver, which is a function of their emotional capabilities and needs through their relationship with the other and what is perceived from the experience they have with them (Tió, 2024).

When a child is forced to excessively use the dissociation mechanism in childhood, if their negative emotions are not adequately contained or if the environment is the source of discomfort, as in cases of abuse, it can hinder the development of a sense of identity as a subject of thoughts, feelings, and personal desires sufficiently differentiated from others.

It is therefore crucial to establish that a sense of identity requires a feeling of sufficient internal coherence, without unsustainable con-

traditions or unbearable experiences of fragmentation or emptiness. The foundations for feeling internal coherence are formed in childhood through one of the holding functions that Winnicott described. It consists of responses aimed at promoting an integrated experience of the child's different experiences – happiness, sadness, anger – helping to ensure that all of them can be perceived as part of the same whole, not fragmented and disconnected from each other. Thus, attention to the transitions between different emotional states becomes especially important. The caregiver perceives the gradualness or abruptness of the changes, tries to understand them both from external causes and from internal ones due to their sensitivity, and in some way communicates that understanding, which stimulates a feeling of unity (Tió, 2024).

The caregiver can facilitate the perception of continuity over time that the child needs to build representations about themselves, others, and their relationships, without ruptures that prevent the stabilization and consolidation of these representations. The harmful effects that experiences of separations, breakups, and losses of significant relationships have in childhood are known, especially if the support provided to the child in these situations is based more on denial and dissociation than on an empathetic and sensitive attitude.

This task can be arduous. When raising a child, you have to endure very contradictory, sometimes maddeningly contradictory, demands. On the one hand, there is the need for protection and proximity; on the other; there is the need for freedom, for a space that allows the development of the innate capacity for exploration through which the baby gets to know itself and the world around it. The eternal dilemma between security and freedom. Caregivers may have to endure high doses of frustration in the face of these demands and complaints from the baby. Their responses must ensure that they are not experienced by the child as either too involving, overprotective, or controlling, or as signs of abandonment, indifference, or retaliation. Very early representations of the self are formed, which will shape self-esteem. Overprotection sends the message to the child that they are seen as weak, unable to tolerate frustration, and prevents them from developing mourning and repair processes. On the other hand, excessive demands and abandonment de-

prive them of the experience of feeling accepted and worthy of attention. Both situations, depending on the child's characteristics, can stimulate either dependence on satisfaction in the relationship or narcissistic refuge in idealized representations of oneself (Tió, 2024).

This process is fragile and risky. It requires a journey that inevitably begins with whoever shelters and cares for the child. This leads us to consider that the development of the subject arises, above all things, from the experience of being together with another. If, as Winnicott says, “everything is going well,” the child integrates in such a way that they are perceived as existing and from there, spontaneity becomes a possibility of being in the world. That is why in *The Family and the Development of the Individual*, Winnicott establishes that children need a safe environment to be able to challenge themselves, based on the freedom to live with imagination. Gradually, the baby experiences that despite their challenges and even their aggressions (which at first are “by chance”), the environment continues with features of durability and reliability (1957/1965). This has a very high value, as it allows the gradual experience of a world that is enriched in subtleties. The importance of intimacy in care allows the child to be safe from the unpleasant intrusions of the world they do not yet know and to be protected from their own impulses and affections. The security of care provides the child with a personal and spontaneous life. Later, they will challenge this security: the mother allows the world to appear gradually, and the child directs impulsive actions against it. This tension continues throughout childhood and, in its own way, into adolescence. Winnicott also finds it in creative artists: they remember the struggle between impulses and security by creating new forms and abandoning them to create others. The facilitating environment is one that allows the child the opportunity to grow, believe, and create; however, any unusual or prolonged failure in this environment, particularly early on, puts the individual closer to disease.

In the mother-child bond, love arises, representing the first stage of recognition. Here, the infants show their needy nature, and the caregiver recognizes themselves as an entity of need. This operation starts from the undifferentiated to differentiation through a process that gradually separates and interconnects. Starting from “me/not me”, each member of

the dyad contributes with their presence to the construction of identity. This does not mean that this is obvious, especially at the beginning of a child's life, but it is a path to follow.

In *Oneself as Another* (1996/2005), Ricoeur points out that the consciousness of life is the consciousness of existing and the joy of existence of existing. This “awareness” of existence is linked in Winnicott to the possibility of “experiencing being.” In both, it does not refer to the possibilities of the self, but to a self that is experienced as such in its own actions. It is this being where the self is experienced as existing in the action it performs, in Winnicott, creatively. Here, it is not so much what matters, but how and who. What can be an art, a profession, a bond; but how it is carried out, whether authentically or not, and with it, whether the “yes” is the agent of the action or is imposed by another, is a fundamental reason for Winnicott of all proper and meaningful or improper and insignificant life.

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## 1. Introduction

This study provides a general overview and analysis of the father's role throughout an individual's maturational process, from the early stage of the first theoretical feeding to that of triangular relationships, in light of D. W. Winnicott's theory. We shall explain that paternal presence is important from the outset of life, even before the baby is able to recognise the father as such; during the initial period, the father contributes in different ways to ensuring that the infant is able to reach and establish an integrated identity. We shall also examine the different roles that the father plays throughout an individual's life, which vary according to the needs at each stage, as well as the father's significance as a member of the parental couple, which constitutes the second environment, after the mother, that the child encounters and depends on for continued development. Furthermore, from the perspective of Winnicott's maturational theory, we shall discuss the father's crucial participation during the stage of triangular relationships, when he assumes a key role in the child's elaboration of the issues characteristic of this period. Finally, we shall analyse the way in which certain pathologies may emerge as a result of paternal failure due to omission or inadequacy.

The study of this theme is necessary because the secondary literature on the father's role in Winnicott's work is very limited. With a long

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1. This article is based on my doctoral dissertation, *As falhas paternas em Winnicott [Paternal Failures in Winnicott]*, defended in 2011 at the Pontifical Catholic University of São Paulo (PUC/SP) with support from the CNPq [National Council for Scientific and Technological Development]. (see Rosa, 2011a)

experience as a paediatrician and drawing all possible consequences from the immature condition of the newborn baby, Winnicott considered that babies depend to a great extent on the adaptive care of the environment, or, as he used to say, the “good enough” care of an ordinarily devoted mother. For that reason, a large part of his work focused on the explanation of what happens to the baby in the initial stages of life, claiming that at that point, it is not the father but the mother who forms the immediate environment required for the development of the newborn<sup>2</sup>.

It is important to note that in recent years, we have witnessed a significant change in the father’s important and effective participation in early childcare and beyond, compared to the familiar setting known to Winnicott during his lifetime and when he produced his work. This change adds great value to family life since, among other things, it moves towards equating the childcare responsibilities of men and women.

The importance attributed to the mother and to the father, each in his or her own way, and, in fundamental terms, the value of the family in the lives of their children, may seem backward or out of touch with contemporary reality nowadays, when so many new family configurations arise and when established genders are inadequate for encompassing the human subjectivities that emerge. For Winnicott, however, human nature does not change despite the notable social and cultural changes we are witnessing. Although society has been transformed since the beginning of time, “there is very little evidence that human nature has altered in the short space of time recorded by history” (1962a/1965, p. 93). This means that regardless of the changes experienced by our civilization, a newly born baby has the same needs and requires the same attention to make the long journey from the subjective world to the objectively established world and then to a sense of responsibility for their own existence and for that of others, all without losing contact with their personal imaginative life, independently of the family formations in question.

The issue is that, at the very start of life, the baby needs to be merged with a single person, with this person, in general and by derivation from the whole gestational period, being his mother. What matters during this primitive phase, for guaranteeing the foundations of the baby’s

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2. See, for instance, 1988, p. 176.

emotional health, is precisely what occurs within the dual mother-baby relationship: a relationship that needs to be supported by an environment that is emotionally significant for the mother (or “substitute mother”), an environment I shall refer to here as the “father”. I would nevertheless highlight that, more than the biological bond with the baby or the gender of the person who occupies the role of father or mother, what counts above all is the real, true, and affective relationship these people have with each other and with the baby.

By pointing to the fact that the person the baby needs during the first months of life is the mother, Winnicott highlights the baby’s need to find a type of environment we can call “maternal”, the essential characteristic of which is the capacity for deep identification with the baby. It is this quality of the environment that permits a primary experience, which constitutes the unitary self of the person, where the experience is that of *being* as identity, of *being* the object. This type of experience, according to Winnicott, is at the beginning of everything and concerns the most basic human need: the need to feel real, to *be* real. In opposition to these experiences of *being*, there are those that imply activity and which are anchored in instinctuality and in the possibility, more advanced in healthy maturation, of relating to objects objectively perceived in external reality. The environment that sustains this latter type of experience, which may be called “paternal”, is the one that presents itself as differentiated, external, and that favours *doing* in the relationship with the object.

The qualities of the environment that may, roughly, be encompassed in the denomination ‘maternal’ are not exclusive to women, just as the paternal ones are not necessarily provided by men. What is fundamental, however, is that the child not only needs both positions, which differ from each other, but also needs to relate to the difference, with one person who will principally agglutinate the maternal characteristics and another, the paternal ones. Although these are by no means rigid positions, they need to appear relatively demarcated for the child in each of the parents.

As such, whatever the new family configurations which may be formed, if they can ensure the child’s relationship with these two positions, they will contribute to the foundations of the individual’s emotional health.



It should also be noted that, while Winnicott concentrated much of his work on clarifying what happens with the baby in the initial stages of life and, as a consequence, delved deeply into the mother-baby relationship, he never ceased to address the issue of the father. This theme, however, remained obscured or overlooked by his commentators. Even the very few texts specifically dedicated to this subject ultimately neglect Winnicott's originality and continue to attribute to the father the same, practically invariable role of intervenor and representative of the law which was assigned to him in traditional psychoanalysis<sup>3</sup>. Freudian theory, based on the model of neurosis and the conception of the psyche as a psychic apparatus animated by drives, defines sexuality and the Oedipus complex as the basic axes of psychic life, thereby attributing to the father a central place in the structuring of personality, in the forms and outlines of psychic illness, also establishing him at the basis of morality and cultural life itself.

In light of the observation and treatment of infants and psychotic patients, Winnicott replaced the theory of sexuality with a theory of maturational processes, the central axis of which is the need to be and the inherited tendency to develop, mainly oriented towards integration into a unity and the possibility of assuming a personal integrated Me. Without these basic achievements, the Oedipal situation cannot even occur due to the absence of the basic prerequisite: an integrated personality that will actually experience and deal with the conflict.

According to Freud, the dynamics of personality organization always refers to the family triangle, even when this concerns issues prior to those of the Oedipus complex. This may be explained by the fact that there is no consideration in that theory for the quality of the relationship the mother (environment) establishes with the baby regarding the needs of the ego, but only in terms of libidinal satisfaction. The mother is a libidinal object, and in the breastfeeding situation, which is governed by the pleasure principle, a personal factor is not required. The mother is the one who, as an "external agent", relieves the baby from the internal tension caused by the biological need, creating the first originary psychic

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3. See, for instance, Debeneti, Cadiago and Outeiral (1994), Abram (2000), Celeri and Outeiral (2002), Duparc (2003) and Phillips (2006).

inscription: a mnemonic trace of the external object will remain perpetually related to the experience of pleasure deriving from the discharge of excitation. The mother, who is already an external object, will forever be related to libidinal satisfaction.

This is one of the points where Winnicott's psychoanalysis introduces a fundamental change: it is the quality of the personal relation established by the mother with her baby, and not only instinctual satisfaction, which is fundamental in establishing the baby's personality, particularly during the most primitive stage of life. According to the author, there is a whole initial period in human existence characterised by extreme dependence on maternal care, and it is during this period that the foundations of personality are established. According to Winnicott, the constitution, not of the psyche (understood as psychic apparatus) but of the human individual, occurs during this primitive phase, within a dual relation. We cannot think in terms of triangularity at this point due to the baby's extreme immaturity. We cannot even think in terms of duality, since for the baby, the mother does not yet exist as an external person separated from them, nor have they established themselves as a unity, being still merely a part of the mother-baby unity. If the infant is too immature for effective dual relations, with each being a whole person, they will be even less capable of triadic relations, not to mention those of an Oedipal nature.

The initial mother-baby "relation" includes instinctual excitation, with its corresponding satisfaction or frustration, but is not fundamentally characterised by it. At the onset of life, the basic maturational tasks are not of an instinctual nature, i.e., they are not primarily guided by the pleasure principle, but rather relate to the need to be and to come to exist as a unity, which, according to the author, constitutes an achievement, since "Some must spend all their lives not being, in a desperate effort to find a basis for being" (1966a/1984, pp. 111-112). In this respect, Winnicott noted: "It is necessary to see through the 'psychoanalytic myth' (now happily disappearing) that early infancy is a matter of satisfactions relative to oral erotogenicity" (1967a/1996, p. 222).

The core of Winnicott's theory is thus a theory of personal maturational processes<sup>4</sup>. With this new conception of the general theory, which serves as reference for conceiving of healthy and pathological development, with the decentralization of both sexuality and the Oedipus complex and with the rejection of the metapsychological type of theorization, it may be considered that Winnicott established new theoretical bases to support his understanding of human nature and clinical practice, which differ in essential aspects from those underpinning traditional psychoanalysis<sup>5</sup>. As a consequence, it is only natural that, from this perspective, the father's role has also changed, no longer being restricted to issues related to the Oedipus complex, but assuming, within the new theoretical framework, different roles during personal development (rather than only two), which vary with the baby's growing maturity. In other words, before emerging as one of the poles of the Oedipal triangle, the father is already present in the baby's life and is essential in different ways.

Considering that the father plays a decisive role in the maturational process, the fact that the origin or worsening of a particular disorder often result from paternal failure should not be neglected. As a matter of fact, in our practice, we come across life histories in which the central problem touches on aspects relating to the father and his failures. The quality of the father's presence or his absence, the emotional disorders that affect him and spill over into the relationship with his children, the immaturity of his personality, his incapacity to give support to the mother or his need to take her place, the inability to confront, to become intimately and personally involved with the problems afflicting the child or adolescent, his omission with regard to particular issues, his violence or total complacency are examples of how the father may fail in his role and may affect the lives of his children. The issue of the father is thus neither a secondary theme nor merely theoretical, it has clinical implications which must be analysed. Lastly, it is important to emphasise, considering what was stated above, that although there is an emphasis in Winnicott's work on the theme of maternity, due to the prevalence of the

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4. For an in-depth and systematised study of Winnicott's theory of personal maturation, see Dias's book (2003/2016).

5. See Phillips, 2006; Loparic, 2001 and 2006; Dias, 2013/2016.

roots of personality in his work as a scholar of human nature, he never failed to examine and make explicit the question of the father and the enormous importance of his presence, actions and failures in the life of an individual.

## **2. Roles of the father during various stages of the healthy maturational process<sup>6</sup>**

### **2.1 The father during the stage of absolute dependence**

At the very beginning of life, given the extreme immaturity and absolute dependence of the baby, he and his mother form a single unity, and what they need from the environment<sup>7</sup> in order to reach a basis for a healthy development is maternal care. In this respect, all possible direct care that the father may provide to his child at this point must retain the same maternal qualities, such as deep and silent communication, total adaptation to needs, empathy, constancy, etc. Winnicott affirmed that: “The original two-body relationship is that of the infant and the mother or mother-substitute, before any property of the mother has been sorted out and moulded into the idea of a father” (1957a/1965, pp. 29-30).

The father does take part in the mother-baby relationship, even if only indirectly, and the quality of his presence in the environment is of extreme importance, as it modulates the mother’s spirit: her feeling of being protected and supported depends largely on what the father is able to provide. It is only natural to observe that all effective paternal care regarding the quality of the environment inhabited by the mother-baby pair and the meeting of the mother’s special needs are part of the mother’s lap received by the baby. It is thus important to conjecture that within Winnicott’s formulations, there is an idea that the mother and the father *jointly* make up the total environment the baby must encounter in order to develop, even if the place of the father is not the same as the mother’s in the *direct* relation with the baby. During this period, the fa-

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6. For a further study of the subject, see Rosa (2011b).

7. An in-depth analysis of the crucial importance of the environment in Winnicott’s psychoanalytical theory may be found in Conceição Serralha, 2016.

ther helps the mother to be a mother. If he has an effective presence and plays his part, he will make a rich and special contribution to her being good enough. Mothering includes fathers:

“but fathers must allow me to use the term ‘maternal’ to describe the total attitude to babies and their care. The term ‘paternal’ must necessarily come a little later than ‘maternal’” (1968a/1986, p. 154).

We can say that during the period of absolute dependence, the father basically assumes two principal roles: that of a substitute mother, when he offers his lap and shares with the mother some of the tasks inherent to this initial moment, and that of supporting the mother, protecting her from external interference so that she may devote herself fully to her baby. It is important to highlight that this statement does not reinforce the mistaken idea that the mother is responsible for the baby and the father is only responsible for “helping” her. This is not what Winnicott is citing. The idea that during the first months of the baby’s life the mother needs to devote herself to him entirely concerns the peculiarity of the mother-baby subjective relationship, which, as seen earlier, the baby needs at birth. It, nevertheless, does not extend to the broader scope of the couple’s shared responsibility for the care of the child, for the family, and the home.

According to Winnicott, with her body and her care, the mother creates a space for the baby to inhabit, but the father also creates a space so that the mother, safely settled, may surrender herself to the state of primary maternal concern. The father is most precious since:

He can help provide a space in which the mother has elbow-room. Properly protected, the mother is saved from having to turn outwards to deal with her surroundings at the time when she is wanting so much to turn inwards, when she is longing to be concerned with the inside of the circle which she can make with her arms, in the centre of which is the baby. (1949a/1964, p. 25)

This is necessary since, at these points, mothers are themselves helpless due to their state of primary maternal concern and have “a need for protection while they are in this state which makes them vulnerable” (1968b/1987a, p. 94). In many passages of his work, Winnicott dra-

ws attention to the helplessness of the mother, insisting on the extreme importance of the support offered by the father when she, in a state of partial regression in order to establish deep and silent communication with the baby, feels helpless and dependent. In addition to the father, the mother has already required an obstetrician, a nurse, the efficient structure of a good hospital, and she continues to need a good paediatrician<sup>8</sup> to provide her with guidance on the baby's health, a doctor who knows her and on whom she may rely, as well as the welcome and safety provided by the wider family. Not only the mother but the parental couple depends on social conditions of reasonable stability, such as housing, social and health services, and the feeling of belonging to the social environment in which they are inserted (1963a/1965, p. 85).

Furthermore, together with the mother, the father provides the foundations of the sense of family. We shall see how the family has a decisive value in Winnicott's theory for many of the issues involved in achieving health. Among other aspects, it provides continuity in time from the child's conception until the end of dependence, which characterises the conclusion of adolescence. It is up to each individual, the author observes, "to make the long road from being merged in with mother to being a separate person, related to mother, and to mother and father together" (1956a/1965, p. 58). From this point, the road continues through the space known as family, which has its main structural foundations in the mother and the father<sup>9</sup>.

## 2.2 The father during the stage of relative dependence

While he is still in the early stages, the healthy baby, who was able to experience omnipotence for as long as necessary, starts to acquire an increasing mental understanding and requires the mother to be slower in meeting their needs, allowing for disillusionment by means of a gradual de-adaptation, in order for the baby to exercise this

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8. Winnicott noted: "where the normal woman needs instruction, the ill one needs reassurance" (1957b/1987, p. 160).

9. For the study of the family theme in Winnicott's work, see also Rosa (2014), Serralha (2013), and Belo (2012).

capacity and have the incipient experience of autonomy and differentiation from the mother.

It is not difficult to imagine that for a particular mother, the gradual de-adaptation of the baby and the initiation of the full range of care related to weaning may not always go smoothly. At this particular point, the father has an important contribution to make in helping her achieve the separation. In the good cases, he has a particular interest in ensuring that the two components of the pair gain more autonomy quickly: he wants to see his child grow up and hopes to regain the intimate relationship of the couple, which encompasses aspects other than those relating to their children.

It is thus most helpful if the father “reminds” the mother that she is also a woman, providing yet another point of support for her to recover aspects of her personality and gradually regain the breadth of the world, which had narrowed due to primary maternal concern.

Furthermore, the mother who, while respecting her possibilities, can also make use of the female aspect of her personality, gains in terms of potency. Referring to one of the several needs of the mother, Winnicott observed: “She also needs [...] satisfying sexual experiences” (1956b/1986, p. 127).

In the natural development towards separation and autonomy, the baby begins to distinguish some aspects within the care provided by the mother, which may be recognised as paternal: order, firmness, hardness, inflexibility etc. The real father, who is present in the life of the baby, gradually becomes a duplication of the maternal figure, and it is with regard to that duplication of the maternal role that the paternal starts to take shape:

He enters into the child's life as an aspect of the mother which is hard and strict and unrelenting, intransigent, indestructible, and which, under favourable circumstances, gradually becomes that man who turns out to be a human being, someone who can be feared and hated and loved and respected. (1966/1986, p. 131)

In other words, when the mother's de-adaptation starts, her lap undergoes a differentiation and becomes dotted with paternal character-

ristics that were previously inaccessible to the immature baby. They announce to the baby the beginning of contact with aspects of the external world, of which the father as such will one day be a part. The child will gradually be able to separate those various “hard” characteristics from the mother and from maternal care to attribute them, at a later point, to the figure of the father. In describing the path that leads to the gradual knowledge of the parents, claiming that initially the baby first knows the mother, Winnicott points out that sooner or later

certain qualities of mother are recognized by the infant, and some of these - softness, sweetness - one associates always with a mother. But mother has all sorts of stern qualities as well: for instance, she can be hard, severe, and strict; indeed, her punctuality about feeds is valued tremendously by the infant as soon as he can accept the fact that he cannot be fed just exactly when he wants to feed. I would say that certain qualities of mother that are not essentially part of her gradually group together in the infant's mind, and these qualities draw to themselves the feelings which the infant at length becomes willing to have towards father... So when father comes into the child's life as a father, he takes over feelings that the infant has already had towards certain properties of mother. (1944/1965, p. 114)

It is interesting to highlight the idea in this quotation that it is not the father who decides to enter the child's life, but rather the baby, who, in separating from the mother and the total environment, begins to assemble certain qualities in the father figure, which are perhaps slightly differentiated and which came from the mother. In this way, the baby starts to create the presence of the father in his or her life: the baby develops on the basis of maternal care, and moving towards independence and opening to new relations, he or she creates and encounters the father.

These first experiences with the paternal take place within the context of care, constituting the still undifferentiated self of the baby and have nothing to do with the situation, which occurs later in the maturational process, when the child already is an integrated Me and sees the father as another. The father will initially be a not-Me, differentiated from the mother and from the baby themselves, a member of the parental couple, the mother's husband, and only later one of the poles of the



Oedipal triangle. In the stage described here, the entry of the father into the child's life, or, more precisely, the child's contact with paternal aspects, is not imposed and is far from having a character of intervention or prohibition. On the contrary, the changes necessary for the child's gradual gain in autonomy and independence take place within the mother-baby relationship; the father plays the role here of *supporter* of this relation so that the baby's *natural* maturational process may progress.

Towards the end of this stage, equipped with all of the achievements up until this point, the baby, who is about to reach unitary status, may receive important assistance from the father in this direction. Since the father was never as mixed with the baby as the mother was, and on account of his own masculine characteristics, which differentiate him from the sphere of maternal care, it is the father who provides the child with the first configuration of the total person<sup>10</sup>. In Winnicott's words, the father "can be the first glimpse for the child of integration and of personal wholeness" (1969/1989, p. 243), anticipating the unitary individual who will still reach him- or herself. In other words, the baby uses the father as a sort of *diagram*<sup>11</sup> for his or her own integration at a point when integration has not yet been achieved. Regardless of whether or not the father had been a substitute for the mother, at some point, the baby begins to feel his presence, which is particular and distinct from the mother's; it is then, Winnicott suggested, that

the baby is likely to make use of the father as a blue-print for his or her own integration when just becoming at times a unit.

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10. It is important to emphasise here that, in line with the content in this study, it is the mother, not the father, whom the baby needs in order to become differentiated. Having lived a "fusional" state with her, it will be the undoing of that state, the separation from the mother, in different senses, that will provide the conditions for the baby to reach the status of a unitary Me. The fact that the father figure is gradually delineated for the baby will help the baby's integration into a unity, offering a glimpse of the totality that the father provides.
  11. Note that at this point, Winnicott did not use the word *model*, a term more closely related to objective perception. He used the word *diagram*, probably because he was referring to the imaginative elaboration, to the possibility that the baby, through imaginative elaboration ("giving meaning"), creates a diagram of psycho-somatic cohesion, which forms part of the integration of the Me. (See Loparic 2000).

If the father is not there the baby must make the same development but more arduously, or using some other fairly stable relationship to a whole person. (1969/1989, p. 243)<sup>12</sup>

This quotation exemplifies one of the points of the paradigmatic change proposed by Winnicott: instead of a simple intervenor, the father instead emerges as a model of integration, anticipating the unitary *status* which will be achieved by the individual if everything goes well. Shortly afterwards, the healthy child risks leaving the mother's lap and ventures towards the father. It takes a great deal of courage to make this move, which basically means throwing oneself into the world for the first time, reaching beyond the outlines of the maternal lap towards a space that, both physically and emotionally, is still little known. The child knows nothing of what they are going to experience while away from the familiar lap, and courage for that act is guaranteed by at least two aspects: firstly, they must have incorporated some dose of personal safety, which, in this particular sense, means having gained the confidence that they will be able to go back to the mother when they need to and that they will again find in the mother's lap the familiarity already experienced. The second guarantee is provided by the presence of the father, who, right in front of the child, pulls him closer. New and challenging, the father, who has had a constant and effective presence at home, is also known and reliable to the child, and it is he who presents himself as the first bridge, the safest one, to the world outside home. The author claimed:

In a practical sense the little child needs to break away from the mother's arms and lap, but not to go into space; the breaking away has to be to a wider area of control; something that is symbolical of the lap from which the child has broken away. (1960/1965, p. 131)

## 2.3 The father during the stage of concern

At a slightly later point in the maturational line, after the child has reached unitary status in a more consistent fashion, they become rea-

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12. On the issue of the emergence of monotheism according to Winnicott, see Loparic "O pai e o monoteísmo em Winnicott" [The Father and Monotheism in Winnicott], 2013, p. 93.

dy to undertake the task of integrating their instinctuality as personal, thereby assuming not only the potency of their primitive love impulses but also the destructiveness inherent to them. If this task becomes an achievement, the child will be acquiring the capacity to be ambivalent. It is only with regard to this moment that Winnicott uses the expression “whole person”, the person who is capable of relating to other persons, who are also whole and who belong to the objective world; it is around this time that the father is first recognised as such by the child<sup>13</sup>.

The elaboration of concern, up to the moment when it is established, is a long process and occurs over time through the repeated experience of damaging-and-repairing. The child will need the father to protect the mother against child impulsiveness, which is at times exaggerated, as well as to introduce a sense of solidity in the whole situation: it is here that those paternal elements of inflexibility, hardness, strength, and rigour, which had been present and mixed into maternal care, are joined in the person of the father.

The presence of the father allows the child to dare, to “go deeper”, to experience fully his or her own instinctuality without it being restricted, diminished, or impoverished due to fear of the consequences of exercising one’s own instinctual impulsiveness. When there is health, the author claimed, “a fairly full recognition of the aggressive and destructive factors in instinct love and its fantasy is possible for the developing individual” (1988, p. 73).

If a strong and protective father is present, the child is not afraid of destroying the mother and, as a result, does not need to inhibit or lose the capacity for excited love, being able to live his or her personal destructiveness safely and spontaneously.

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13. I would point out that during the entire initial period of this stage, elaborations and achievements are made in the child’s direct relationship with the mother. The dual nature of this first stage becomes clear when, with regard to the painful elaboration of destructiveness inherent to the implacable and primitive instinctual love, Winnicott observed that at the start of that elaboration towards concern, “the child is not yet advanced enough to make use of the idea of a father intervening, and by intervening making the instinctual ideas safe. Resolution of the difficulty which is inherent in life at this stage comes through a capacity that the infant develops for making reparation” (1988, p. 70).

The father does not operate yet as intervenor in the sense particular to the Oedipal stage. He nevertheless intervenes in the impulsive or exaggerated use that the child makes of the mother, and this has a sense of *protection*. The indestructible environment that the father helps to create and maintain is related to this coverage which he provides to the mother, and also to the fact that he at the same time accepts the child's aggressiveness and relates to it not in the sense of retaliation, but by providing a measure, an outline, or even by braking or halting the child, which, in addition to protection, means a way of acknowledging the child's potency. The child who is allowed to experience his or her own instincts without fearing them has the opportunity to know and learn how to control them.

The mother, who, protected by the father, survives the attacks directed towards her at the height of the excited experience, is able to sustain the situation in time until the child finds a way to repair the damage and enter the benign circle, developing the capacity for feeling guilt and responsibility, which form the bases of personal morality. Entering the benign circle, in turn, opens the way to the possibility of building, working, creating culture, etc.: "At the back of all play, work, and art, is unconscious remorse about harm done in unconscious fantasy, and an unconscious desire to start putting things right" (1939/1984, p. 91). Health resulting from this entire elaboration is ultimately conditioned to a large degree by the mother's survival.

When everything goes well, instead of being "tamed", adopting the parent's morality or that of education or religion, the child develops a personal morality, the capacity for guilt and responsibility, which is achieved at this stage when, through the mother's survival, the child enters the benign circle. The sense of responsibility and guilt, the capacity to put oneself in the place of the other and to repair, are advanced achievements along a path which started with the mother's capacity to identify with her baby, to put herself in their place and to take care of them based on their needs. That is to say, although all achievements related to the capacity for concern reach their high point at this stage, their roots lie in the primitive stages of development: it is the initial experiences which, infinitely repeated, constitute the prerequisites for the achievement and for the establishment of morality. We may say that the essence

of morality consists of the fact that the baby was seen and respected as a person even before he or she had even become one, and that the mother, through identification, was able to understand and meet the baby's needs before they could be expressed.

The good enough mother, with her capacity for identification and her way of providing care, allows the baby to develop in accordance with his or her own needs and tendencies and to find a basis for being himself. Not being oneself, being prevented from being oneself by an intrusive environment that imposes itself without any respect for the personal aspect expressed in the creative impulse, is the worst indignity to which a human being may be subjected. "Poets, philosophers and seers have always concerned themselves with the idea of a true self, and the betrayal of the self has been a typical example of the unacceptable" (1964a/1986, p. 65). Winnicott affirmed that "parents do not have to make their baby as the artist has to make his picture or the potter his pot. The baby grows in his or her own way if the environment is good enough" (1962a/1965, p. 96).

The mother who has always cared for her baby on the basis of their needs rather than hers, who maintained the stability of the environment and presented the world to them as their understanding grew, being consistently herself, has provided a facilitating environment, the central quality of which was reliability. The baby who, in turn, has always experienced reliability incorporates this capacity as part of themselves, since, according to the author, particularly at the beginning of life: "what is adaptive or 'good' in the environment is building up in the infant's storehouse of experience as a self-quality, indistinguishable at first (by the infant) from the infant's own healthy functioning" (1962a/1965, p. 97). It is on the basis of this conception that we may affirm that a baby who is cared for in this way incorporates goodness into him- or herself, a legitimate goodness, constituted through the repeated experience of a reliable environment. According to Winnicott, "originary goodness", incorporated together with the acceptance of the destructiveness that belongs to human nature, are the genuine components of personal morality.

Integration of destructiveness, which is characteristic of the achievement of the capacity for concern and involves a gain in potency, is

a precondition for the child shortly afterwards they become ready to live the aggressive experiences related to fantasies and tensions inherent to the stage of triangular relations. The father and the mother must be mature enough to allow the child to explore the feelings and anxieties belonging to this period in full. The child who was able to reach the stage of concern and complete the tasks characteristic of this stage, noted the author, “can get on with the problem of the triangle in interpersonal relationships, the classical Oedipus complex” (1954/1958, p. 277).

## **2.4 The father during the stage of triangular relationships**

Before we begin an examination of specifically paternal issues relating to the stage of triangular relations, I would point out that if we follow Winnicott's formulations for this period, we shall see that this stage, which Freud termed Oedipal, reveals a range of relations and feelings relating to the triangular experiences recently discovered by the child. These experiences, while consisting of the specifically genital issues belonging to the instinctual line of the maturational process, extrapolate the sexual scope which essentially defines them.

By occupying the different vertices of the family triangle, the child also experiences relations of a nature to be found in the identity line of the maturational process, which is not directly related to sexuality. Loyalty and disloyalty, reliability in the parental relationships, the capacity for playing, and the different ways in which the child participates in household tasks and routines that include the whole family are examples of other aspects present in family relations. While these may be merged with sexual excitation, they are far from being reducible to or even defined by it. In this way, following Winnicott, I believe that it would be more accurate to refer to this stage as the stage of triangular relations (or family relations). The author states that:

The arrival of the child at a stage in development at which the child can appreciate at one moment the existence of three persons, the self and two others, is met in most cultures by the provision of the family setting. In the family the child can go step by step from the three-body relationship to relationships

of all degrees of complexity. *It is the simple triangle that presents the difficulties and the full richness of human experience.* (1988, p. 39; my italics)

Winnicott pointed out that in the middle of all of the complexity characterising the stage of triangular relations, Freudian psychoanalysis has prioritised the Oedipical issues:

From all these possibilities Freud singled out for study the Oedipus complex and by this term we signify our recognition of the whole of the problem that arises out of the child's achievement of a capacity to be related as a human being to two other human beings, the mother and the father at one and the same time. (1956c/1958, p. 318)

We observe that, in Winnicott's view, the Oedipus complex represents only one slice, one of the aspects of the "*totality*" of family issues which arise during this stage.

I would highlight that, in general, the issues regarding the Oedipus complex are already present during the stage of concern, albeit now supplemented by the sexual element with genital primacy. As far as their resolution is concerned, they pay tribute to the good results achieved during the previous stage of concern. To clarify this, if, while discovering instinctual and personal destructiveness, the child, with the help of the mother, was able to cope with the corresponding guilt and to find ways to repair the damage caused by his or her acts and ideas at the peak of excited experience, then she or he will have the preconditions for tolerating and hence, most probably, achieving a healthy resolution of the tensions caused by the ambivalence of feelings at the stage of genitally based triangular relations.

At this stage, the family context, which was already important at an earlier stage, gains new relevance: it becomes the main environment where the play of interpersonal relations is supported, unfolds, and gains reality. In Winnicott's view, family interaction is a preparation for social life, since it is precisely within the family that the first personal experiences take place, forming a foundation on which all other human relations will be recreated. An unequivocal demonstration of this is in one of Winnicott's first works, *The Child, the Family, and the Outside World*



(1964), the title of which highlights the direction of a maturational process in which the environment is gradually differentiated and expanded to establish the adult human being, with the family as its centre. Another collection of articles by Winnicott, published posthumously had an entirely appropriate title, suggested by his publishers: *Home is Where We Start from* (1986).

According to Winnicott, the Oedipal situation occurs within a family and not the other way round: it is not the desiring dynamics of the Oedipal triangulation that condition and structure family relations.

The father is significant because, as a member of the family, who has an effective and affectionate relationship with the mother, he is able to take actions from this place and not merely because he represents a third person to the child, playing the role of sexual prohibitor or object of desire. Moreover, the father is not essentially the person responsible for introducing ethical and moral codes, nor is he the person to be feared and respected as if these attributes were given beforehand because he occupies this place. The father, primarily and as a condition for this to happen and to be established, must be a real person who carries out concrete actions of protection, intervention, and support of family relations, in addition to being effectively present in the playing and games of the children, being familiar with their preferences and peculiarities. Winnicott affirms that: “particularly when the father puts his foot down that he becomes significant for the small child, provided he has first earned the right to take a firm line by being around in a friendly sort of way” (1960b/1993, p. 85).

In the text “What about father?”, Winnicott summarised the issue, pointing out, in his own particular style, that what is necessary is the living and active presence of the father. To that end, he observed that what the father, real and present, must be able to do for his children is “to be alive and to stay alive during the children’s early years” (1944/1965, p. 116). Even though it is natural for children to idealise their parents, he continued, it is equally important for these children to have the daily experience of living together and getting to know the parents as human beings “until they are discovered”. In referring to this, Winnicott gave the example of a little girl whose father died before her birth, thereby



priving her of interaction with him . As a consequence, the girl was left with only an idealised father figure on which she could base her conception of a man, which could never be humanised. The girl, reported the author, “had not the experience of being let down gently by a real father” (1944/1965, p. 117) and easily imagined men as ideal creatures, always highlighting their best qualities. Confronted throughout her life with the inevitable imperfections of real men, she simply fell into despair and complained continuously about them, ultimately ruining her emotional life. Winnicott concluded the presentation of the case, conjecturing about how much happier she would have been had her father stayed alive during the whole of her childhood “to be felt by her to be ideal, but also to be found by her to have shortcomings, and to have survived her hate of him when he disappointed her” (1944/1965, p. 117).

In another passage from the same article, while referring to the infinite ways in which the father enriches the life of his children, the author claimed:

but the work that father does, to say nothing of his hobbies when he is off duty, widens the children’s view of the world. How happy the children of a skilled craftsman who, when he is at home, is not above letting the children see the skill of his hands, and share in the making of beautiful and useful things. And if father sometimes joins in their play, he is bound to bring valuable new elements that can be woven into the playing. Moreover, father’s knowledge of the world enables him to see when certain kinds of toys or apparatus would help the children in their play without hindering the natural development of their imagination. (1944/1965, p. 116)

It is only when this new level of maturity is achieved that the child begins to perceive the variety of relations established within the family and the relative places occupied by the various members. In the experiences relating to the stage of concern, the child realised the existence of a third family member, the father, and used him to protect the mother from his or her own possibly exaggerated impulses. At this new stage, however, the child begins to perceive that there is a special and exciting relationship between father and mother from which the child is excluded. In other words, the third person is the child. It is this discovery,

notes Dias, “the perception of the triangle with the child at its vertex” (2003/2016, p. 138), which Winnicott called the “primary scene”. In his book *Human Nature* (1988), Winnicott emphasised both the value and the danger of the primary scene: knowing or perceiving that there is a loving and exciting union between the parents provides stability for life and liberates child instinctuality, although the actual sight of sexual intercourse creates maximum tension, which is far from what the child actually needs and may indeed prove to be traumatic.

However painful the feeling of exclusion caused by this fact in the child, which creates a series of aggressive fantasies of hate and vengeance, it is precisely this fact of reality, the existence of the parental couple who are affectively and erotically united, that provides the child with a point of reference and stability on the basis of which she or he will be able to face and experience all of the feelings and impulses concerning triangular and/or Oedipal relations<sup>14</sup>.

Winnicott pointed to the relief that boys and girls experience upon entering this phase, when they can rely on a father and a mother who are present in their lives and, most importantly, when they are together in a stable relationship,

since in the triangular situation the boy can retain the love of the mother with the idea of the father in the way, and similarly the girl with the mother in the way can retain the longing for the father. Where only the child and the mother are concerned, there are only two alternatives, to be swallowed up or to break free. (1960a/1965, pp. 134-135)

According to Winnicott, when parents know how “to enjoy the potency that belongs to individual emotional maturity” (1956a/1965,

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14. Even if the parents are no longer together, this does not remove the need for each of them to continue assuming responsibility for their roles with regard to the children, even if the outlines and limits may change in the new context. Until the child is able to take full responsibility in adult and family life, parents are expected to find a way to keep family structure alive, as well as the means to perpetuate this basis with sufficient consistency and cohesion to face life setbacks and moments of crisis that threaten stability. Even when the family context changes, it is important to be clear about the needs of the children and adolescents and what is fundamental to preserve under the new circumstances, so that development is not distorted by defensive organisations.

p. 60), all parties, and in particular children, have much to gain. From his perspective, the sexual relationship of the parents is a rock to which the child can cling and against which they can kick; (1944/1965, p. 115), not only because this union ensures the intimacy, exciting interest, and desire between the couple, but also because it involves their commitment to maintaining family life, with family as a structure that “provides part of the natural foundation for a personal solution to the problem of the triangular relationship” (1944/1965, p. 115).

It is important to clarify that at this stage, conflicts relating to the Oedipal issue are expected and form part of the maturational process. They are thus not a direct result of environmental failures and cannot be specifically prevented with good environmental care:

Even in the most satisfactory environment possible the child has impulses, ideas and dreams in which there is intolerable conflict: conflict between love and hate, between the wish to preserve and the wish to destroy; and in a more sophisticated way, between the heterosexual and the homosexual positions in parent-identification. (1961/1989, p. 68)

This nevertheless does not imply that Winnicott entirely disregards the importance of the environment as facilitating or complicating factor in the experiences which are in progress. On the contrary, regarding neurotic defences, the author considers that an individual who has not been able to establish him or herself solidly as an integrated person may succumb to the enormous demands arising from the management of instinctuality in the midst of triangular relations. In this sense, the author claims:

Obviously the way in which they build up and become fixed depends to some extent, perhaps to a great extent, on the history of the individual prior to his or her arrival at the stage of triangular relationships as between whole persons. (1963b/1965, p. 218)

Returning to the triangular situation, to the father's role and modes of being, it should be clear that the way he deals with everything that is happening substantially modulates the nature of the experience for

the child. For example, the father may be protective or seductive, violent or fragile, or immature, and this makes all the difference for the personal meaning that the child will give to the experience of rivalry and love in this period. Both during the stage of triangular relations and shortly afterwards, during the latency period, the father who is emotionally mature and tolerant with regard to the vicissitudes of the maturational process will know that, in order to grow up, “the child must employ the pregenital or immature genital types of experience which are within the child’s scope”. (1988, p. 57)

Even if while elaborating his own anxieties, the child is distressed, irritated, and intolerant, he will know, from the repeated experiences that he had with a father who is able to deal with exasperating situations, that “the passage of time, a few hours or it may be minutes, brings relief from almost anything, however intolerable, provided someone who is understanding and familiar is present, keeping calm when hate, rage, anger, grief, despair, seem to be all”. (1988, p. 57).

The boy’s love for his father and, at the same time, the fact that the father stands between him and the mother help the boy to escape from the tangle of fantasies which afflicts him. By occupying that place with confidence and authority, the father, who has already been developing a reliable and close relationship with the child, becomes a strong and protective figure, worthy of the child’s admiration and identification. The boy identifies with the father, accepts the limits established by him with good will or otherwise, and, as a consequence, is relieved from the tensions and dissatisfactions which the maintenance of his erotic fantasies concerning the mother would cause.

The child who dreams of having his mother has simply no means of realising this dream, and hence, the father, by being present and fulfilling his role, protects the son from having to deal with his actual immaturity regarding these issues. In this way, the father’s interposition between the boy and the mother becomes a good way of preserving the relative potency that is starting to be tested by the child. It is in this sense that, according to this author, the castration fantasised by the child has the value of care and protection. Winnicott observed: “Fear of castration by the rival father becomes welcome as *an alternative to the agony of*

*impotence*” (1988 p. 44, my italics). Without this opposition, it would be highly probable that the child would remain in the realm of fantasy or witness himself plunged into impotence. In this sense, the father is a facilitator who ensures that the son continues to love the mother safely and is liberated to dream of other women.

Through identification<sup>15</sup>, the boy finds a new form of relationship with the father: instead of opposing him directly and claiming a similar potency, the child waives part of this potency and establishes, in Winnicott’s words, “a homosexual pact”<sup>16</sup> (1988, p. 55) with the father, so that, in the boy’s fantasy, the father’s potency also becomes his, albeit with this postponed until adolescence.

Hopefully, the father is mature enough to tolerate the affective behaviour that the son may bring to their relationship, in addition to all of the hate directed towards him, with the author adding: “This makes free the other matter, which is the friendship between a boy and his father or between boys” (1971, p. 100).

Winnicott also made the important point that the emergence of morality in the individual is not located, as Freud would have it, in the Oedipal context, nor does it occur as a consequence of the threat of the father. It is not through imposing the law, prohibition or fear of castration that moral conscience is established. As previously mentioned, in Winnicott’s view, morality already had a prior history in the mother-baby relationship and hence neither originated nor derived from the acceptance of the father’s prohibition. When the child is healthy, he claimed, he does not introject a morality imposed by the parents, by education or religion, but develops a personal morality. When paternal law eventually plays its role in the Oedipal issues, it already corresponds, so to speak, to a later point, the nature of which is more instru-

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15. Identifying with the father does not mean submitting to him, for instance, by meeting paternal expectations. One example of relation with the father lived as submission, which makes it difficult for the boy to identify with him, may be found in the article by Galván (2014): “O pai e a problemática do falso si-mesmo no contexto edípico: um caso de Winnicott” [The Father and the Problem of the False Self in the Oedipal Context: A Case by Winnicott].

16. It is interesting to note that Winnicott not infrequently used the term “homosexual” to refer to the identifications of children with their parents of the same sex.

mental and normative of social rules and does not properly establish the personal notion and feeling of responsibility and guilt or the capacity for repairing damage caused by the destructiveness inherent to the fact of being alive.

In Winnicott, the question regarding femininity is not treated in the same way as in Freud, who considered penis envy to be the main factor modulating feminine psychosexual development<sup>17</sup>, but instead gains its own profile in terms of gender identity, in the identification with the mother, with the lineage of women, and with maternity. Winnicott does not deny the phenomenon of penis envy, as described by the creator of psychoanalysis, but instead of understanding this feeling as what defines female identity, he sees it as a necessary transition, even if not always an important one, in the sexual development process of girls, something that characterises the phallic phase, or, to use Winnicott's preferred term, the exhibition phase. At this moment, in relation to the boys, they are the ones who do not have one and:

Just for a while they feel inferior, or maimed. The trauma of this varies according to the external factors (place in family, nature of brothers, attitude of parents, etc.), but let it not be denied that in this phase the boy has it, and the girl hasn't. Incidentally, the boy can micturate in a way that girls may envy as much as they envy the boy's erection. Penis envy is a fact. (1986b/1990, p. 186)

This does not mean, in general, that girls allow themselves to be defined. Indeed, some remain stuck in this phase and fail to imaginatively elaborate on the feminine body and the function of the specifically feminine genital organ. However, this is not due to what traditional theory would describe a particularly strong "penis envy", generally attributed to a given constitution. Instead, it is often because the girl may not have experienced conditions favouring her identification with her mother, either as a mother, as woman, or both.

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17. For a better explanation of the alteration which Winnicott introduces into the question of the precocious roots of female genitality, see the item "Instincts", Chapter I, part II of *Human Nature* (1988).

The Winnicottian theory of the feminine involves the idea that each woman belongs to a lineage of women. In every woman, there are always three women: the little baby, the woman who is female and who integrates her genital sexuality and may even become a mother, and, simultaneously, the old woman, the one who provides care. This leads us to think about the different types of identification that a woman can make. This fascinating theme is beyond the limits of this work, but it announces that, in Winnicott, the Oedipal question in the girl is far from being simple and merely the counterpart of the boy in this stage. I shall merely examine here the father's contribution to the establishment and resolution of Oedipus, or the absence of this contribution, or even the impediments which may derive from the father.

Returning to the theme of Oedipus in girls, if we consider the background to Winnicott's considerations on femininity, in principle, we may say that in view of what was said about the boy, something similar may happen with the girl who dreams that she is stealing her mother's husband, his penis, her children, etc. As far as the girl is concerned, however, some aspects should be highlighted, two of which I will highlight.

The first is the fact that the rival is the mother, which can make the situation even more complex or girls compared to boys, particularly regarding their sense of security. Girls, says Winnicott, have a special problem because, when they come to love their father, their rivalry is with their own mother, who is their first love and first source of security (1947/1964, p. 170). Due to the danger this rivalry represents, even if unconscious, some girls do not go so far in their emotional development:

as to become attached to father, and to take the the very great risks inherent in being in conflict with mother. Alternatively, an attachment to father is formed, but regression (as it is called) occurs back from a weakly acquired relation to father. The risks inherent in conflict with mother are great indeed, for with the idea of mother (in unconscious fantasy) is associated idea of loving care, good food, the stability of the earth, and the world in general; and a conflict with mother necessarily involves a feeling of insecurity, and dreaming of the ground opening, or worse. The little girl, then, has a special problem, if only because when she comes to love her father her rivalry is



with her mother, who is her first love in a more primitive way.  
(1947/1964, p. 150)

When she is healthy, even if she develops the necessary rivalry and comes to hate her mother, the girl retains the pattern of identification with her mother and/or with the lineage of women. She may become rebellious, irreverent, or defiant; she may happily adopt a type of life that seems to her to be entirely different from her mother's, but she will maintain the basic components, often without being conscious of it, that concern the initial experiences relating to the pure feminine element and the later elaborations of aspects of femininity. The boy does not: in order to constitute himself as a boy, he needs to distance himself from his mother. Because the boy has never been fused with his father and, hence, in this sense, the father has never been part of him, the boy can hate, break with, or even dream of killing the father more easily than the girl with regard to her mother. An important point is that, for a woman, the break with her mother, whether due to difficulties at this stage of maturation or others, has profound implications for her identity, her sense of stability, her sense of belonging to the female line, and many other aspects. In general, the attempt to regain the mother, even the one who never met the need, remains present in one way or another throughout life<sup>18</sup>.

The second aspect is that, in health, if, on the one hand, one cannot ignore penis envy as a source of powerful motivations in girls and women, on the other hand, one must strongly consider that there is "a basic female sexuality and fantasy which starts from very early in infancy" (1988, p. 46). With regard to the genital phase, which will coincide with the Oedipal stage, Winnicott points out that, unlike the phallic phase, in which the boy was the one who had one and the girl the one who had not, here:

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18. Ingmar Bergman's film *Autumn Sonata* (1978) portrays Eva's (Liv Ullman) ceaseless attempt to restore the relationship with her mother that never existed. She waited indefinitely throughout her childhood for her mother, a famous pianist, a cosmopolitan and egocentric woman (Ingrid Bergman), to take care of her, but this never happened. During her mother's visit, after many years of not seeing each other, in which Eva had and lost a child, Eva's hurt, resentment, hatred, and hopeless love for her mother resurface, alongside an expectation of establishing contact with her.



the girl is equalized; she becomes important and envied by the boys because she can attract father, because she can have babies (eventually-either herself or by proxy), and at puberty she has breasts and periods, and all the mysteries are hers. (1964b/1986, p. 186)

This relates to the question of potency in girls, since, as Winnicott says, she may discover that she has so many resources that boys may envy her. During this period, it is important that the girl is also recognised by the father in her feminine aspects. Over time, well-supported by the solidity of the mother and her own sense of being a girl in her own way, the girl will imagine that she could be preferred by the father over the mother. She will long, perhaps in dreams, for the mother not to intrude: to disappear or evaporate. For this experience to actually take place, however, besides her emotional maturity, various factors of great importance must come together, such as the girl's position in the family (there may be an older sister who has already made an alliance with the father) and, in particular, it will also depend on the father's attitude, that his face, like that of the mother with her baby, will be lit up when his little girl appears.

In dealing with the question of healthy girls at the age when they can experience the anxiety arising from passion for the father and rivalry with the mother, Winnicott points out that, since they can already have "fully genital" dreams (1988, p. 77), these dreams manifest all of the consequences, imaginatively elaborated, of the instinctual experience.

All of the anxiety deriving from this state of affairs is borne and results in maturational achievements if the mother, being someone who distinguishes well between fact and fantasy, can bear the disloyalties, now increased by the seduction that the girl directs towards the father, and if the father sustains the girl's fantasy while returning her, each day, to her place as a child. The life of the girl who experiences this dilemma is made easier, despite jealousy or anger at exclusion, if the parents make their interest in each other manifest. In such cases, the girl, while dreaming of destroying the mother and taking possession of the father, feels secure through the stability that results from the union of the parents.

It is well known that there is sometimes an especially vital bond between father and daughter. In fact, during this phase, it is common

for girls to dream of being in their mother's place or, at any rate, to dream romantically. This may mean that they are the protagonists of a relationship where, unlike their mother, they will conduct everything in perfect harmony, as if they are merged with their partner, hardly needing verbal communication, with silent communication being enough. Mothers must be very understanding when this kind of feeling arises. Some mothers find it much easier to bear a friendship between father and son than between father and daughter. It is nevertheless rather unfortunate if the strong bonds between father and daughter are disturbed by feelings of jealousy and rivalry, instead of allowing these to evolve naturally. Sooner or later, the girl will understand the frustration associated with this genre of romantic devotion. Finally, when she grows up, she will look elsewhere for the practical realisation of her imaginative raptures. If father and mother are happy in their mutual relationship, these strong devotions between a father and his daughters will not be perceived as rivalling the devotion existing between the parents.

From a contemporary perspective, which differs from that of Winnicott's time, it is clear that the emergence of new family configurations will bring alterations in the identifications that contribute to the constitution of identity, including gender identity, at a certain moment in the maturational process. It is plausible to think that analysts and researchers will need time for experience and observation to gain more clarity and be able to say something about the possible identifications available in these newly configured contexts. Whatever the case, the polarities that, in Winnicott's time, were exposed simply in terms of masculine and feminine, and which encompass and contain in themselves, in varying proportions, approximations and mixtures, the sides of being and of doing, those of the subjective and objective of human nature, those of identity and those of instinctuality, the possibility of fusion and that of autonomy, all of this should continue to be present, despite all of the modifications which may be added there.

### **3. The father's indirect and direct failures**

In Winnicott's theory, one of the criteria to be considered for understanding the aetiology of emotional disorders refers to the point in

the maturational process when the disorder originated; the other criterion relates to the nature of the environmental failure. Failures of the father may appear in the aetiology of these disorders either directly or indirectly, according to the degree of maturity of the individual.

When considering psychoses, the contribution resulting from paternal failures can only be indirect, since during the initial stages, everything the baby lives and that relates to the beginnings of the constitution of personality takes place within the dual relationship with the mother. Hence, the significant failures which may lead to interruptions at this point of maturation are the maternal ones. The baby needs maternal care, and it is this care that, if it fails, may lead to psychotic pathologies, i.e., flaws in the structure of the personality. At this initial point, paternal failures do not directly affect the baby and hence are not a direct cause of privation or, stated from another perspective, do not lead directly to psychotic disorders.

It is only after the father has become significant as a third person that paternal failures may affect the child directly, that is, starting from the second half of the stage of concern; disorders which may result directly from paternal failures, such as anti-social tendencies<sup>19</sup>, certain types of depression and neurosis<sup>20</sup>, and specific adolescent disorders, etc., presuppose greater maturity.

### 3.1 The father's indirect failures in the aetiology of psychoses

While, in principle, the father cannot be the direct cause of psychosis, he may nevertheless contribute indirectly to the aetiology of this disorder since, as we saw earlier, he and the mother together comprise the total environment that the baby inhabits. The good or harm that he does, *if it reaches the mother*, affects her state of mind and her body,

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19. On the subject of the antisocial tendency in Winnicott, I refer the reader to Roseana Moraes Garcia's master's thesis (2004).

20. A thorough study on the theme of depression in Winnicott's work may be found in Ariadne Alvarenga Rezende Elgenberg de Moraes's "Depressão em Winnicott" [Depression in Winnicott] (2014).

and consequently may affect the baby<sup>21</sup>. Many fathers forget that, while they are not an essential part of the core of the dual mother-baby relationship, they are primarily responsible for propitiating and supporting it. The father fails here if he does not support the mother, if he hinders or overburdens her, preventing her from entering or even remaining in the state of primary maternal preoccupation for as long as the baby's immaturity demands.

Family management and balance as a whole have much to gain when the father has both a masculine/paternal and a feminine/maternal side, this is also true of the mother. These aspects may, nevertheless, create complications when, due to personal difficulties, they generate some kind of dispute or competition between the couple for the role of mother or father, in such a way that their issues are superimposed on the baby's needs.

There are fathers, for example, who compete with the mother for the importance that she has in the life of the baby at this phase and, instead of empowering and helping her, try to replace or remove her from that place. By competing for the mother's place, the father fails to empower his partner when she is feeling most fragile, at the moments when she has doubts about her role or when she lacks confidence; instead of enhancing her potentialities, he tries to supplant her. The resulting damage reveals itself in the insecurity that may afflict her regarding her capacity to protect and take care of the baby; it may undermine her conviction as a mother, which is so essential, that she is the person whom the baby needs at that point and that what she does and how she does it is the best that her child could receive.

Immaturity may not be the only motif behind the desire of fathers to be centre-stage or their need to occupy all the important places in the baby's life, but, as the author revealed, a high degree of masculine envy with regard to the full female capacity to gestate and be the mother: the person on whom every man or woman at some point depended in an absolute way.

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21. If the father fails and the mother, for some reason, is not affected, she will be able to maintain her stability (and that of her lap); we can therefore assume that the baby will not be affected.

The problem is that some fathers fight for the immediate acknowledgment of their place and importance as fathers as soon as the child comes into the world: in one way or another, they cause an invasion, either directly into the baby's world or, because by invading the mother's space, they may disturb the tranquillity of the newborn infant.

This does not mean that the mother does not also require the father's perspective regarding the child's needs. Since he is not identified with the baby as the mother is, he may contribute valuable aspects of reality that she often cannot consider at this point. Having someone at her side who is as involved with the child as she is and, at the same time keeps his feet on the ground, provides her with an invaluable sense of safety. All of this is lost if, due to personal difficulties, the father needs to neutralise his wife's potency and attempts to take her place, or if he, on the other hand, does not assume his responsibility for family life, either because he is too involved with his work, or because he finds it difficult to relativise the time dedicated to his own rest or personal activities, or even if he considers that the direct care of the children is not his responsibility and that he only needs to "help" when requested. In any of the countless examples where this kind of thing can happen, the mother does not find the expected and necessary complicity in the couple's relationship, which, at the very least, leaves her overloaded.

It also commonly occurs, even during the short period when the mother must be totally immersed in the relationship with her baby, that fathers cannot bear to occupy "second" place in the life of their wives and, either consciously or unconsciously, resent the priority given by them to the infant. They become jealous, childish, distant, fall ill, or retaliate; some ultimately seek situations outside of the home that may compensate for the deficiency that they are feeling. The mother, who needs to attend solely to the needs of the child and to avoid additional problems, reserving for herself the task of total adaptation to the baby, must worry about the marital relationship. There are many examples of how these situations may affect the mother: in extreme cases, she may opt for the husband and abandon caring for the child, or she may even come to hate the baby and consider him or her the reason for the aloofness of the spouse.

If the father becomes a concern, if he does not take care of the external environment, protecting the mother and the baby from eventual interferences, if he also abandons her, opening the door for a creeping depression when she is faced with the feeling of “having to take charge of everything by herself”, etc., the mother will possibly find it very difficult to surrender herself to the state of primary maternal preoccupation. Based on his experience as paediatrician and psychoanalyst, Winnicott recounted that he learned a great deal about the difficulties faced by mothers when they are not in a favourable position:

Perhaps they have big personal difficulties so that they can't fulfil themselves even when they can see the way; or they have husbands who are away or who don't give proper support, or who interfere, who are even jealous; some have no husband but they still have to bring the baby up. (1960c/1993, p. 29)

The fragility, vulnerability and helplessness that the mother feels on this occasion are generally softened and overcome through the protective support of the father, who provides a kind of “extended protection”, which is highly valuable from the perspective of prevention. A collapse in this protective covering may often be the cause or catalyst of what have been termed puerperal mental disorders.

We must also consider that, while the mother is heavily dependent on the father's support for fulfilling her task well, as just stated, there may be an even greater debt in the opposite direction. That is to say, the father depends on her influence possibly more than she on his, for establishing an initial contact with the infant and being a successful father. In the text “What about father?” (1944/1965), Winnicott drew attention to the fact that, during the first months of the baby's life, it is largely the mother who is responsible for creating the conditions for the father's participation in the daily life of his small children and hence his entry into contact with them. As he noted: “I suppose it is clear to everyone that, in normal times, it depends on what mother does about it whether father does or does not get to know his baby” (1944/1965, p. 113).

When, for whatever reason, instead of promoting this approximation, the mother prevents it and makes it difficult or impossible, or sim-

ply does not facilitate it, and the father, in turn, does nothing about it, this omission constitutes another type of paternal failure (in addition to the maternal one) that deserves attention. Although this failure initially results from the mother's attitudes, which may render the father's presence in the environment innocuous or ineffective, it could be said that the father's failure consists of not fighting for his rights and, in removing himself, abandoning his role.

Paternal failures during the weaning period, which may also contribute indirectly to psychotic difficulties, are all basically related in different ways to the absence of help, or even of paternal empathy for the needs and difficulties encountered by the mother in completing weaning. If, for example, when the mother begins to disillusion the infant and separate from him, the father feels anxious and pressures the mother, among other things, to resume her sex life; instead of a gradual de-adaptation, the mother may accelerate the weaning process, thereby crushing the baby's rhythm. While the father's interest in resuming marital relations, in different forms, including a sexual interest, is important and valuable to her, the return of her dedication to the couple's relationship must be nuanced in accordance with the high demands which the baby still makes on her; she needs time to recover from her total involvement with the infant. In these cases, the father hampers the mother's task of weaning, not because the mother-baby separation does not take place, but because his action causes this separation to occur in a sudden and imposed manner. There are women who, nevertheless, do not accept the husband's demands. At the same time, his insistence, either on her immediately resuming the intimate life of the couple or her full management of the house, or also as criticism of the intense dedication that she continues to show the baby, may cause major discomfort in the mother, a feeling of being perpetually divided, and a burden which, if it affects her, may somehow lead her to fail in a way which exceeds the baby's capacity. For example, this may cause the separation to take place in an abrupt and enforced way, creating specific difficulties, including the possible development of a pathological false self in the baby or a defensive organization of the split-off intellect type.

If, on the other hand, in the need to recover aspects of her world that were restricted due to her state of primary maternal preoccupation,

she finds that the father shows no interest in her, she will lose an important point of support with regard, for example, to recovering aspects of her femininity and the resulting potency, which would help with the process of separation from the baby. Going against the desired direction at that point, the mother, finding herself helpless, may stick to the infant to an even greater degree and fail to complete weaning. Both the urgency and neglect by the father may thereby hinder the mother's task and affect the baby.

Winnicott also highlighted that, in order to complete weaning, the mother "must be brave enough to stand the baby's anger and the awful ideas that go with anger" (1949b/1964, p. 82), as well as manifestations of irritability, nightmares, periods of inappetence, and some degree of sadness, which are common in this context. It is also at this point that the father's masculine qualities of strength, rigour, and indestructibility must be felt to be present, becoming a fundamental reinforcement for the mother. If she cannot rely on the father's effective presence and his help, she will be solely responsible for sustaining the strength of the environment and will have to do so without losing the maternal qualities which are fundamental to the baby. Divided between the two tasks, she will probably find it more difficult to "put the house in order". On the other hand, not being able to count on the father's contribution and feeling herself overburdened, the mother may become hardened and, eventually, exacerbate control, imposing too much order and thereby losing her ability to offer the peaceful and flexible environment that the child needs. In addition, there is the risk that the rules established at these times result mainly from her irritation, due to overloading and tiredness and not from the child's needs.

### **3.2 The father's direct failures in the aetiology of depression**

For a large part of the elaboration of the capacity for concern, the baby does not know of the father's presence as an external person. Bearing in mind, however, the long duration of the whole process and the growing intensity and complexity of their demands, at some point, the child will themselves need help and will turn to the father. This is because, as the benign circle is gradually established, with the child experien-



cing successes in their ideas and acts of reparation, they become bolder, which leads to even bolder and richer consequences of aggressive and instinctual experience. In Winnicott's words: "With the good fortune of continued and personal mothercare there comes a bigger capacity for mending, and so there follows a new degree of freedom of instinct experience" (1988, p.72). While the child's capacity for reparation is increasing, the important point to consider here in order to understand the direct failures of the father at that stage is that, at the same time, the child's need for a full experience of his or her destructive potency also grows. Since the mother is the child's principal target, the child also becomes more fearful that she will not survive this new gain in potency. It is probable that, because of the great anxiety caused by this situation and since the child can already relate to total persons, the paternal qualities become necessary at this point. The child discovers the father as father and begins to acknowledge and use him.

Without the protection provided to the mother by the father, the full and free experimentation of all the steps comprising the benign circle will not necessarily cease, but may be inhibited and hence impoverished.

If the child cannot count on the father's firmness, on the father's intervention if the child exaggerates his instinctual demands, on the father's ability to protect the mother, then, most probably, the excited feelings and behaviours will be accompanied by an even greater fear of the damage that they may cause. The child's excessive fear of his own instinctual excitation may prevent him from using the potency of his impulsiveness and "this experimentation which could result in his coming to terms with his own aggression" (1967b/1986, p. 95). In this way, the child will be constantly defending themselves from their own aggressiveness, since they do not feel safe and free to live the various experiences of life.

Another possibility is that, without the father's protection, the mother effectively becomes more susceptible, does not tolerate the child's demands, and succumbs. In this event, the exhausted mother may feel personally attacked, wounded, or irritated, and, forgetting that the child's attitudes are not personally directed against her but are a natural manifestation of the child's vitality, she may fail to accept the gesture of

reparation. The child may then nurture the fantasy that they harbour a tremendous destructiveness and experience a heavy feeling of guilt that does not find peace through repair. As Winnicott observed, the opportunity for giving and for making reparation:

that the environment-mother offers by her reliable presence, enables the baby to become more and more bold in the experiencing of id-drives; in other words, frees the baby's instinctual life. In this way, the guilt is not felt, but it lies dormant, or potential, and appears (as sadness or a depressed mood) only if opportunity for reparation fails to turn up. (1962b/1984, p. 104)

The damage that can be repaired leads to the achievement of the capacity for a feeling of guilt, or the sense of responsibility, which guides and balances the destructiveness inherent to living. Damage that cannot be mended gives way to the feeling of guilt, which takes over the individual and dampens life.

There is also a possibility that, in feeling that the mother is fragile and helpless, the child assumes the responsibility of protecting her. Winnicott gave an example of a patient whose father could not play his role:

My patient is in this position that he always protects the mother because he must preserve her in order to be able to have any rest or relaxation at all. He therefore has no knowledge that his mother might survive his impulsive act. A strong father enables the child to take the risk because the father stands in the way or is there to mend matters or to prevent by his fierceness. The result in my patient, as is usual in these cases, was that he had to adopt self-control of impulse at a very early stage [...]. This meant that he became inhibited. The inhibition had to be of all spontaneity and impulse in case some particle of the impulse might be destructive. (1968c/1989, p. 237)

When the mother is not destroyed on account of her own capacity to survive, which is provided, strengthened, or guaranteed by the father's contribution, this capacity has a special value, since it does not result from the child's protection of the object. In other words, it does not happen at the expense of inhibiting the child's instinctuality.

In all of these cases, without the intervention of the father, who accepts the child's aggressiveness while setting limits to it, the destructive acts and fantasies may gain a force for which the child is not yet prepared. The only solution, then, is to inhibit part or all of their impulsiveness. This inhibition may overflow into other disorders, such as loss of appetite, intestinal constipation, excessive shyness, and in adult life, sexual impotence, severe difficulty in holding a professional position, etc. At this point, protection alleviates this entire process and frees the child for instinctual life.

There are also situations in which, for some reason, it is the father who cannot bear the child's destructive experimentations. Among other possibilities, his intolerance may lead him to overprotect the mother or to overly mitigate confrontations with the child. In such cases, the child is prevented not only from acting against the mother and feeling the reality of their aggressiveness, but also from experiencing the guilt their actions would cause. Due to the same incapacity, the father, rather than the mother, may be the one to take revenge on the child or not accept their movements of restitution and reparation.

On the other hand, the father's immaturity may lead him to be highly destructive. A destructive father who, for example, reacts too violently to a slap, to a provocation, or to the child's mess may create an exaggerated fear that inhibits spontaneity, or may feed a hatred in the child which remains trapped and is likely to cause problems at a later stage. In any event, the intensity of these feelings is disproportionate to the child's scarce maturity and complicates the elaboration of the tasks and achievements of concern.

If the child does not have the means to act excitedly, if he or she is afraid to exercise the destructiveness inherent to living, if there is no opportunity for acts of reparation, then there is a serious risk that the benign circle will not be established, resulting in:

- (1) instinct (or capacity for loving) must become inhibited; (2) a dissociation must reappear between the infant who is excited and the same person when quiet; (3) the sense of quiet is

no longer available; and (4) the capacity for constructive play (and work equivalent) becomes lost. (1988, p. 74)<sup>22</sup>

The child's inner world, which, in principle, should be rich in fantasies, feelings, and excitement becomes controlled, with everything slowed and maintained in a state of inertia that blocks instincts and the capacity for relating to objects. We have a succinct description of the meaning given by Winnicott to the depressed mood. In his own words: "In the depressed mood, it could be said that the infant (or child or adult) blankets the total inner situation, or lets a control descend over it, a fog, or mist, or a kind of paralysis" (1988, p. 72).

The entrance of the father as father at this point, makes another contribution to the child's development in terms of configuring the family triad, which is the background for the Oedipal situation that will follow. The triangulation situation, which would be possible with the father's entrance, may nevertheless become loose or non-existent if the father and/or the mother cannot somehow establish themselves together as two and as a couple, making three with the child. Without a clear perception of the triangle, the fantasies of the parent's sexual union, the anger at being excluded from the couple's intimate relation, in short, the various feelings and ideas that will form part of the Oedipal situation to be experienced at a later stage, may remain inconsistent and poorly delineated.

### **3.3 The father's direct failures during the stage of triangular relations**

Although neuroses primarily result from intrapsychic conflicts relating to failure to manage anxiety and genital excitation in the context of triangular relations, we may consider that the relevance of this failure

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22. Concerning the potency involved in the achievement of the benign circle, Winnicott emphasises that "In fact, potency and the acceptance of potency are not to be described in terms of instinct development alone. In a theoretical description of the development of sexual capacity it is insufficient to speak in terms of progression of instinct dominance alone, since hope in regard to recovery from guilt over destructive ideas is a vitally important element in potency" (1988, p. 74).

in the individual's life is particularly influenced by environmental factors, and, on this specific point, by the role of the father.

If the father fails, either because he is unable to assist in minimising anxieties that may lead to the formation of rigid defences, or, even worse, because he aggravates them, he will contribute directly to the emergence of a neurotic illness.

At this stage, interpersonal relations are a notable novelty. A first rehearsal regarding the triad and the place within it occupied by the child occurs through experience of the positions of loyalty and disloyalty. The child goes back and forth between the father and the mother, allowing him or her to access each parent from the perspective of the other and within the safety of family union, playing all of the games involving feelings of jealousy, disloyalty, etc. This evidently creates fear and anxiety regarding the reactions of the parent to whom the child feels disloyal. If the parents are emotionally mature and can understand and cope with this necessary experimentation, through the repeated exercise of momentary disloyalty, the child will be preparing himself not only for the tensions relating to the threat of castration, but also for those tensions awaiting them when the family circle extends to school and to society in general. This is why, at this point:

Happy and healthy is the boy who reaches just exactly this in his emotional and physical development when the family is intact, and who can be seen through the awkward situations in the first instance by his own two parents that he knows well, parents who tolerate ideas, and whose inter-relationship is sound enough so that they do not fear the strain of loyalties brought about by the child's loves and hates. (1988, p. 50)

Being able to count on another perspective, that of the father, as an alternative to the mother's, also creates the possibility of always having another place to go, a safe harbour. It may sometimes happen that the mother's lap becomes suffocating or boring, and in these cases, the father's knee is almost always a good option.

If the father is not mature enough to cope with and even promote the alternating exercise of loyalty and disloyalty towards the parental

dyad, the achievements resulting from the resolution of the Oedipal issue will be compromised.

The same holds true if the father is absent and, as a consequence, the child is unable to test the capacity of the mother and of the father himself for disloyalty and ambivalence. As mentioned by Dias (2003/2016, p. 74), Winnicott provided an illustration of this situation in a text about a patient whose sexual identity had been compromised, on the one hand, because of the type of relation he had established with the mother in early life, and on the other, because of the absence of an effective father who would have helped him, through his presence at the appropriate time, both to see the mother from the perspective provided by the father and to exercise disloyalty. This resulted in the patient's complete inexperience of a certain position with the father, which emerged under analysis as the impossibility of using the analyst in that position. This impediment emerged as a massive issue concerning the Oedipal question. As Winnicott reported:

The whole hour was a muddle and no interpretation of mine was of any use. The patient was exasperated. What eventually did do some good was my interpreting that the analysis has continued in his relationship to his wife but here now, whatever it may have been at other times, he was working out his exasperation with his mother and his absolute hopelessness about dealing with her [...] he felt that I had really met the situation when I said the home relationship is so much like your relationship to your mother that there is no man and therefore you cannot come to me because it is no use, there is no man to come to. There is no question of there being a father on whose knee you could sit looking at your mother. (1959/1989, pp. 165-166)

At this point, the child needs the parents not only to allow and enable the dramatisation in dreams and in real life of the variety of themes relating to the ambivalence of feelings towards them, but also to tolerate the whole range of symptoms that the child may present.

It was often said in reference to psycho-analytic theory that in the development of the normal child there is a period of psycho-neurosis. A more correct statement would be that at

the height of the Oedipus complex phase before the onset of the latency period there is to be expected every kind of symptom in transient form. In fact normality at this age can be described in terms of this symptomatology so that abnormality becomes related to the absence of some kind of symptom or to the canalisation of the symptomatology in one direction. (1965/1989, p. 119)

During this period, the father (and the mother) is unable to intervene in the fantasy life of the child to prevent anxieties from creating repression and symptoms that are painful to experience: conflicts at this stage are “the personal conflicts that belong specifically to the individual” (1961/1989, p. 70). If the parents can nevertheless tolerate and understand the tensions inherent to this moment, they will make an invaluable contribution towards helping the child to know and tolerate anxieties and tensions, as well as to tolerate a few uncomfortable symptoms, and, in particular, to cope with the natural anxieties originating from the conflicts of this period. In other words, it is not possible to intervene directly in the intrapsychic factor, which lies at the core of the aetiology of the neurotic illness and is related to the ego’s failure to tolerate the consequences of instinctual tensions. Winnicott insisted on the importance of the quality of the home and of maintaining the benign circle during this phase as well:

in several ways I have shown, I hope, that at the stage of the Oedipus complex it is immensely valuable if the child can be going on living in a settled home environment so that it is safe to play and to dream, and so that the impulse to be loving can be made into an effective gesture at the appropriate moment. (1961/1989, p. 70)

Among other things, direct paternal failure at this stage relates to the father not helping the child to discriminate fact from fantasy, perhaps the central element in the issues relating to this period, and which may result in a disorder of a neurotic nature if not resolved.

The child, in the midst of the tensions relevant to interpersonal relations, will have to deal with his or her desires and fantasies regarding parents - murder, romantic union, having children - which, moreover,

are much larger and more complex than his or her current capacity for managing them. When the reality of the love alliance between the parents and/or the consistent presence of each parent in their respective roles is absent, the fantasies the child experiences or may experience can become more plausible and much more frightening. At this stage of development, Winnicott noted that:

...the child is in process of working out a relationship between the dream potential or the total imaginative life with the available environmental reliability. For instance, if father will be there at breakfast (I refer to England) then it is safe to dream that father got run over, or to have a dream in which in symbolic form the burglar shoots the rich lady's husband in order to get at her jewel box. If father is not present such a dream is too frightening, and leads to a guilt feeling or a depressed mood. And so on. (1961/1989, p. 68)

When fantasy finds nothing against which it can abreact, as a concrete fact, then defences against the anxieties created by it must be sought elsewhere, perhaps in the inhibition of instincts, in the rigidity of actions, in the very control of imagination or also in the creation of a confusion of feelings and thoughts, etc.

From Winnicott's perspective, what complicates the triangular situation and leads to the hardening of defences, i.e., neurosis, is that there is the threat that fantasy may become reality. Winnicott affirmed that:

Parents who are otherwise satisfactory may easily fail in child care by being unable to distinguish clearly between the child's dream and fact. They may present an idea as a fact, or thoughtlessly react to an idea as if it had been an action. They may indeed be more frightened of ideas than of actions. Maturity means, among other things, a capacity for tolerating ideas, and parents need this capacity which at its best is part of a social maturity. (1988, p. 59)

According to Winnicott, the Oedipal problem does not essentially lie, broadly speaking, in dreaming and desiring to kill the father or, in the case of girls, in loving the father and wanting to drive the mother away, but precisely in not being able to dream about such situations because



the dream could actually become real. When individuals are prevented from dreaming, a feeling of impotence takes over. On the other hand, a boy who can dream of killing his father will at some point see himself in this position, that is, as being so strong and capable that he may even imagine he could do this. The dream and the creativity involved here elaborate and provide the potency to experience rivalry, with the latter still having to be relative in objective reality. All in all, only those who have been able to kill the father in fantasy will discover that after the fight, both remain alive in reality. Many of the necessary internal agreements concerning the ambivalence of feelings are affected if these first real experiences in the relationship with the father do not occur.

Another aspect of direct paternal failures at this stage revolves around the impossibility of absorbing and bearing the son's destructive feelings. After the father's first appearance in the child's life, it is he who must primarily receive and deal with the child's hatred. Since the mother is always associated more fundamentally with loving and tender feelings, the child must have someone around, whenever possible, whom she or he may hate and kick. Even though the child's feelings for their parents alternate and mix throughout life, each parent remains eternally linked to a certain place and function in their child's life. The possibility of counting on both parents, each in their role, helps the child to discriminate between feelings about themselves and others, which is essential, particularly during the first years of life, when the child not only needs the opportunity to be destructive but also a lap to which they can return from time to time, a safe harbour, a place they have not damaged excessively (1944/1965, p. 115).

During the analysis of a man whose father, albeit worthy of love, was nevertheless the weak member of the parental couple, Winnicott was able to see that:

The control of aggression was not forthcoming from his father, and the mother had to supply it and he had to use his mother's fierceness but with the result that he was cut off from using his mother as a refuge. The symptom of that in the present day is sleeplessness. (1968c/1989, p. 236)

The father's real presence provides the conditions for the child to feel freer to experiment and to put into practice the recently acquired feeling of hate. The father brings upon himself hateful feelings that the son would find hard to bear if they were all directed towards the mother (in this case, the child would probably repress them even before experiencing them). In the child's mind, the father is supposedly the figure who can withstand the hate without being destroyed: in some way, he is stronger, harder, and less identified by the child with him- or herself than the mother.

But if, for example, the father is depressed and is hence unable to access his own personal destructiveness, he will tend to avoid any contact with the child's hate and will escape the confrontation. In this state, he may not be able to defend himself and will be seriously affected by the aggressive attitudes of the son.

In the clinical case mentioned above, the father's weakness was one of the factors that triggered the patient's extreme inability to be aggressive. This inability prevented him from living on the basis of his creative potential, which existed but was blocked. It led him to bear a heavy burden of guilt, with him tending to think that everything that went wrong was his fault; it was a source of chronic underachievement relative to his potential capacity. Among other things, this individual never found a position deriving from his masculine potency (in men and in women). According to Winnicott:

All he could do was to come back to the sad fact that the father was a weak man and that the fierceness lay with the mother. He could therefore never come to terms with the father that he had hated. He felt hopeless about all this. (1968c/1989, p. 237)

The difficulty of entering into direct confrontation with the child affects yet another important role expected of the father in terms of standing between the mother and the son, finalising the process of separation, and, in particular, with regard to the son, providing limits and a reality to his erotic fantasies, which also bears a sense of protection. Fantasies without prohibition or comparison with facts may lead to a great deal of frustration; if unrestricted, as has been noted with regard

to the distinction between reality and fantasy, these may become very dangerous, and the anxious child may, out of fear, inhibit his instinctuality and adopt rigid defences. The father must also be able to discern and carefully set limits when he notices a provocative quality in the displays of affection that his daughter directs at him, so that he welcomes her as a girl beginning to blossom, thereby promoting her feminine side while at the same time continuing to exercise the role of protector of her intimacy and privacy.

By not prohibiting the boy's desire for his mother, the father also fails to acknowledge an important aspect of his son's masculinity. Without a paternal prohibition, the boy may not feel that he is free to have the mother, but simply that he is not a considerable rival, and in this sense, he may miss the opportunity to see himself valued by the father as a boy/man and receive an endorsement of his own potency.

Another consideration regarding this aspect is that when the father intervenes and frustrates the child's fantasies, he reaffirms his position with regard to the mother, and by so doing, he removes the mother as a target of the child's desires, thereby allowing the son an opening to dream of the possibility of having women who are different from the mother and of having relations of a new nature. The intervention carried out by the father has a sense of limit, of an obstacle against which the son will have to struggle until he finds a solution. In the absence of the third person, the child, as Winnicott pointed out and as mentioned above, is left with two alternatives: "to be swallowed up or to break free" (1960a/1965, p. 135).

In other words, either the child remains in the mother's orbit indefinitely, or they must step away, albeit without altering the pattern of the relationship with the mother due to their growing maturity.

If the opposition created by father on entering the child's life corresponds to the child's needs, and above all is based on the child's singularity and on a relationship of trust between father and son, then this opposition will work towards helping the child to create a personal identity and a place of their own within the family. If, on the other hand, the father's opposition is arbitrary, violent, or absolutely disproportionate with regard to the child possibilities, whether because he cannot tolerate

the son's erotic rehearsals, or thinks he must curb such manifestations in order to educate the child, or even because some personal insecurity causes him to become more rigid to assert himself in his role, the father may block dreams, fantasies, and experimentation that would help the child to deal with the anxieties associated with these questions and elaborate on them as well.

In this same direction, the father may also fail if he does not tolerate the homosexual tendencies common to this period, which, if experienced, would contribute to the identifications required for the Oedipal resolution. Some fathers cannot tolerate the manifestations of affection aimed at them because they confuse the child's displays of affection in the search for identification with an actual erotic approximation of a sexual nature. Since they fear that any closeness between men, particularly of a physical kind, will promote a homosexual tendency, they avoid it; this fear may also be related to the father's own unresolved homosexual tendency, or to him not having had this experience with his own father. It is important to highlight here that the limits imposed by the father are welcome and expected by the child: when healthy, the child naturally wants to grow. The maturational tendency pushes him or her outside the family boundaries towards the social world and new relationships, with the child counting on the father's help to achieve this.

Finally, we would also like to observe that, in correlating paternal failures with psychic disorders that the former may cause, directly or indirectly, we did not intend to establish an unequivocal relation between them, not least because the mother or the father who fail is somehow part of a larger context called the family, and this exists within society. This involves a combination of characteristics of each member comprising this group and interpersonal relations, which must be considered when the intention is to understand or treat the aetiology of a particular pathology. Specific maturational difficulties of one or another member of the household, or even the particular social circumstances to which

the family group is subjected, not only alter the dynamics of the household but also arouse feelings and reactions in each family member, which in turn affect overall relations.

## 4. Final considerations

The relevance of all these questions is evident, and among the reflexions which emerged during the examination of this theme, the dimension that Winnicott assigned to the family, to its stability, and to how it operates as a point of reference for the unfolding of the maturational process during the various phases of life is particularly clear. Via the traditional family model of his time, Winnicott clarified the basic needs that must be met for babies, children, and adolescents to mature in a healthy way, for those who want to raise a family regardless of its organisation. He helped us to understand our role as adults, as providers of the conditions for healthy personal development.

Considering that, to an increasing degree, the traditional family is not the only existing model, special attention should be paid to the study of the great variety of family configurations that currently exist. For example, cases where the parents' separation, eventually followed by new unions, impose on the child the need to manage two or more families; same-sex unions, single-parent families, and many other conformations represent an expansion of the existing traditional model, the consequences of which must be considered.

It is also necessary to keep sight of the contingencies created by cultural and social issues, including in the examination of paternal failures. Homes in which the father never existed or from which he disappeared very early in the child's life, or even the difficulties arising from unfavourable social conditions, which result, for example, in dwellings where it is not possible to guarantee the minimum privacy and intimacy of the child and the family itself, must be considered. Lastly, many other configurations, increasingly present in today's life, would need to form the object of reflection in order to understand what must be guaranteed in these homes as a prior condition for the maintenance of individual and family health.

Disorders currently termed “contemporary”, such as panic syndrome, nervous anorexia, morbid obesity, chemical dependency, among others, should also be considered and discussed from the perspective of Winnicott’s theory of paternal failures. In developing this topic, we could also address a number of related issues, such as the relation between the role of the father and cultural life, education, and increasingly broad social institutions, etc.

As an extension of the ideas and analyses presented here, we should also examine the role of the father and his flaws during the latency period and the troubled stage of adolescence, not only when primitive anxieties reawaken but also when the young individual is confronted by the alarming evidence of a new and real potency, capable of executing what had previously been largely restricted to the realm of fantasy. Similarly, it would be appropriate to discuss the relationships established when the adult son becomes a father, and his father becomes a grandfather, with new demands and challenges imposed upon both of them, which may resurrect unresolved difficulties, even if unwillingly. While difficulties often re-emerge on these occasions, the opportunity of these new roles offer a new chance for redemption and the experience of aspects of masculinity, paternity, and filiation which could not be experienced at an earlier stage.

It is within this context that a work outlining paternal failures during the maturational process from Winnicott’s perspective becomes useful, a work that explains the actual nature of the father’s responsibility regarding the task of preventing affective illnesses and contributing to the health of children, families, and societies.

By illuminating paternal failures, this work aims to provide a means of including the difficulties arising from the various aspects of the relationship with the father in the understanding, diagnosis, and treatment of individuals seeking help through psychoanalysis.

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The concept of superego is embedded in the structures of psychoanalytic thought. In this sense, post-Freudians, in their amplified understandings and prospects regarding psychoanalytic perspectives, had to conceive the nature, function, and complexity of what was identified as determining the individual's crossing of their own epic – i.e., in their Oedipal conflicts, which are decisive for development.

From this perspective of the dynamics towards the integration of the psyche, it is relevant to consider the driving and unifying movement of the elements that will form the superego's foundations. In Freudian theory, the superego can be represented by the paternal aegis, which is solidified by the idea of the triangulation necessary for the construction of this instance, as explained in *Totem and Taboo* (1912-1913/1996). Therefore, moral and limiting issues arise from the repression resulting from potential human transgression. Thus, there is an alteration of a part of the ego, as seen in Freud (1932-1933/1996).

Freudian theory is focused on the intrapsychic, in the first instance, as it presents a metapsychological model used to represent the psychic organization. In turn, Winnicott's theory brings, in its wake, the formation of the contours of the psyche based on the relationship with the external, particularly in the baby's relationships with parental figures – in the first instance, the mother. In Winnicott's work, the maternal figure stands out due to the primary connection necessary for the baby. The figure of the father represents the trigger for a series of conditions that shape the actions of this new being before there is contact with repressive forces. The role of the father, therefore, does not occur through

imposed and direct order – which will occur later, in higher layers of the subject's interface with the environment – but in a more basal and gradual way from very early moments.

In this sense, the conception of the figure of the father through the Winnicottian prism focuses on the provision and promotion of the environment, supporting the mother, who is fused with the baby, allowing the conditions for the bond between mother and baby to occur and fostering the environmental configuration necessary for maturation. This differs significantly from the prevalent Freudian delimiters of the paternal function, in that case, castration and the impulsion of the moral apparatus. Thus, there is a separation between the Winnicottian paternal function and the Freudian formation of the superego. In this way, we ask what kind of superego arises in pre-genital phases, more specifically in the object relations that precede the genital period, and where the Freudian superego – namely, the Oedipal – is located and can be understood. Therefore, it is relevant to understand how the concept of superego can be assimilated to the theory of psychic maturation and cultural constitution as a result of the essential potential space that is built by human nature, in accordance with Winnicott (1988). This is the key question to better understand the nature and formation of the superego.

Considering the observation of the scholar Leopoldo Fulgêncio in his work entitled “*A redescoberta do Superego na obra de Winnicott*” (2013), it is necessary to emphasize that Winnicott refers to the superego not as a psychic instance but as a combination of phenomena in action in the psyche. Also, in the same work, it is clear that Winnicott refers to the noun “superego” as one that is established in the Oedipal relational area (Fulgêncio, 2013). In this way, it is indicated that Winnicott only refers to the concept “superego” when there is the capacity to perceive total objects, which places the superego within the period of concern. Thus, it is only through the condition of perceiving the other as an object existing in the world external to the subject that it becomes possible to establish the most substantial nuances of “the ethics of care”. The recognition of the existence of the other allows the formation of what is understood as the concept of superego. In this way, Winnicott validates what was supported by Freud by placing this postulation into his theory.

However, while Winnicott considers the delimitation of the superego to occur in the stage of concern, in a state of relative dependence, he does not restrict all psychic action related to this phenomenon to the aforementioned maturational period. As Fulgêncio (2013, p. 9) indicates, “*muitas pessoas jamais chegam ao complexo de Édipo (...) e nem por isso não deixa de haver nelas sanções e ações morais, que poderiam estar associados ao que nos referimos quando usamos o superego*”<sup>1</sup>. Thus, we are faced with an organizing process that already existed in previous descriptive stages of maturation. In this way, it is possible to conceive an inclination towards ordering dynamics as being part of the tendency towards integration, which is innate and characteristic of humans.

The innate propensity for the development of ordering dynamics that culminate in the formation of the superego itself finds reaffirmation in studies carried out within the scope of Evolutionary Psychology, which understands cultural formations as something rooted in biological bases, with the expansion and characterization of cultural organizations being the own paths – i.e., later independent, as shown by Cultural Anthropology<sup>2</sup> – obtained as a result of the demands faced by the environment and the relationships between members of social groups.

Winnicott offers us important foundations for thinking in more detail about the origin and evolution of the superego in individuals, with the concept of “potential space” being an essential element for reflections related to this formation. Potential space is characterized by Winnicott (1971) as a space that promotes development for the subject, encouraging the emergence of ways to deal with the distance between the self and the object. It is a field that has the conditions to stimulate the construction of solutions to face the aforementioned distance and, when properly matured, it encompasses the structures of the action of playing. It constitutes,

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1. In a loose English translation: “Many people never reach the Oedipus complex (...) yet they don’t fail to have within them moral sanctions and actions, which could be associated with what we refer to when we use the term superego”.
  2. The theory of anthropologist Franz Boas (2004), who lived from the late 19th century to the mid-20th century, demonstrates that cultures have specific configurations, not being located at hierarchical levels of social evolution. Boas founded the so-called cultural relativism, which explains the complexities present in different cultures, indicating the existence of their own unique dynamics.

in fact, an evolutionary space and extends through various stages of the individual's life in gradually different ways, as Serralha (2019) highlights.

In this sense, it is possible to conceive the formulation of the superego as being embedded in the unfolding processes within the potential space. With the roots of the superego anchored in what is innately human, as Loparic (2011) points out, its existence is not a given. Therefore, what the subject is inclined towards must be developed – a general idea that lies at the heart of Winnicottian theory. In this case, it is necessary to shape the “superego” into what it needs to be for the integration of the subject and, in a broader sense, as a constituent part of the human species.

Taking as a basis the use of the word “superego” only to indicate what appears from concern and, thus, through Oedipal triangulation, it can be said that it is necessary to make what emerges, as a consistent substratum of superego, a superego in fact. It is necessary to differentiate the emerging elements referring to the general psychic formation from the formation of the superegoic circumscription. In this sense, it is possible to consider a kind of proto-ordering or proto-organization that is distinct from the organizing functions of the ego.

In this work, the term “protosuperego” is suggested<sup>3</sup> – differentiating it from Klein's term “archaic superego” (1945), which refers to an early Oedipal derivation and points to something delimited, although primitive. It can be considered that potential space is the field for the emergence of what is understood here as protosuperego. According to Freud's studies that anchor the Oedipal theory, identifications are part of the superego configuration, since there is identification with one of the figures – and the identificational distance and desirous inclination towards the other – so that the triangulation can occur. Thus, the repressive result linked to guilt may exist. However, if we think about the bases of the superego that precede the Oedipal tension, we can ask about how and when the identification processes occur.

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3. The suggested term draws a parallel with “proto-history” in archeology, which designates a late prehistoric period. This period is marked by the emergence of features that distinguish it from earlier prehistory and anticipate characteristics of recorded history. According to Vilaça (2012), this classification facilitates the identification of social organizations within the archaeological practice.

To do so, it is necessary to turn our attention to the most primitive mechanisms that permeate the baby's contact with the world, now observing the interactions that underlie what was previously pointed out as object relationships and object use, as described in Winnicottian work. It is important to emphasize that the object relationship precedes the use of the object, which is endowed with representation. It is only possible to use the object when it is considered something external and, therefore, can be represented, as previously explained.

In this sense, an organization of components is formed that enables us to govern relations with the environment, not in the sense of representing the legal guidelines embedded in a culture, but rather in the internal directions stimulated by nuances of the environment. This is explained by the propensity to absorb what is present in the environment, as indicated by evolutionary psychologists Bussab e Ribeiro (1998) and by the ethics of care supported by Loparic (2011). In this way, the question of whether the formation of the superego is centered on the intrapsychic or on external coercion is set aside, and, as Winnicott proposed, the potential space is defined as the domain in which the superego will be delineated.

The elements that structure the superego, therefore, occur through introjective and projective dynamics<sup>4</sup> permeated by affective information perceived sensorially, according to Carvalho e Siedschlag (2019), and not initially represented, as indicated by Cardoso (2002). The field of psychic development as a whole is formed, with the specific area for the configuration of the superego also being formed.

From organizations through identifications<sup>5</sup>, a dynamic is formed that allows direction within a given culture: the protosuperego. The aim is to highlight superegoic formation as an active component for the integration of the self, and thus, for maturation. Therefore, the superego does not

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4. This primary dynamic is explored in detail by Azevedo (2023) in his text *Sobre a diferença entre projeção e identificação projetiva*.

5. It is also important to consider that identifications do not only occur when the object is used, but before that, and can be seen in the interaction considered as an object relationship. In this case, the aim is not to think about identifications between total objects, but rather about what precedes this condition, which will constitute the other (more complex) identifications, a section explained by Azevedo (2023).



become a structure formed only by precipitates that, from the constitution of the child as a total person, begin to act. Rather, it is, in its origin, an agent, participating in the entire constitution of the total person.

Given this, a question arises: where, in this perspective, is what psychoanalyst Minerbo (2015) calls the “cruel superego” located? How can superegoic attacks on the subject be explained if Winnicott, as Fulgêncio (2013) points out, refutes Klein’s conception of archaic superego?

Firstly, it is important to clarify that this work does not intend to explain the counterpoints between Kleinian and Winnicottian theories. However, when considering the genesis of the superego, it is important to consider that Klein explored this concept, seeking an explanation, and came up with her own. However, Winnicott’s theory reveals important points of conflict in understanding the origin of the superego, and therefore, it is important to make the relevant notes to avoid confusion.

Minerbo (2015) starts from the Kleinian perspective and expands this view by including an element that was not addressed in the analysis in question. As the aforementioned author indicates, it will broadly take into account the participation of the “unconscious of the object” (Minerbo, 2015). It is noteworthy that the death drive is not taken as a presupposition for constructing reflections on the developments of subject and object relations in Winnicottian theory, differently from what happens in Kleinian theory. Thus, there is a discrepancy between Minerbo’s (2015) vision and the conception that is based on Winnicott’s premises. However, what is preponderant and convergent in these two conceptions is the consideration of the object’s relevance and what occurs in the area of interaction between them, which encompasses the unconscious. In this way, by highlighting the action of the object’s unconscious in the interaction with the baby, one can consider the view of superegoic constructions as arising from drives, in the monistic and non-dual sense, as considered by Rudge (2006) in resonance with Winnicott’s work. Rudge (2006) presents destructiveness and repetition compulsion as descendants of the basic constitutions and configurations of the superego.

What is evident, therefore, is the potential space indicated by Winnicott (1971), as described in the following excerpt, present in the work *A Teoria do Amadurecimento*: “The infant, who is a creator of worlds, crea-

tes the first region, the first distance, the inaugural area of separation between him and the mother: the potential space” (Dias, 2003/2016, p. 121).

In this sense, to explain what promotes the constitution of a superego that threatens and attacks the subject, and is, therefore, endowed with cruelty, we must consider that:

(...) o fracasso se deve à atividade do núcleo paranoico do objeto. Quanto mais extenso, mais a mãe faz identificações projetivas com o bebê e menos ela consegue se identificar empaticamente com ele. Em vez de interpretar corretamente suas necessidades, responde a partir das interpretações paranoidas.<sup>6</sup> (Minerbo, 2015, p. 82)

What Minerbo (2014) presents as “failure” is found in Winnicott’s work as environmental failures, more precisely, lapses in the ability to carry out mothering in order to support the baby’s needs. It is important to indicate that, according to Winnicottian theory, each baby presents its own peculiarities in contact with the elements of the environment. Therefore, this shows that there is no standardized way to support children, other than care and a capacity for continence supported by the bond established since pregnancy. Regarding continence: “De acordo com Zimerman (1999), a continência relaciona-se com um processo materno de característica ativa, em que se assimilam e acolhem os conteúdos das identificações projetivas da criança, transformando-os em elementos munidos de sentido e isentos de ameaças”<sup>7</sup> (Carvalho e Siedschlag, 2019, p. 3).

However, if the mother has internal obstacles to carrying out adequate mothering in a broad and profound way, this will be reflected, via potential space, in the outlines of the baby’s psyche, fostering the contours of the superegoic bases. This perspective, allowed by the

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6. Free version to English language: “[...] the failure is due to the activity of the object’s paranoid core. The more extensive it is, the more the mother makes projective identifications with the baby and the less she can identify empathically with it. Instead of correctly interpreting its needs, she responds based on paranoid interpretations”.

7. Free version to English language: “According to Zimerman (1999), continence is related to an active maternal process, in which the contents of the child’s projective identifications are assimilated and welcomed, transforming them into elements endowed with meaning and free from threats”.

Winnicottian theoretical framework, could be said to answer the question of “original anguish” (or helplessness) due to the non-containment of excitement, as indicated by Campos (2011): this would not have roots in the death drive, but in the drives, whose existence had not been discarded by Winnicott.

It is worth clarifying that the configuration of the pillars of the superego occurs alongside the formation of the ego’s bases. Due to the importance of the constitution of the protosuperego, it influences the configuration of the ego. Freud already suggested this relevance in *Totem and Taboo* (1912-1913/1996) and in *Civilization and Its Discontents* (1929-1930/1996), although he derived the explanations from the Oedipal scenario. Winnicott, in turn, offers substrates for understanding this deep-seated organization in “human nature”.

What Winnicottian theory allows us to conclude about the genesis of the superego sheds light on the discussion about transgenerationality. According to Hartmann e Schestasky (2011), what cannot be contained and does not find representation and meaning is propagated to the next generation with the same amorphous characteristic.

It is possible to understand, through Winnicott’s concept of potential space and the existing dynamics – with regard to the action of basal elements of the superego – how transgenerationality takes place. What is not represented for the one who becomes a mother can serve as her incontinent aspect towards the baby, promoting specific paths in the constitution of the protosuperego. Remembering that the father is a figure who promotes the environment in which the mother is – and in the first months of the baby’s life, his function is to support the mother –, what is not represented for the father can activate aspects of helplessness in the mother, impacting her capacity for continency. The baby’s contact with the environment and its constituent figures inaugurates the scenario – not deterministic, but inciting – for the construction of what will allow the outlines of the self.

In this way, it is understood that the superego and its foundations have an active participation in the constitution of the entire psyche, delimiting and tracing the inclinations and contents of introjections and projections. Superegoic compositions are not reduced to a product, but

form an active set in the formation of circuitry and psychic mechanisms – as demonstrated by García's work (2018) – generating more complex corporations that funnel the ways of capturing external elements. The concept of superego abandons the guise of depository of external impositions and begins to equip itself with activity. It is also distinguished from an archaic superego equipped with fragments of death drives, giving way to a superego that emerges from the bases of the human species and acts in the construction of an entire psyche – through potential space – leading to specific cultural arrangements.

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## 1. Introduction

Psychoanalysis was born at a time when being human became a new and versatile scientific concern, both from the point of view of mental life and of cultural achievement. In the 19th century, from an anthropological perspective, the constitution of the psyche and historical dynamics occupied important places in the catalog of the new sciences and in philosophical reflection. But the application of the biological model in the research of mental processes and hegemony of the political key in historical research prevented fundamental aspects of the human realization of individual and collective existence from being treated with equal importance.

Freud, who managed to bring both aspects – the individual and the collective – together, never managed, however, to free himself from the biologists' model regarding psychic constitution or the origin of cultural processes. This line of analysis had powerful repercussions in contemporary philosophy and contributed to important conceptions, mostly centred on what we could call theories of desire and its metamorphoses.

Only after both world wars do alternative understandings emerge, in which being human is no longer reduced to a battlefield of instinctual drives and is instead recognized as an eminently relational being, cons-

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1. This text was my contribution to the 1st Colloquium of the Associação Winnicottiana Portuguesa, which took place in Funchal (Madeira Island), on June 29 and 30, 2023. In the present version, revised and slightly expanded, I decided to maintain the oral nature of that presentation, preserving the communicative tone of the occasion, less academic and more informal, linked to the celebration of the Association's first meeting.

tituted by an affective encounter with the world in which living is being with others. This living and coexistence with others proves capable of integrating, in time, the different experiences and motivations that make up the dynamics of life, without reducing it to desire and its objects.

Winnicott's thought, developed in the context of clinical practice, arises in this cultural moment. His contribution is especially enriching (1) by defining the process of maturation as the fundamental element of becoming human, that is, of the healthy and full realization of human life; and (2) by showing this process as a gradual acceptance and integration of what is experienced in the constitution of oneself. Thus, from a starting point of clinical practice and scientific training, it offers philosophers a lot to think about.

This brief historical reference allows me to bring together the elements that seem decisive to the sketch of what I consider to be Winnicott's contribution to anthropology in the context of contemporary thought and, at the same time, the reason that led me, and still leads me, to strive to investigate his understanding of the human. I will explain it very briefly, starting by showing how I discovered the author and how I integrated him into my own journey, questioning Psychoanalysis within the scope of contemporary Philosophy and Culture.

## **2. My Route: How I Got to Winnicott**

I started, in fact, with Psychoanalysis – Freud, fundamentally – and its importance for the understanding of being human as an active and sensitive subject in the life world. A bit like Paul Ricoeur, who, having a phenomenological training but with Kantian roots (which privileges praxis) and a Hegelian motive (which attends to the process of realization), was interested in studying human action rather than cognitive structures in the formation and manifestation of being in a human way. Committed to seeking the motivations of the will, Ricoeur discovered Psychoanalysis, which he thought would be a brief intermediate investigation. However, this came to be an intense period of dedication to Freud's work, which spanned 5 years of Ricoeur's life and culminated in a fundamental book, although almost entirely ignored by psychoa-



nalysts – *On interpretation. Essay on Freud* (1965). This also gave rise to many other smaller texts, mainly included in *The Conflict of Interpretations* (1969). In my own way, though certainly with more modest results, I sought in Freud the emergence of motivations that are translated into modes of human life in relationships with others and with themselves, as well as into paths of good and bad living that they manifest. But this path of mine was transformed with the study of Heideggerian hermeneutic phenomenology, due to its critique of subjectivity, which constitutes the fundamental figure of modernity, and the biologism of Freudian psychoanalysis, which constitutes a positivist derivation of that same figure. The orientation towards Heidegger's existential analysis increased attention to the temporality and historicity of existence, in a process of transformative acceptance of the world, that is, of projection of life possibilities, whether individual or collective.

Meeting Zeljko Loparic and Elsa Oliveira Dias in Évora (2006), and later in Lisbon (2007), was a firm contribution to the intertwining of my phenomenological path, already very critical of the subjectivist line, with Winnicott's psychoanalysis, which was itself already aware of Freudian biologism as well as of the strands that, in one way or another, continue to uphold the primacy of sexuality and libido as the unilateral motor of human life and the root of pathological disorders.

At the same time, I was close to Coimbra de Matos, a dear friend and psychoanalyst, whose influence was impactful both in analytical praxis and theoretical work, allowing for a special deepening of the perspectives that the new paths of Psychoanalysis bring to the understanding of being human. Through Coimbra, I approached AP<sup>2</sup>, where I met some dear old friends, such as José Carlos Coelho Rosa, present in my life since my early college years at the Faculty in Lisbon, and Joana Espírito Santo, who has now joined a shared area of work beyond our initial sphere of friendship. And, naturally, I made new and fruitful acquaintances, like Rosário Belo, who from the first moment clearly seemed to me to be a Winnicottian by election.

This brief narrative shows how I arrived here today, at this 1st Colloquium of the Associação Winnicottiana Portuguesa. Much has been

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2. Associação Portuguesa de Psicanálise e Psicoterapia Psicanalítica.



done in the meantime, events and projects which I have attended and collaborated with pleasure to the extent of my possibilities and with my personal sensitivity as a researcher.

But my interest and commitment remain the same as in the beginning: philosophical. The philosopher is not an intellectual, forgetful of the body and the world in a unilateral mental exercise, but someone who seeks to encompass being human and their fields of action and knowledge in an articulate and comprehensive way. The philosopher is not a scientist locked in a laboratory with their objects of observation and analysis. He or she is someone who seeks to understand how it is possible for everything to be combined, how the whole, to which the human is indelibly linked and constitutes the life of each and everyone, is possible.

I, therefore, have always defended the philosophical importance of Psychoanalysis, whether as a reading of the human in its full (that is, healthy) manifestation or as a revelation of that porous barrier which unites and separates – unites by separating and separates by uniting – the healthy and the unhealthy. Not exactly from a normative point of view, which ends up being that of the doctor in their professional practice, trying to heal a sick person, but from an existential, human point of view, which is to be alert and take care of who we are, in our precarious and vulnerable condition. In this sense, Psychoanalysis – in its entirety, both theoretical and practical – is one of the most important historical contributions to understanding what can be answered regarding Kant's fourth question: What is the human being? A question that Kant (1972) has formulated as being a synthesis of the previous three: What can I know? What should I do? What am I allowed to hope for? Psychoanalysis is, therefore, on the same level as the most important philosophical contributions we can find throughout our history.

With this introduction, I would like, very briefly, to bring just a few comments here, trying to summarize what seems to me to be especially relevant about Winnicott for contemporary anthropological thought. In his own way, Zeljko Loparic (2013) considers the novelty of this contribution as an authentic scientific revolution: the "Winnicottian paradigm".

### 3. Som notes on the winnicottian understanding of the human

I will briefly mention three aspects that I find fundamental in determining what this “revolution” can mean: its theoretical starting point, which underlies Winnicott’s clinical work and discoveries; the path of development which results from it; and the arrival point(s) of the path taken.

#### 3.1 Starting and main point

The first thing to consider in Winnicott’s contribution is, in my opinion, that his starting point for understanding human action and life does not point to desire as the fundamental vector of human nature, but to the relational character of being. Desire is at the core of most readings of his time, not only within Psychoanalysis but also in Philosophy in general. But before desire shows itself – even in its most elementary form as a drive – a relation must be open. Desire is a form of relationship, but not the only one, and not even the first in the genesis of being human. A baby, born by separating itself from the uterine receptacle, in which it felt comfortable, seeks only what is felt to be already there. Although without consciousness of anything, the relational opening of the environment – the mother, the breast – allows the newborn to be in the world without consciousness. Before being driven out there, there is a feeling or a pre-relational feeling that opens up the contact with what comes. This is how I also understand Coimbra de Matos’ thesis (2008), according to which the “beginning is relational”. The relational character is not what exists between two individuals already separated (by birth), but what tacitly keeps the fusional union of what is not yet known or felt as separate.

So, these are two different logics: the *logic of desire* (always for something/someone concrete) and the one of *relation* (open to whatever comes, without prior determination of what/who).

The logic of desire is that of pushing, the drive to have (obtain) something that is felt as missing. It presupposes a “what”. Before this feeling of something lacking, there was just continuity and fullness without anything concrete. Therefore, desire – which seeks to restore lost

plenitude – engenders the object: it gives the sense of a breast to the breast, which is actually expected just to be there. And, if it is not available, the lack of continuity is felt in the unconscious expectation. If obstacles are detected, a defensive shutdown occurs. Desire is, therefore, also a form of relationship, but of a particular type: *linear, one-dimensional*, preparing what will grow until reaching an egoic stage. The drive starts from the inside out and creates, in this linear movement, the object of desire, whether biological or, later, symbolic. Freud, marked by the biological, and Lacan, fundamentally attentive to the symbolic, obey this logic. Also, Schopenhauer, philosopher of the will, and Nietzsche when speaking of the “will to power”, were philosophically in the same line of understanding.

The logic of relation is different: it means an emotional openness to the indeterminate; an affection that merges affecting with being affected. It doesn't create the object, it just opens the space for arrival of what is tacitly expected to be there, without knowing what. Of course, it's traumatic if it doesn't present itself. But, if it shows itself (well enough), interaction arises *in circularity*. This opening creates contexts, horizons: it enables circulation, encounters, and not only the mere back-and-forth subject-object. The baby on the mother's lap is the primordial context in which the possibility of relationality develops itself, the possibility of amplifying the relational field: mouth-breast, gaze-face, tactile proximity-background. This consideration of the relational also took place in Philosophy – in this sense, of being foreign to the subjective-intersubjective, that is, marked by the initial separation and the consequent need to grasp the missing other. Its context is that of hermeneutic philosophy, with several developments, which imply dialogic and hermeneutic circularity. I will not explain further here.

From this point of view, in relation, the searching for what is coming constitutes an interactive circularity that opens spaces and admits the new.

### **3.2 The path of development resulting from this primacy of relation**

The first result of the logic of relation is, therefore, the opening of the potential meeting space as a means or environment in which the continuation of the initial plenitude or well-being can virtually occur. This space of relationship, which begins as what Winnicott calls the mother's lap, will expand to include the environment for manipulation and play, the living rooms of the child, the school, the garden, etc., until it gradually encompasses the small and large lifeworlds, which we can translate as culture. In this growing but select space, other members are integrated, in successive triangulations, which end up being individualized, in relationships that are no longer fusional but individuated, giving way to the construction of identities. Separation is not at the beginning, but it comes to be a fundamental element of the process of maturation, individuation, and learning.

This space, where each person's life takes place, is, however, their own creation, integrating and guaranteeing the possibility of vital transit, growth, and maturation. By making space, each person – from child to adult – experiences themselves and others, things and situations, which allow them to build their identity, without solipsistic imprisonment, but rather, on the contrary, by exposing themselves confidently to what comes. Of course, the frustration can occur and force one to develop defenses – healthy ones, if they do not imply a shutdown to the new, to multifarious existence, to adventure. On the other hand, those that exclude the possibility of the new, out of fear of pain, out of distrust of the unknown, are potentially unhealthy. The maturation process has to be carried out by balancing the good and the bad of what we encounter in the intermediary space, which is our everyday world, and developing relationship strategies. It is in this context that the strategy of the “false self” emerges, which has a positive defensive side, although it can become a trap for oneself if it usurps the place of the most original spontaneity.

In any case, the egoic core is being built in this expanded space, in which the transitions take place, integrating people, events, and lived experiences in one's existence. It is virtually in this transitional space that each person's life and existence are played out, without the need

for identification or phobia. It derives from relational openness and not from fixation on objects of desire, whether concrete or mythical. It derives from the acceptance of what is given, and not from the prefiguration of instinctual objectives at will.

The second aspect to be noted is, in my understanding, the characterization of the vital dynamics as a time of maturation (Dias, 2003/2024) through the integration of lived experiences: of the body itself, firstly; of the transitional spaces that arise to its measure; and of the affective impressions, emotions, interactions, which escape mental acuity but retain the strength of concrete relationships, situations, and the proximity of agents. Also, finally, of the mind itself, which tends to separate itself from what it contemplates as an object and, therefore, requires reappropriation in an existential form. Maturing is a temporal hermeneutic process. It is a recording and elaboration of everything that is perceived experientially. It is memory but also imagination. It is acceptance and integration of living and lived experience as a unit of vital meaning, capable of being recognized as mine: experience of what in me is mine, belonging to myself. But it is also the recognition of what is not mine, of what I do not consider mine and what I identify as someone else's. And here, there is much that needs to be explained about the pathological processes of expulsion of what, in myself, I do not want to accept as mine, keeping it out, in a pathogenic defensive strategy, such as what Melanie Klein describes as "projective identification", for example<sup>3</sup>.

Without elaborating on these points, I think, however, that I leave registered the three most important characteristics of the Winnicottian way, which starts from the primacy of the logic of relation over that of desire: the opening allows the amplification of the potential space for transitions, through the incorporation of the new multimode. This takes place in a dynamic that integrates everything that is experienced in the unity of a self; and all of this happens in a temporal crescendo in the manner of a rhythmic maturation, confident in the continuity of being. This description reflects what human nature is in its healthy expression, which can be affected by processes of closure or disintegration, leading to halted growth or regressive leaps back to primitive stages due to the

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3. The problem is highlighted, but we cannot go into it here.

lack of an environment capable of responding well enough to the needs of the individual in their phases of absolute dependence<sup>4</sup>.

Therapy, therefore, is not conceived as an interpretative intervention of the vicissitudes and frustrations of desire and libido, but as a passport to moments of closure and disintegration, with the aim of rehabilitating the capacity for openness, even if it means going through a regression phase to dependence. Instead of alerting the repressed trauma and its reminiscence, the goal is to allow the maturation process to be reconstructed in some of its stages.

### 3.3 Arrival Point(s)

The conception of the therapeutic event already refers, in fact, to what I consider to be one of the points of arrival of this Winnicottian analytical line. But there are two theoretical aspects that I do not want to miss highlighting, even if it is in a merely enunciative way.

The first concerns the conception of the human self – the self, which is a way of speaking about me, but is not seen strictly in the first person, but in a self-appropriation, whereby it is seen as another. Let us not forget Ricoeur's expression, which gave the title to one of his works: *Soi-même comme un autre* (1990). This way of talking about each one of us as a self disconnects from the traditional conception of the self as an initial unit, to move towards someone who does not start from themselves as an instinctual being, but rather arrives at themselves through a unifying integration process of what is presenting itself in his or her life experience<sup>5</sup>. Which implies having to see oneself as someone else, beyond the image in the mirror, which one slowly appropriates. The self is, then, not a starting point, but a point of arrival. Which, in a certain sense, weakens the importance of an identity self as a defensive fortress, admitting instead the natural play of both the most original and authen-

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4. This reading of mine owes the aforementioned work by Elsa de Oliveira Dias (2003/2024) the model of coherence and dynamism that allows for a unitary conception of many of the often dispersed aspects of Winnicott's wide-ranging production.

5. I addressed this issue a little more extensively in Borges-Duarte, 2021, pp. 30-33.

tic core and the masks most dependent on the social pact. The traditional notion of self-subject weakens.

The second aspect complements this by incorporating culture as a transitional space in which it plays a role into the daily management that the self has to do with its own life. Unlike Freud, for whom the cultural world begins as what overlaps, contradicts, and frustrates the dominance of impulses in the ego, constituting the latter as a battlefield, for Winnicott, the transition to cultural space is, from the first moment, opened by the acceptance of the mother's breast at the first feeding. Culture comes with confidence in the continuity of being. If this trust is broken, due to an environmental failure, it is the entire integrative process that is put in check, and therefore, it is this multipurpose failure that must be monitored in therapy.

I will stop here, in my brief reflection on the philosophical importance of Winnicott's thought. I did not intend to touch on all the points that may be of interest to Philosophy, but only those that, as I hope to have shown, I consider to be of greater acuity to what contemporary Philosophy and Culture have developed, through one or another of their ways of work. I think that, as a whole, these modest findings are illustrative of the novelty of Winnicott's conception of "human nature" (1988), in line with some current philosophers. But the integration of this perspective into mine, as I have exposed it in various writings and conferences, has left its mark on a very particular aspect: the need to think of the human being not merely as made and finished, as an adult being in full exercise of their ontological possibilities, but as a vulnerable and becoming being, who needs to be taken care of in order to mature.

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## Being, sum, I am: Vicissitudes of primary identification as the cornerstone of subjective identity

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### 1. Is “one” really a starting point?

In 1968, during the Easter Conference of the Association of Teachers of Mathematics, Winnicott gave a lecture with the curious title: “*Sum, I am*” (1968/1990). He explains his choice as follows: “I shall be talking about the stage of *I am* in individual development, and so it might be legitimate to link this with the Latin word *sum*. You catch the paronomasia [...]?” (1968/1990, p. 42) The paronomasia – or the actual paradox – lies in the graphic sameness of the Latin verb “sum” – *I am* – with the English noun “sum” – *sum*, or *addition* –, which is the exact opposite of the “oneness and uniqueness” evoked by both the philosophical-psychological concept of identity and – even more so – the mathematical “1” (one), a prime and therefore indivisible number.

In this article, Winnicott points to a similarity between the study and teaching of mathematics, on the one hand, and the study of human development, on the other.

In both disciplines – he writes – “if a stage has been left out, the rest is nonsense” (1968/1990, p. 50). Alongside children “who easily start with *one*” – he continues – there are, therefore, others “who have not achieved unit status and for whom *one* means nothing” (1968/1990, p. 47): nothing more – so he seems to imply – than an empty number to which *no personal experience corresponds*. “The word ‘unit’” – I quote again – “means nothing except in so far as the human being is a unit” (1968/1990, p. 44).

In order to clarify his own thought, Winnicott also takes up Descartes’ “*Cogito, ergo sum*”, according to which the personal existence of

the individual can be irrefutably proven *on an exclusively logical-intellectual level*. “If I am able to think” – says the Cartesian *cogito* – then – *ergo* – I certainly *am*: that is, “*in my mind* I feel my existence has been proved” (1968/1990, p. 43; emphasis added). However, Winnicott immediately distances himself from such an intellectual demonstration of the “sum” by referring directly to clinical experience: “we [we *the psychoanalysts*]” – he says – “are concerned here with an unselfconscious state of being, *apart from intellectual exercises in self-awareness*” (1968/1990, p. 43).

Moving from intellect to sensory evidence, one could further argue that it is enough to stand in front of a mirror to *perceive* the undeniable fact of existence and thus even to have *concrete* proof of it. But is it really this kind of “unselfconscious state of being” that Winnicott is talking about when he states that there are subjects who are forced – and I quote – “to develop *without the capacity to be, or with a crippled capacity to be*”? (1966/2018, p. 179; emphasis added)

## 2. Brief remarks on the concept of “identity”

From the Latin root *idem*, “the same”, the traditional concept of identity – however one wishes to understand or explain it – is nevertheless closely linked both to the concepts of *unity* and *uniqueness*, as well as to the concept of *being*: “to be something”, “to be someone”, or “to be someone and not someone else” *presupposes* – in fact and in any case – *being*.

More specifically, the question of identity makes its exemplary appearance in Aristotle’s logic, which is based on the three interrelated “axioms” that the philosopher himself described as “self-evident”, and therefore “irrefutable”: *the law of identity* (“A is equal to A”); *the law of non-contradiction* (“A cannot be both A and non-A at the same time”); and *the law of excluded middle* (“every proposition must either be true or false, and cannot be both at the same time”) (Aristotele, 1982).

More generally speaking, ordinary thinking and ordinary verbal language – which “*naturally*” *contrast subject and object, distinguishing one from the other*, are also based on Aristotelian logic: one can *only* speak of a specific object *in isolation from its context*.

### 3. Winnicott's view on identity

Based on the direct observation of the infant in his relationship with the mother and on the psychoanalytic clinic of psychosis and borderline or schizoid states, Winnicott problematizes not only the concepts of “unit” and “being”, but also the Aristotelian concept of identity itself, *because of the way in which they have been presented – or rather “taken for granted” – even by traditional psychoanalytic theory*: for Winnicott, both the integration of the individual into a unit, as well as – and even earlier – the individual’s own “being” are in fact developmental *points of arrival* that need fundamental and reliable environmental support, rather than starting points that can be taken for granted.

In the very beautiful article “The Split-off Male and Female Elements to Be Found in Men and Women” (1966), Winnicott – precisely by using the metaphorical figurations of “male” and “female” – makes a theoretical distinction, already in the very early stages of development, between two levels of relationship: a more *instinctual* – “male” – level linked to “having” and “doing”, both of which differentiate the object, and a *pre- or extra-instinctual* – “female” – level linked instead to “being”, to the *subject-object identity in “primary identification”*, and thus to the fundamental possibility of “being” – granted in fact or denied by the mother to the child – thanks to *the mother’s own “being”* (1966/2018).

Winnicott writes:

Psycho-analysts have perhaps given special attention to this male element or drive aspect of object-relating, and yet have neglected *the subject-object identity* [...], which is at the basis of the capacity to be. The male element *does* while the female element (in males and females) *is*. (1966/2018, p. 178; emphasis added)

The element that I am calling “male” does traffic in terms of active relating or passive being related to, each being backed by instinct. [...] By contrast, the pure female element relates to the breast (or to the mother) in the sense of *the baby becoming the breast (or mother), in the sense that the object is the subject*. I can see no instinct drive in this. (1966/2018, pp. 176-177; italics in original)

I associate impulse related to objects [...] with the male element, *whereas I find that the characteristic of the female ele-*

*ment in the context of object-relating is identity, giving the child the basis for being, and then, later on, a basis for a sense of self.* (ibid, p.182; emphasis added)

[...] It seems that frustration belongs to satisfaction-seeking. To the experience of being belongs something else, not frustration, but *maiming*. (1966/2018, p. 178; emphasis added)

Winnicott goes on to explain the concept of “primary identification”, based on the assumption of an *initial undifferentiation between the baby and the mother*:

However complex the psychology of the sense of self and of the establishment of an identity eventually becomes as a baby grows, *no sense of self emerges except on the basis of this relating in the sense of BEING*. This sense of being is something that antedates the idea of being-at-one-with, because there has not yet been anything else except identity. Two separate persons can *feel* at one, but here at the place that I am examining the baby and the object *are* one. [...] This that I am calling the object-relating of the pure female element establishes what is perhaps the simplest of all experiences, the experience of *being*. (1966/2018, p. 177)

Already in these early statements on “primary identification” we can therefore assess Winnicott’s disavowal – in relation to the *real infant* – of all three of Aristotle’s axioms of identity. Initially – if things are well due to the mother’s “good enough” adaptation to the infant’s needs – the baby, Winnicott tells us, must be able to undergo the experience of “*being* the breast (or the mother)” (1953/1971, p. 6): otherwise, it will be forced to develop without a sense of being, or with a “maimed” sense of being.

A year later, in “Mirror-role of Mother and Family in Child Development” (1967), Winnicott will further state – from a slightly different point of view – that the premature perception of a Not-Me object, *including the mother’s face if it is not “mirroring”*, is highly traumatic for the baby, as it risks bringing him abruptly into contact with all his own actual dependence and all his own *helplessness*: the infant, he affirms, must *first see/find itself and his own being* in his mother’s face, so that the “perception” of the object and its “apperception” – that is, the perception/experience *of the self* – can coincide.

I quote again from “The Split-off Male and Female Elements...”:

[...] The object-relating of the male element to the object presupposes separateness. [...] Drive satisfaction enhances the separation of the object from the baby. [...] Henceforth, on the male element side, identification needs to be based on complex mental mechanisms, mental mechanisms that must be given time to appear, to develop [...]. On the female element side, however, identity requires so little mental structure that this primary identity can be a feature from very early, and the foundation for simple being can be laid (let us say) from the birth date, or before, or soon after.

[...] Either the mother has a breast that *is*, so that the baby can also *be* when the baby and mother are not yet separated out in the infant’s rudimentary mind; or else the mother is incapable of making this contribution, in which case the baby *has to develop without the capacity to be, or with a crippled capacity to be*.

[...] The study of the pure distilled uncontaminated female element leads us to *BEING*, and this forms *the only basis for self-discovery and a sense of existing*. (1966/2018, pp.178, 179 e 180; emphasis added)

## 4. Clinical case

### 4.1 Three different states of being

I will now present three different moments in the therapy – already at an advanced stage – of an autistic child. These three moments seem to illustrate wonderfully the slow journey from the terrifying contact with the “nothingness of the self”, through the re-experiencing of one’s “non-being” in the transference – and supported by crossed identifications –, to the point of achieving “primary identification” with the analyst, thanks to which the therapy can then be gradually directed towards a sufficiently healthy and promising development of the patient.

## 4.2 Lorenzo, an autistic child

Lorenzo, two and a half years old, is brought in for a consultation for autism. The child – the parents tell me – “has never spoken”. The first word he said was “daddy”, the second “no”, and then *nothing*: just some singsonging, “deafness”, and a lost gaze. In addition, Lorenzo eats very little and is severely underweight: since his birth, his mother has spent hours feeding him in front of the television, which seems to “distract” and “hypnotize” him.

As if it wasn’t enough, his father – the “daddy” who Lorenzo used to call at the beginning – fell seriously ill shortly after the boy’s birth: after only three consultations, he will spend a long agonizing time at home, while Lorenzo – now with a significantly worsened symptomatology of his own – is “annoying” and “in the way”, and is often kept out of the room where his father is dying.

At the beginning of the consultation, the child’s mother, an only child with a borderline personality disorder, appears to be literally furious at her husband, whom she aggressively insults and humiliates: or she seems to be furious at life in general, at the whole universe, including – obviously – her son, who in her own words “might as well *not have been born at all*”.

For the first four months, Lorenzo’s maternal grandmother will accompany him to therapy – three sessions a week – and I myself will have to prepare him – as best as I can – for his father’s imminent death.

## 4.3 The non-being: inside the shell, “a hole”

In the third year of the analysis, he is five years old and finally back after a long absence due to illness and Easter holidays. Lorenzo tells me, in an over excited and manic way, about the “*hard* Easter egg” – as he calls it – that he had received as a gift a few days earlier. “I punched it: like this”, he tells me, repeating the gesture compulsively, as if to *actively* present/represent the environmental *impingement* to which he has reacted with his autistic shell. “[...] And what did you find inside?” I ask him hesitantly, “[...] usually there’s a surprise”. Suddenly, he

falls back on long abandoned stereotypes – grimaces that evoke horror and active fragmentation, and a shaking of the head that almost seems to say “no-no-no”. He answers me in a broken voice: “There was a ... a ... a ... *hole!*” Behind such a sudden and obvious disorganization – an “old-fashioned” disorganization – I can still sense a certain *sadness and depression* in him.

Thinking of his autistic armor, I think that if Lorenzo feels that there’s a “hole” or a “nothing” inside the “hard egg”, then it must be very important for him *not to break* the egg, to keep the shell *closed and hard*: the thought of falling into the void must be terrifying. Lorenzo looks into my eyes intensely – which is unusual for him – as if he feels unexpectedly *recognized*.

In “Nothing at the Centre” (1959), Winnicott states that the constant “reacting” can be a defense against a “central nothingness”: and that only when this “central nothingness” is reached by the patient and *recognized* by the analyst, can the patient finally begin his/her “search for a self that would feel real” (1959/2018, p. 51) It is here, I think, that the analyst’s *being*, his sincere belief in the reality of a potential self, and thus a different future, becomes essential.

#### **4.4 Recognition of the non-being: “Here’s a child who ”**

A few months later, for the first time Lorenzo, who usually destroys everything, builds something with a real shape using Lego bricks. It is a cube, but it is completely closed, with no windows or openings: to me, it looks like the autistic shell from when I met him. This time however – and perhaps for the first time ever – the child seems to have succeeded in a *symbolic representation*.

Thinking of the Easter egg “with the hole inside”, I carefully take the cube in my hands and bring it close to my ear, as if to listen for something “inaudible” that *might* be inside. I say: “Everything is completely closed...you can’t hear anything...maybe there’s someone in there... perhaps a child... who *doesn’t speak but is calling for help...*” Playing with cross-identifications, I add: “Maybe *you could help Susanna, Lorenzo...*” Unexpectedly, Lorenzo walks over to the toy box and deter-

minedly takes out the phone. Excited, he tries to shout while stuttering: “p-p-po-lice... b-b-bu-lance...c-c-come qu-qu-quick... he-he-he-re is... *a child who isn't!!*” It is hard, I think, to find an expression that is both so harrowing and so poetic.

Inside the cube – as with the egg –, there no longer seems to be the “nothing”, or the “hole”, or the “nobody”, but – this time – a child *with the quality of “NON-BEING”*.

Little Lorenzo seemed to be able to finally encounter, understand and symbolize the void and the “non-being” *of the past only at the moment when*, thanks to the slow “happening” of a Winnicottian analysis, he began to trust the fact that there is someone – “an ambulance”, “Sussanna” – ready to “come quickly” and share with him. And to *see and rescue* that “*child who wasn't*” and who today is confident that he can be seen and therefore “*be there*”.

#### **4.5 Primary identification: “being” the other, “encountering/ finding oneself” in the other**

Several months had passed, when, at the beginning of a session, his mother left Lorenzo at the door without barely saying hello to me and without even saying goodbye to him. They had clearly had an argument: but Lorenzo, faced with his mother's anger and constant mood swings, could only get disorganized. I knew nothing of what had happened and cannot comment on anything.

The child does not go into the room as usual: he remains in the hallway completely disoriented and starts jumping up and down and spinning around in an uninterrupted stereotype. It's been a long time since I've seen him this “autistic”. I wait in silence: I think all this should *still* be “-survived”, and should not be “interrupted” by a so-called “intelligent” comment. After at least five or six minutes, Lorenzo – although still spinning and jumping – begins to slow down, perhaps gradually “realizing” that such an extreme defense is no longer “justified”.

Only now I tell him very softly: “it seems that something has happened that has really frightened you... but *I am here...*”. Still spinning, Lorenzo staggers towards me and suddenly “collapses on me” with a cer-



tain impetus: he must be dizzy. He clings to me, hugging my hips so as not to risk falling to the ground with all the spinning: he seems to consider me a concrete and stable anchor, but not necessarily a person. He's quite small, so his face is buried in my belly.

He stays like that for a few minutes while I remain silent so as not to interrupt his bodily experience. At a certain point, quite unexpectedly, he begins to casually cover my stomach with "hidden" kisses, at first, and then obviously on purpose. At this point, I realize that I have no more than two seconds to think of a comment to welcome this important and "inaugural" gesture without emphasizing it in a way that might upset Lorenzo. His gesture seems too "hidden" and at the same time too fusional to suggest a differentiated relationship. To him, there seems to be only the confidence of being able to "cling" to a secure base, that tolerated all the spinning and has remained calm and totally still, "surviving" it all.

Thinking about the undifferentiation of "being" in primary identification, I therefore decide to try a comment that might allude to Lorenzo's "contribution" to *"me"* and to my *"being alive"*. And I say in an elementary way so Lorenzo can understand: "with all the kisses of this child, I *will become so beautiful!*" At this point, something unexpected happened, something I couldn't have foreseen: Lorenzo broke away from the embrace and looked directly into my eyes. Moved and almost enchanted he exclaimed: "Hello, *my beautiful beautiful LORENZA!*" Then he pulled me into an embrace, now completely intentional.

Obviously, my name is one of the few words that Lorenzo knows and pronounces correctly: but this time – in this situation – he does not use it; instead, he uses his own name, correctly declined in the feminine form. By calling me "Lorenza" and not Susanna, he is encountering HIMSELF in me, and "through" me. But I think what happened is much more complex, more painful and more "alive" than that.

Winnicott writes: "After being— doing [...]. But first, *being*". (1966/2018, p. 182)

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## 1. The function of the setting in psychotherapy

Anyone who hopes to learn to play chess from books will soon discover that only the openings and endgames have an exhaustive systematic description and that the infinite variety of moves developing after the opening defy any such description. Psychological therapy is such, and it is a kind of professional relationship and professional work within a setting (Bleger, 1967). At the beginning of the therapy, the therapist should create the setting with the patient, that is, to create a room, where two persons may have the opportunity to mutually listen to and partake in their own and each other's thoughts and feelings and in the movements of the unconscious (Künstlicher, 1996).

## 2. The definition of setting

Settings consist of a series of elements, from the most concrete to the most virtual. The analytic setting is concrete, such as the details of session times and their surroundings, the environment of the consulting room, and the therapist himself. The analytic attitude is virtual, such as the therapist's particular theoretical principles, the therapist's limited self-exposure, the confidentiality, and countertransferential position and relation to his own unconscious.

Freud sees the settings as the fundamental rule of free association, the therapist's free floating attention, his/her position outside the pa-

tient's visual field, the regularity and duration of sessions, and the terms of payment. Freud only recommends the rules and does not demand any unconditional acceptance of them (Freud, 1913). The therapist should be aware of the elasticity of the rules. A Freud-behind-the-couch who is quite different from the Freud we meet in "Recommendations", a lively, spontaneous, often friendly, sometimes heated, non-abstinent, non-rigid Freud, who loved to chat and sometimes even descended into gossip.

The Kleinian authors, however, pay scrupulous attention to the setting, firmly express their opposition to the technical innovations, and insist that interpretation and transference interpretation are the only instruments to be used. Even with psychotic patients they never move away from the analytical method. According to some Italian therapists, the principle of abstinence becomes the "rule" of abstinence; in order to follow the rules of impersonality and anonymity, the consulting rooms were not decorated so that nothing of the personality or taste of the therapist could be individuated, the therapist always wore the same clothes, and some even took off their wedding rings before the treatment (Momigliano, 1988).

Winnicott is creative and he defines "setting" as "the summation of all the details of management" (1955/1958, p. 297). Winnicott classifies patients into three categories (1954a/1958). First, patients operate as whole persons and the difficulties are in the area of interpersonal relationships. The technique for treating these patients belongs to psychoanalysis as it developed in the hands of Freud at the beginning of the twentieth century. Second, the wholeness of the personality is just beginning to be something that can be taken for granted. The treatment has to do with the first events that belong to, and inherently and immediately follow, not only the achievement of wholeness, but also the coming together of love and hate and the dawning recognition of dependence. This is the analysis of the stage of concern, or of what has come to be known as the "depressive position" (1954b/1958). In the third grouping, the treatment must deal with the early stages of emotional development before and up to the establishment of the personality as an entity, prior to the achievement of space-time unit status. The personal structure is not yet securely founded. The focus is more certainly on management,

and over long periods of time ordinary analytic work has had to be put on hold, since management is the key element with these patients.

Winnicott emphasizes the reliability, predictability, availability, and accessibility of the settings and of the therapist. For the third type of patients, the provision and maintenance of the setting are more important than the interpretative work (Faimberg, 2014). The behavior of the therapist, represented by the setting, by being good enough in the matter of adaptation to need, is gradually perceived by the patient as something that raises the hope that the true self may finally be able to take the risks involved in beginning to experience life. The therapy with Little included his metaphorical “holding” of her fantasies, anxieties and deliriums, but also the actual holding of her hand during the many hours of panic, the prolongation of her sessions without extra payment, given her long silences at the beginning, his visits to her home during an illness that kept her in bed for months, his ability not to become impatient even when her requests were very eager and demanding, and his affectionate care, offering her coffee and biscuits at the end of a session.

### **3. The function of the setting**

Different therapists may emphasize different aspects of the setting. One may insist on the presence of the third party, or the law of the father, embodied in the “limits” imposed by the setting, which allow the patient to discover his own. Others may emphasize the personal “comfort and relaxation” that the therapist provides for himself through the setting. Others may focus on the “holding” function of the setting, allowing the creative experience to emerge and consolidate spontaneously or autonomously. It is crucial that the rules and standards of the setting provide a “safety barrier” that allows patients to “act crazy” on a path edged with pitfalls without running an excessive risk of actual madness.

The purpose of therapy is to help each person live creatively every day. Many patients come to therapy because of a loss of creativity and an inability to play. Then the therapist is directed to move the patient from a state of not being able to play to a state of being able to play (1971). Play is a creative experience that takes space and time, and is intensely

real to the patient. It should not be forgotten that when a small child learns to walk, he must first walk toward his mother before he can walk away from her, i.e. the patient must learn to tolerate his dependence on what therapy has to give him and on what he is to himself. Creativity in therapy is the autonomous or spontaneously flowing treatment process, and the factor that facilitates it is the carefully constructed and maintained setting or site, and the patient's transformational introjection of it.

The setting is a certain inconstancy or an inconstant certainty. A solid setting is needed, but at the same time, for certain patients the understanding occurs thanks to its inconstancy (D'Agostino and Ferrigno, 2014). The Tao Te Ching states that "Da cheng ruo que, qi yong bu bi (大成若缺，其用不弊)", which means that the great creation comes from the gap of balance and it is important to constantly break the old balance to establish a new one. Therapy should pay great attention to the latent meaning of the violation of the settings. The initial violation of the settings offered by the therapy is equivalent to an unconscious attack on the therapy's holding, just as the attack on their own.

In the first place, the patient seeking therapy is sensitive to external reality, but what he expects from the therapist is precisely to help him to gain access to internal psychical reality, or, in other words, to perceive the latent meaning behind the manifest one. This is necessary in order to maintain the isolation of the therapeutic situation, the impossibility of discharge, the intimacy of a contact limited to the psychic sphere and, at the same time, the certainty that mad thoughts will not go beyond the walls of the consulting room, that the language used as a vehicle for these thoughts will remain metaphorical, that the session will end and will be followed by another, and that its weighty truth, truer than reality, will dissipate as soon as the door of the consulting room closes behind the patient (Momigliano, 1988).

Winnicott sees the settings as creative and flexible. The whole setting should be one big reassurance, especially the therapist's reliable objectivity and behavior, and the transference interpretations should be used constructively rather than wastefully exploiting the passion of the moment (1954a/1958). The therapist should maintain psychosomatic presence and proactively adapt to the ego-relating needs of the patient.

The treatment process not only maintains the settings inside the consulting room, but also extends into the broader environment of the family, school and hospital. The setting is of secondary importance, the essential requirement is to give as free a play as possible to the emergence of the original and unpredictable music that arises from the particular encounter between the therapist and his patient (Quinodoz, 1992). A treatment fails because of nonchalance and lack of understanding of the fact that the setting really helps us to understand the patient and his psychic world (Carpelan, 1981).

Without an adequate setting, it is not possible to create the necessary sense of security and confidence that constitutes the prerequisite for successfully handling the other fundamental part of the therapeutic work. During the session, the therapist should really be there, available to the patient and ready to receive whatever he conveys, verbally or non-verbally, through a projective, communicative process. Together with the therapist's tireless attentive and understanding attitude, the constancy of time and space gradually gives the patient enough confidence towards him to experience dependence and the need to receive in the transference situation. Whatever the variations of the external settings are, the settings within the therapist prove to be good and solid, and the therapist has the feeling of having volunteered to swim with the patient in a very stormy sea, but also of having held the helm of the therapeutic work steadily on course: navigating towards the continuity of being, making the best of a bad job (Modell, 1989).

## 4. Clinical materials and the analysis

L, 24, female, tall and slim, long hair, wearing a neutral long-sleeved t-shirt. She was a little untidy. For the first session, L walked around the consultation room and then sat in a swivel chair facing the therapist. L was a little cold and in a state of confusion.

In the 26th session, L entered the consultation room and sat in the swivel chair facing the therapist as usual.

L: The angle of this trash can is not right, and we need to adjust it.

Therapist : How do I adjust it? You tell me, and I'll do it.

L: Turn it to the left, a little more to the left. It is too much. A little to the right.

Therapist : Okay, is that right? (L instructed the therapist to turn the angle of the trash can)

L: Yeah, it is good.

For the patient, the consulting room represents the interior of the object that the therapist represents, filled with various part-objects. In unconscious fantasy, all the concrete objects that can be seen are different parts of the therapist. L took the consulting room and the therapist as her subjective object (1968/1971).

In the 40th session, L reported two dreams. In the first dream, L fled to a snow-covered mountain in a certain country and temporarily stayed in a family hotel. She was threatened to cut people into pieces and felt guilty. Then she escaped to a snowy mountain in Norway, where she participated in the killing in order to maintain a relationship. The final scene was that she felt very stiff with a family of three members sledding down the mountain. In the second dream she was a witch. She often hollowed out people's bodies, burying her head into the chest full of blood, feeling very excited and experiencing the vitality of life.

Holding the settings is more important than interpretation. The therapist hasn't overinterpreted either dream. The setting can become the depository of the most primitive part of the personality, the psychotic part. The presence of the setting guarantees that the therapeutic couple can proceed within the register of a protective isolation, without harmful misunderstandings and with the certainty that mad thoughts will not go beyond the four walls of the consulting room.

In the 56th session, the session reached the end time. The therapist reminded L that it was time to end. Instead of getting up and leaving as usual, L started a new conversation. The therapist waited for L to finish. L said, "Time is up, Let's stop."

Inside every one of us there is a kind of clock, although the dominating time may be oral, anal or genital (1963/1965). The mother feeds her infant at approximately regular hours according to the infant's individual rhythm. This also applies to other kinds of care she gives her baby.



Each patient owes his or her own baby-parts fulfillment of their specific needs. In our unconscious mind, the therapeutic week is therefore, experienced as a day in the life of an infant's life, shared with the object, the therapist-mother. The feeling of the mother's existence lasts  $x$  minutes within the baby. If the mother is absent for more than  $x$  minutes, the imago fades and so does the baby's ability to use the symbol of the union. The baby is distressed, but this distress is soon mended, because the mother returns in  $x+y$  minutes. In  $x+y$  minutes the baby does not change. But in  $x+y+z$  minutes the baby is traumatized. In  $x+y+z$  minutes the mother's return does not mend the baby's altered state. Trauma implies that the baby has experienced a break in life's continuity, so that primitive defenses are now being organized to protect against the repetition of "unthinkable anxiety" or the return to the acute confusional state that belongs to the disintegration of the nascent ego structure (1971). The therapist should flexibly arrange the duration and frequency of the sessions, according to the patient's needs and to the time the therapist can remain in the patient's mind, and provide appropriate care.

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## Alfredo Naffah Neto

(PUC-SP/IBPW/IWA)

### 1. A clinical case in analysis

One generally describes clinical cases in psychoanalytical processes, along the tortuous ways of recovery, in order to question and inquire the basic theory, thereby enabling its reformulation. It is precisely for this purpose that this case will be described here. The patient has been given the fictitious name of Salim.

The first time Salim came to my consultation room, he seemed very upset about his life, as he found everything false, unreal, and meaningless. He had graduated as a psychologist to justify – as he later discovered – to his traditional Lebanese family his need for psychotherapy. At the time, however, he was unaware of this, and his motivation was entirely unconscious.

When Salim first came, he was not working as a psychologist, but as a teacher; he taught Portuguese classes to people of Arabian descent in São Paulo. He was very clever and a very good teacher, highly valued by his students. Throughout the analysis, it became clear that Salim had a hypertrophied intellect, a mental sphere completely split off from his affective-emotional sphere. In other words, he had developed a kind of pathological false self with predominantly intellectual characteristics.

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1. This text is a modified version of an article originally published in Portuguese, in *Revista Brasileira de Psicanálise*, v. 52, n. 2, 2018, pp. 141-150, titled “Com os pés no chão: sobre como se pode sonhar a conquista de um corpo próprio num processo de análise”. That article was then shortened and modified, and its title was changed, for presentation at the 2<sup>nd</sup> International Congress of the IWA, held in Paris, in 2017. It is this latter version that is presented here.

Little by little, I realized he was a borderline patient with an “as if personality”, a concept that I explored in two previous articles, revisiting Hélène Deutsch’s work (Naffah Neto, 2007, Naffah Neto, 2010). Transposing this pathology to Winnicott’s theoretical framework, I redefined it as a patient whose personality axis lies in the pathological false self. This false self, formed by mimicking environmental features, is quite well-structured yet entirely disconnected from the rest of the psyche. In Salim’s case, because it was built upon a hypertrophied intellect, it acted as a mental filter in object relationships, reducing all of reality to a complex of logical ruminations. His affections could be neither distilled nor metabolized, remaining in crude and chaotic state; for that reason, they were frequently displaced, suppressed, and sometimes covered up. In essence, Salim had no contact with his subjective affective-emotional world. He clearly stated: “I don’t know if I have wishes; and if I have some, I don’t have access to them...”

In this way, since this type of patient has no contact with their true self – which remains encapsulated and covered up – life functions uniquely by means of the false self, on the “as if” level, hence the term “as if personality”. These dynamics created in Salim the feeling that everything in his life was false, unreal, and meaningless.

As the analysis progressed, it became clear that Salim had an invasive mother who never acknowledged her son’s individuality, but always viewed him as an extension of herself, her values, and her wishes, presented as absolutes.

One must also consider that such a split between the intellect and the emotional sphere reflected an incomplete process of personalization or, at least, one full of gaps. In other words, Salim’s psyche was not anchored in the body, failing to form a psychosomatic unity; it was composed almost entirely of the intellectual aspect of the false self (while his true self remained encapsulated, occupying a marginal position). Thus, when affections emerged from the body, they could sometimes invade the psyche, by passing the defence mechanisms. On these occasions, they surfaced in a crude state, without any kind of appropriation by his self. There is no doubt that, in such moments, Salim was possessed by these feelings and emotions, lacking any control over them.

Therefore, I proposed four sessions a week to Salim, as I realized that I was dealing with a borderline patient. He accepted my proposal, though I needed to considerably reduce my fee. Later on, these four sessions a week were transformed into 2 double sessions a week (with the sessions lasting an hour and a half), due to my need to adapt to Salim's necessities. He always arrived late and stayed silent for a long period of time, so the end of the sessions generally came when they were still productive.

The first 3 months of analysis tested my patience, as Salim attacked the process in every way he could, using his knowledge as a psychologist and telling me that I was a very bad analyst, that I knew nothing about psychoanalysis, and so on. I would just listen to him, occasionally commenting, "You seem very angry that I don't work according to your model of analysis". Later, I realized that this might have been a test to see how well I could tolerate his aggressive and destructive impulses without retaliating.

My resilience in the face of Salim's attacks gradually shifted the dynamics, and he began to accept both me and the analysis. After working together for many years, he was no longer that patient who had arrived at my consultation room in search of psychotherapy. Over that time, his psyche became more personalized, achieving a better psychosomatic unity; the split between intellect and emotions was largely dissolved. Consequently, the analysis worked to create a third zone, a potential space that had not previously exist.

But Salim's analysis involved a turning point: when he developed a reasonably well-formed subjective world, he entered a kind of schizoid withdrawal in order to avoid, at all costs, a return to compliance with the demands of his environment, just as he had lived for the majority of his life. And then I needed to help him become less afraid of environmental demands, and we both embarked on a long exercise that required maintaining the reality principle in focus without losing contact with the subjective world.

Salim's analysis lasted 19 years from start to finish, making it the longest one I have been involved in. During the final period, we dealt mainly with Oedipal conflicts that began to emerge.

By the end, he was a creative man working in a creative job, married, and had two children whom he really loved and cared for.

## 2. Dreams in borderline dynamics and the imaginative elaboration of body functioning

We all learned with Freud – when he analysed the neurotic (and healthy) psychic dynamics – that dreams generally express the realization of unconscious sexual wishes (Freud, 1900/1987, chapter III)<sup>2</sup>.

However, I have already emphasized that when treating borderline patients, their sexuality most often has not yet been developed or has been formed as a false sexuality. I quote myself:

For Winnicott, the child's sexuality will only be a true sexuality if it flows *from the baby's own experience*; that is, if it is formed *from the inside out*, starting with the subjective experience of the creation of the breast and progressing toward the process of personalization and temporalization, where the role of the mother is to offer the breast at the right moment and to hold the experience over time. When that process does not occur – and the sexuality is formed *from the outside in*, through environmental influences – it may become what I call a *false sexuality*, as part of a pathological false self, split off from the rest of the personality and shaped by environmental mimicry [...]. The false sexuality creates – for the external observer – an erroneous impression of erotic enjoyment and exists in most borderline patients, generally serving more primitive purposes than the search for pleasure... (Naffah Neto, 2014, pp. 90-91)

In this case, there was a false sexuality: when Salim was very anxious, he would see prostitutes because he felt the need to copulate with them in order to, in his own words, prevent his body “from dissolving into nothing”. Since he had no psychosomatic unity, these sexual relationships provided him with an instantaneous integration between psyche and

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2. There is an exception, when one is dealing with traumatic dreams, that compulsively repeat themselves in order to discharge the accumulated anguish and seek for representation of the traumatic events in the psychic system (Freud, 1920/1987, chapters II, III).

body, reducing the terror of unthinkable agonies. Obviously, this use of “sexuality” had nothing to do with the pursuit of erotic pleasure.

Considering these reasons, in the analysis of this type of patient, one must interpret dreams based on references other than the realization of an unconscious sexual wish. This is particularly relevant because the false sexuality tends to dissolve throughout the analysis – as part of the dissolution of the pathological false self, since it is integral to it – giving place to the creation of a true sexuality. Only then can the Freudian theory of dreams hold any meaning.

In a previous article, when I discussed this same patient, I wrote:

A characteristically borderline patient of mine, who – at the beginning of the analysis – had a big split between the mind (the intellect) and feelings, as he almost didn’t inhabit his body (which was, in that way, very little appropriated), frequently dreamed that he was flying and showing off to others during his flights by juggling acrobatically in the air. This provided him with a great deal of narcissistic gratification.

As the analysis developed, so did the process of personalization, through which his psyche gradually came to reside in his body. His dreams gradually conquered the firm ground of the real world. Although the earlier images returned from time to time – especially when he had to face greater environmental demands and his psyche regressed – they were much less frequent.

Therefore, to interpret those dreams as a realization of infantile sexual wishes, as Freud postulated for his neurotic patients, would distort the dream phenomenon in question, as it presented itself during two different periods of analysis. To interpret them accurately, it is necessary to employ the notion of *imaginative elaboration of body functioning* since, following Winnicott, the dream constitutes one of its forms.

In the cited example, one can say that “to fly” or “to tread upon firm ground” constitute dreamlike translations of different ways of inhabiting the world. The first reflects a split-off intellectual functioning (and its disembodied “flights”, devoid of any possibility of feeling but seeking compensation in a form of omnipotent infantile exhibition), while the second exists in the form of an incarnate psyche, with its weight, sub-

ject to gravity, where feelings and thoughts can constitute a kind of psychosomatic unity. (Naffah Neto, 2012, pp. 39-40)

But what does it mean, precisely, to interpret the dream as a modality of imaginative elaboration of body functioning?

The imaginative elaboration of body functioning is a central concept in Winnicott's psychoanalysis and describes a process that has existed since the beginning of life, to which I previously dedicated a long article (Naffah Neto, 2012). Therefore, I do not intend to elaborate on its description here, as there is not enough time. It suffices to say that it describes the creation of the human psyche, fully anchored in body functioning and serving as a kind of psychic translation of it. For example, the processes of introjection and projection are modeled after food ingestion and intestinal evacuation.

It is also important to say that the imaginative elaboration of body functioning is carried out by the baby itself when there is a good enough mother providing the necessary holding. Initially, it takes very rudimentary forms, which become more complex over time, eventually evolving into fantasies and dreams.

Thus, the dream is one of the modalities of imaginative elaboration of body functioning, and it generally expresses the individual's stage of maturation and the form of existence characteristic of that stage. In Salim's case, "to fly" or "to tread upon firm ground" expressed different existential forms: the first was completely disembodied, lacking gravity – reflecting a period when the self was purely intellectual – and the second was incarnated, subject to the effects of gravity, when the psyche gained psychosomatic unity, residing within the body. When Salim began dreaming that he was skating along, gliding on the ground, that was a sign that he had conquered a body of his own through the analytical process. Evidently, that conquest was also expressed by other signs of psychosomatic integration: the primary one was the sensation – expressed by Salim – that his life had gained meaning, reality, and, most importantly, a certain quality of *truth*, indicated by the access he achieved to his subjective world, including his wishes and feelings. In this way, his subjective world became more accessible and capable of informing and guiding his actions in the real world.



It is important to note, however, that this form of conceiving dreams, while transcending the Freudian model, does not exclude it; rather, it includes it as one of the forms of body functioning, specifically, *sexual functioning*. Therefore, especially when dealing with neurotic dynamics – where everything revolves around Oedipus complex conflicts – Freud's dream theory regains its validity, and dreams primarily tend to express unconscious sexual wishes.

The dream is also, in that way, an important source of signs indicating what kind of imaginative elaborations are occurring during each period of the analytical process; so it may function as a mariner's compass, guiding the healing process and providing a form of *unconscious cooperation*. Winnicott said:

The analyst gathers the clues and makes the interpretations, and it often happens that patients fail to give the clues, making certain thereby that the analyst can do nothing. This limitation of the analyst's power is important to the patient, just as the analyst's power is important, represented by the interpretation that is right and that is made at the right moment, and that is based on the clues and the unconscious co-operation of the patient who is supplying the material which builds up and justifies the interpretation.(...) (Otherwise) the analyst may appear to be very clever, and the patient may express admiration, but in the end the correct interpretation is a trauma, which the patient has to reject, because it is not his. He complains that the analyst attempts to hypnotize him, that is to say, that the analyst is inviting a severe regression to dependence, pulling the patient back to a merging in with the analyst. (1960/1965, pp. 50-51)

Thus, the analyst must always follow the clues that come from the patient's unconscious cooperation, many of which are supplied by the dreams, which therefore constitute some of the best psychosomatic informants in psychoanalytical processes.

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**Conceição Aparecida Serralha**

(IBPW/IWA)

Talking about the specificity of the Winnicottian clinic is not a simple task. Since the beginning of his studies, Winnicott (1962/1990) found that a person's mental illness could occur due to difficulties inherent in life, related both to inherited tendencies and the influence of the environment, as well as to the interaction between these.

When studying Winnicott, we noticed that he reformulated the theory about the beginnings of psychic life, basing it on experience. He created concepts and did not want to theorize about the phenomena he observed using Freudian metapsychology: "drive", "libido", "psychic apparatus", "mental representation", "subject" etc. For him, these concepts were unable to define what they intended, and the people who used them were either not aware of this or disguised the situation (1958/1990).

One of the new concepts used by Winnicott was the concept of "environment", which, in its facilitating characteristic, refers to a set of conditions offered and promoted by a human being to an individual under their care, conditions that originate in the ability to identify, in the way of being and managing this caregiver, what will meet the needs specific to this individual's stage of maturity.

In the clinic, the Winnicottian therapist, through their person, their understanding, and their work, have the possibility of constituting this environment – or setting – that facilitates the resumption of the development of the individual undergoing treatment. At the beginning of the work, the therapist must become a subjective object, since this way, they will have more opportunity to be with the patient. To do so, the therapist needs to have a "belief in human nature and in the developmental process" (1956/1992, p. 292). The therapist's work will be quite limited

if they present reactive formations – due to the unconscious repression of undesirable feelings – and the consequent lack of spontaneity and authenticity that will occur.

What the therapist needs to offer will depend on the patient's emotional maturity. They need to evaluate how “to know at any one moment how old a patient is in the transference relationship” (1949/1992, p. 181). The technique will differ, therefore, if the patient is an individual integrated into a unit, or if they are in a state of fusion with the environment – not integrated –, or if they are at any point in this integrative process towards unit.

In addition to assessing the patient's point of maturity when arriving for treatment, it should also be important to assess the patient's support conditions: the family's maturational status, accessibility to the office, among other aspects. This could lead to the decision to carry out, for example, a case study, or an on-demand service, a therapeutic consultation or even the analytical work itself.

In any of these modalities, Winnicott highlighted that, in the material brought by the patient, through their words, their movements and their silences, there are “calls for verbalization”, and the therapist feels it (1987/1988, p. 95). However, in many moments, what the patient needs is not a word, but a look, attention, and management of the setting to better welcome them. In certain cases, however, the patient needs to hear something that shows that the therapist understands them, since remaining silent can lead the patient to believe that “no-one wants to understand” (1965/1989, p. 323). Therefore, the main element that facilitates good therapy is the degree of trust in the therapist's reliability. Therefore, the main element that facilitates good therapy is the degree of trust in the therapist's reliability. If this is trustworthy, what comes from it will be felt or understood as an interest in understanding and helping.

The moment when the therapist speaks or interprets something is also essential. Had this patient already reached a level of maturity capable of dealing with what would be said to them? Some interpretations, even if correct, can become threatening, can lead the patient “further than the transference confidence allows” (1968/1989, p. 212). An exam-

ple can be found in the analysis of Gabrielle, nicknamed Piggie, which was an analysis according to the demand made by Winnicott. In one session, he anticipated the moment when she could deal with what he highlighted when he told her: “You were frightened to find you wanted to make babies by eating the ships”. Gabrielle then replied: “Shall I say ‘hullo’ to daddy?”. She went to her father, who tried to convince her to return. After a few of these attempts, she came back and said: “I’ll not come back again” (1977/1991, p. 71), and in fact, she did not return.

By understanding Gabrielle’s anxieties related to the “to make babies by eating the ships” (1977/1991, p. 71), Winnicott interpreted, but she could not follow through. Winnicott understood how important it was for Gabrielle to seek her father’s protection. She probably could have resorted to more primitive defenses to protect herself from the increase in anxiety, generated by contact with something that her level of maturity could not cover, if she had not been able to count on her father’s support (Serralha, 2009).

In addition to the time related to the degree of maturity achieved up until the moment the therapist makes the interpretation, the interval that occurs between the production of the material by the patient and the interpretation of this material by the therapist is especially important. The point is that the material the patient produces to be interpreted, at that moment, originates from only a part of their total person, and only at that moment could the interpretation make any sense. For Winnicott (1968/1989, p. 209) “As a whole person the patient would not have been able to have given the material for the interpretation”.

Winnicott said: “the interpretations are part of a building up of *insight*”. The important thing is that it is given “within a certain number of minutes or even seconds of the very insightful material presented”. It must be “given in the same analytic hour. The right interpretation given tomorrow after a supervision is of no use because of this very powerful operation of a time factor” (1968/1989, p. 209).

Another important point is: How much knowledge beyond the patient’s current knowledge can interpretation introduce without invading? In a note during Gabrielle’s analysis of the session’s progress, Winnicott wrote: “Importance of my not *understanding* what she had

not yet been able to give me clues for. Only she knew the answers, and when she could encompass the meaning of the fears she would make it possible for me to understand too” (1977/1991, p. 48).

Meeting Winnicott was very important for my clinical practice because his notion of setting as an environment conducive to the integration of the psyche expanded my ability to be with someone. In fact, my work began to flow, freed from the constraints of rigid rules and procedures, and I dedicated myself to offering this environment without trying to understand too much, seeking instead to let myself identify with the needs of each patient, allowing them to feel safe enough to lower their defenses and surrender themselves to my care. This environment needs to be flexible enough to adapt to the patient’s needs, gradually establishing itself. Therefore, in the beginning, it needs to be more spacious.

The necessary reliability at first, for me, referred only to the person of the therapist, who had to be extremely trustworthy. However, as time went by, I was able to agree with Winnicott that the most crucial reliability for the success of a treatment would be my professional reliability, by placing myself in accordance with the patient’s needs and not driven by my feelings and emotions.

When I was seeing an eight-year-old boy, in a particular session, he brought me a school activity in which he had told his story year by year since birth. When he showed me, he would turn the pages, but when he reached six years old, he didn’t continue. He would always go back to the beginning, stopping reading when he reached that age. Even though I wanted to continue, he wouldn’t allow me. There was a need to go back, to relive those early years, since from the age of six onwards there seemed to be issues that he still couldn’t deal with, and I, professionally, needed to allow him to go back.

If we develop professional reliability, we will see that it is very different from our own unreliable personality. Being professionally trustworthy means being able to offer the environment that the patient needs and not what I want to offer them, even with the best intentions. It is not about offering an environment in which they feel only calm, creative, and little distressed, but about offering an environment in which their

inability to continue, their pain, their anger and their despair can appear and, finally, be sustained.

The Winnicottian setting cannot, in fact, be described, thought about, spoken, measured, or made intelligible. It needs to have the familiarity of a moment lived, but lost, and that can be made to arise again, or for the first time, through the identification of needs, often without any verbalization, in a silent communication, in which it is possible to surrender to care, relax, in short, be.

An interesting point to comment on is the fact that it's very common to hear that Winnicott is only a child therapist and that a Winnicottian therapist only treats children. It's not true... and on the other hand, it's true... According to Winnicott: "If there are only two people involved then there has been a regression of the patient in the analytic setting, and the setting represents the mother with her technique, and the patient is an infant" (1956/1992, p. 286), and, in some cases, these become a single person. The therapeutic setting reproduces the mother's initial techniques and invites regression due to its reliability.

The therapist's behavior or handling, which Winnicott called the context of analysis, in the regression period becomes more important than the interpretation. The patient begins to perceive the therapist as someone who gives them hope that their true self can begin to experience living with the risks inherent in that process (1956/1992).

The process of coming out of regression needs to be done very carefully, as it may take a long time for the therapist to be able to build, as Winnicott said, an internal means that allows him to dispense with this presence. For Winnicott, the individual can only reach the "I am" stage because there is an environment that is protective. Thus, if the therapist cannot face the patient's dependency, he or she has failed, and this failure must be considered an *old failure*, which may be experienced for the first time by the patient, who perceives it, embraces it, and becomes angry about it. When the therapist realizes their failure, they cannot defend themselves, they need to recognize it and make use of it, as this will allow the patient to feel angry about the failures of adaptation in their initial environment, and this is what will make the patient free themselves from dependence on the therapist (1956/1992).

Finally, it is worth remembering that there will never be enough therapists to help everyone who needs it. Therefore, we need to take care of families so that they can create a setting that cares for, respects, looks after, and lets people *be*. Public policies in this regard are urgent because, even though the predisposition to psychopathologies and psychopathy are present and very frequent, we can often prevent them from developing through specialized and empathetic care. This care does not need to be carried out only by psychological professionals but can also be provided by informal caregivers capable of loving, who also feel supported in their needs.

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**Danit Zeava Falbel Pondé**

(IBPW/IWA)

**1. Introduction**

Winnicott's extensive body of work is primarily dedicated to reformulating fundamental issues of psychoanalytic theory and clinical practice. He challenges Freud's assertion of the primacy of the sexual function in the lives of individuals and societies and instead proposes a new paradigm for psychoanalysis, predicated on the early relationship between child and mother rather than on problems stemming from the Oedipal situation. Thus, at heart, Winnicottian clinical practice is based on the therapist's ability to follow through and adapt to the maturational diagnosis of the patient's emotional condition.

**2. Development**

To better grasp Winnicott's sea change of clinical practice, one must delve into his distinctive understanding of health and illness. Until then, the psychoanalysis of Freud and his followers had remained based on the theory and praxis of unraveling the symptomatic expressions of emotional conflicts. Health, in this framework, is determined negatively as the absence of rigid symptoms or fixation points.

In this sense, and because he was a student of health and did not confine himself to illness, Winnicott organizes a different picture by intersecting the normal and pathological gradients with symptoms, whether manifested or even non-existent. His observations of samples of children's emotional universe attest to this. Children are often plagued by fears of imaginary creatures in the dark, by fits of colic and vomiting in excited states, or even by cruel desires and behaviors derived from

jealousy and anger at a younger sibling who stole their throne. For Winnicott, such manifestations have no direct or indicative relationship with illness. Conversely, emotional inexpressiveness or an absence of symptoms can disguise itself as normality, mimicking balance and health, in someone whose frail integrative achievement is expressed in this manner. A typical example of this condition is the diagnostic classification of false self, when one's pathological character is concealed by submissive responses to environmental expectations.

Considerations about the context of a child's emotional maturational process and the degrees and modes of its symptomatic manifestations are crucial milestones for diagnosing and distinguishing the normal from the pathological. As to what effectively takes place in a child's development, it is widely known that experiencing multiple tensions is an inherent part of it.

From Winnicott's perspective, one of the pillars that sustains the child's development is its innate tendency toward growth, both physical and emotional. It is this tendency, comprising ever-changing emotional needs and experiences, that impels the child forward. Each context corresponds to each step towards building and stabilizing one's personality. Emotional issues arise along this path, linked primarily to the piecemeal constitution of the internal world and to the struggle between subjectivity and objective reality, because what is at stake is nothing less than the achievement of a personal sense of existence. Anxieties stem from the growing complexity of instinctual experiences, requiring impulses to be managed while one grapples with the dilemma of recognizing their effects on oneself and on the caregiver. Lastly, there is a resurgence of these anxieties as one attempts to exercise control over the internal world and the ambivalent feelings of love and hate in interpersonal relationships.

The environment partakes in Winnicott's psychoanalytic thought as another pillar of this process. Thus, maturational progression is only possible when there is a good-enough provision of environmental care. Health is the product of the ongoing care that enables continuous personal, emotional – and evolutionary – growth. Health is also achieving stages of maturation temporally consonant with the individual's age. It is under the auspices of reliability that the universal tendencies existing in

human nature can be gradually realized in the individual, and this reliability is established and nurtured by how the mother-child relationship develops in the routines and emotional atmosphere of caring.

Going beyond symptomatological criteria and bypassing the problematization of sexuality issues, Winnicott sees the existential proposition of the need to exist and to continue to exist as the guiding principle of what constitutes health or portends illness. By postulating that continuity of being means health, he asserts the qualitative primacy of human living and dismisses any predefined recipe for success in the societal-functional realm that is not grounded in a personal foundation. Maximum emphasis is placed on achieving the meaning of the value of life.

Thus, illness is conceptualized by the negative quality of a discontinuous maturational process, i.e., illness results from a series of complications derived from a matrix of countless factors that interrupt, paralyze, or even create deviations in this process. Yet the unfolding and impact of difficult situations can only be measured when the individual's stage of maturation is taken into account. It is important to highlight that if, in health, achievements in one stage pave the way for evolution in the next, conversely, failures also trigger a domino effect that compromises one's potential to become and prevents subsequent achievements.

Before the infant's being and unit identity are achieved and stabilized, when the infant still finds itself highly dependent on maternal adaptation, unfavorable environmental conditions (including a pattern of maternal adaptive carelessness or even the loss of the caregiver) can hamper the continuity of being by provoking traumatic and disruptive reactions. For what is broken at this point is the *line of life*, undermining the authentic possibility of being through one's own impulses. In Winnicott's words, "The alternative to being is reacting, and reacting interrupts being and annihilates" (1965/1990, p. 47). Illness-wise, this configuration can be found in the most severe disorders – psychotic disorders – for it compromises the development of the personality and the sense of existing and being real, leading the individual to erect solid defenses to try to block external impingements. The various modes of these primitive defensive mechanisms have in common a state of emotional impoverishment and rigidity, stemming from a basal corruption of the

constitution of the self or from the corresponding strength they must have to keep the individual impervious to future intolerable situations. For these individuals, existence is a problem.

Later, when the child is already a personal unit with emerging aggressive instincts and, eventually, sexual impulses, the vicissitudes of the continuity of being will encompass the difficulties of managing one's own instincts without being overwhelmed by them. From then on, what will surface in interpersonal relationships are the problems inherent in both taking responsibility for one's actions in terms of rights and wrongs and learning to tolerate the consequences and mistakes of one's actions. The emotional environment must make the necessary adjustments for gradual de-adaptation and survival, enabling these instinctive exercises and ways of being to gain personal expression. From the ways of being comes *doing*, i.e., acting on one's own, which is both meaningful and creative because it originates from the freedom of individual impulses rather than from mere reaction. When environmental conditions foster a stable, non-judgmental and, above all, reliable scenario that embraces and offers opportunities for reparative actions to counter destructive behaviors, the integration of moral, affective, and spiritual feelings becomes achievable. Without these, life is but an arid desert.

Thus, Winnicott establishes new criteria to define what constitutes health and illness, e.g., the need to be and to continue to be, environmental counterparts, socialization, and personal richness. These criteria suggest that a broader range of maturational problems can be reversed to heighten the enjoyment of life.

So, what has developed so far confirms the paradigmatic revolution in psychoanalysis wrought by Winnicott and its unfolding in clinical practice, revealing how different starting points can lead to diverging viewpoints on what phenomena are and what they express. The different interpretations of panic by Freud and Winnicott illustrate this. In one of his letters to Fliess in 1893, Freud mentions a case:

Man, 42; children 17, 16, and 13. Well until a year ago; then, on his father's death, sudden anxiety attack with heart failure, hypochondriacal fear of cancer of the tongue; several months later a second attack, with cyanosis, intermittent pulse, fear

of death, and so on; since then feels weak, dizzy, agoraphobic; some dyspepsia. This is a case of pure anxiety neurosis accompanied by heart symptoms after an emotional upset; whereas coitus interruptus was apparently tolerated easily for ten years. (Freud, 1985, p. 58)

We can see Freud's effort to relate panic symptoms to sexual issues. From a Winnicottian perspective, however, the state of panic is a defense, an organized horror around a phobic situation that aims to protect the individual against new instances of unpredictability. Roughly speaking, in Freud's case, one can infer that the father's death was an unpredictable factor that led the individual to "lose his foothold," whereas, according to a Winnicottian understanding that respects the context of the patient's loss, we will infer the emergence of a latent primitive aspect associated with feelings of losing all references and of being shapeless – typical expressions of the state of panic whose etiology harks back to insufficient environmental care in a relational context of dependence. The clinical differences are made clear, both in diagnosis – within the ambit of neurosis for Freud and of psychosis for Winnicott – and in caring. Overall, treatment might typically aim to understand and eliminate these symptoms, but Winnicott would favor environmental provision as the curative remedy, a proposition that avows the possibility of overcoming a frozen maturational line and resuming the maturational process. It is upon this idea that Winnicott's clinical motivation and practical instrumentalization are based.

The clinical matrix conceived by Winnicott prescribes a kind of care-cure analogous to the maternal adaptations over the course of the maturational process, a care-cure that, in his own words "is an extension of the concept of holding" (1970/1986, p. 119). For the analyst, the process encompasses numerous tasks akin to maternal holding – containing, supporting, holding, sustaining, and surviving – each one tailored and specific to the patient's needs and events that emerge from the maturational context over the course of psychotherapeutic care. Clinically, the analyst's environmental role is crucial, for the relational interactions between analyst and patient foster a subjective genesis within the patient's area of omnipotence that creates opportunities for integration as a personal experience. In other words, things will take place between

the analyst and the patient so that the patient can experience feelings of reality based on what occurs in their relationship.

Diagnostic indications (used as guidelines in clinical practice) ensue from accounts of the individual's personal history, and above all, from what did not happen in terms of integration of experiences and constitution of the personality. Thus, they are valuable clues about what needs to happen in the patient's relationship with the analyst and in the care provided within the analytic setting.

Going back to the basic assumption that one's emotional development occurs over a life path of different stages, contexts, dependencies, and maturational resources, it becomes clear how diverse the traumatic senses can be in terms of their impact on the individual. For instance, environmental failures in the early stages will compromise the foundations of personality, preventing the individual from establishing him or herself as a person that exists and must face the attendant issues of survival and sedimentation of one's own identity. Furthermore, after the unit personality is established and the individual later enters three-body relationships – mother, father, and child – other challenges arise pertaining to the inter-relational dynamics of one's transit in the world.

Therefore, in clinical practice, management and not merely interpretations must accompany and correspond to maturational needs, adhering to the etiological differences intrinsic to pathologies. Psychoanalytic technique must vary depending on whether the person is neurotic, psychotic, depressed, or antisocial. Concerning his own practice, Winnicott says that “when I am faced with the wrong kind of case I change over into being a psycho-analyst who is meeting the needs, or trying to meet the needs, of that special case” (1965/1990, p. 169).

It is clear how burdensome for analysts are the implications and responsibilities of their emotional, temporal, and technical involvement that composes the analytic setting, not to mention all the management details needed to sustain the patient's maturational process over time. This is exemplified by the non-standard proposal to care-cure psychosis centered on the possibility of patient's regression to dependence. In regression, the patient's manifested needs are etilogically linked to the point where the maturational process was interrupted. Regression itself

derives from the analyst's behavior, which raises in the patient "a hope that the true self may at last be able to take the risks involved in its starting to experience living" (1955/1958, p. 297). This is vital for the analyst's disposition and commitment to "keeping alive, keeping well, keeping awake [...] being myself and behaving myself" (1965/1990, p. 166), for it is the analyst's stable *quality of being* that makes it possible to provide ongoing, predictable, and reliable conditions for the continuity of the process.

### 3. Final considerations

We hope to have demonstrated that Winnicott's maturational theory not only offers a perspective of human nature but is itself the horizon upon which other types of problems, foreign to traditional psychoanalysis, are considered. Winnicottian clinical practice, therefore, with its modified or distinctive procedures, remains uniquely attuned to these problems vis-à-vis the traditional clinical model.

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## Helena Sardo Mourão

*“Well, when the sun goes down and the moon comes up,  
I turn into a teenager Goo Goo Muck”*

The Cramps, 1962

The song *Goo Goo Muck* originated in 1962, but it was in the 1980s that a new version performed by The Cramps connected the Goo Goo Muck with the dark side of adolescence, becoming one of the punk songs favoured by groups of gothic youths. The lyrics describe the narrator’s nocturnal transformation into a creature ruled by its instincts, displaying wild behaviour in search of new experiences and satisfaction - the Goo Goo Muck. The creature is likened to the wild side of the teenager, who is thus described as a kind of little monster.

I noticed this song while watching the recent series *Wednesday*, by Tim Burton, where the adventures unfold in a juvenile setting and brilliantly convey the message that adolescent rebellion and strength reveal and bring forth the true self. Furthermore, it suggests that this is necessary for the salvation of both, the adolescent and the world.

I don’t know if Tim Burton was familiar with Winnicott’s legacy, but it would have been interesting to witness a conversation between the two.

I would like to start with the following quote from Donald Winnicott: “One thing that must be recognized at the start by those who explore in this area of psychology is the fact that the adolescent boy or girl does not want to be understood. Adults must hide among themselves what they come to understand of adolescence.” (1965, p. 79).

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1. Paper presented at the 2nd edition of Winnicottian Journeys: Winnicott’s Clinic in Adolescence, Lisbon on May 17, 20224.

Adolescence is tempestuous, with greater or lesser intensity, and should always manifest a certain inner and relational instability. A lot is happening in the psychosome. After a period of latency, many changes occur in the body very quickly, a body that gains new strength and vigour, capable of paving the way like never before. According to Winnicott, “[...] this period of life is one which must be lived, and it is essentially a time of personal discovery. Each individual is engaged in a living experience, a problem of existing.” (1965, p. 79)

Instinctual forces also gain new power and extend to new worlds. It is no longer just the ‘*I am*’ that is at the forefront. Instead, it is an ‘*I am in the World*’ and if this *I* is well-supported by a safe and sufficiently predictable environment, it will then have the courage to truly work and reveal the Goo Goo Muck to everyone.

But the emergence of all this brings together with it anxieties which I think are very much akin to the typical anguishes of the most primitive stages. Adolescents don’t care where they come from, nor where they are going. They are like disoriented tourists who refuse to accept someone else’s maps. They want and need to discover the path for themselves. Their path. It takes courage!

They only carry with them the support that has been there, the hope and trust that allows them, even here, a certain illusion of omnipotence. If they know that their parents are there no matter what, they don’t even need to look back.

There is so much happening, and in such a confusing way, that everything must be lived in stereo to be sure it is real. It must have an impact. The bang must be heard.

Adolescents dance between dependency, sometimes quite primitive, and rebellion. They create real puzzles for their parents, who often seek our help because they have difficulty recognizing their children when the Goo Goo Muck acts out or during moments of true isolation, questioning if they are ill and if it is normal. Here, and this is something I always try to understand, it is very important to know how the parents’ adolescence was, if there was one, because it is very common for adults to forget how vital certain experiences were for them. Our work in the clinic will be harder when the parents did not experience adolescence.

Understanding the parents' adolescence is a valuable aid to understanding how they will survive their children's adolescence, and in which points we clinicians will need to be a bridge between the two parts, who often become completely disconnected and without means of communication.

Being this bridge is not an easy task. Our patients are the adolescents, and they will rely on us to provide an environment where they can simply be safe while experiencing the greatest insecurities. Sometimes we must leave things to chance and be ready to support, rescue, save... But I don't believe it is possible to work with an adolescent if the parents don't trust us. They will have to survive the destructive and aggressive impulses of their children, the pushing away, the 'I know best', and we have to survive both sides. To our patient and the parents, who often want a cure for adolescence and approach us with the hope of having hired something close to a Hercule Poirot, ready to uncover and expose the experience of the Goo Goo Muck: unless reality imposes it, in life-or-death situations, of real danger, it cannot be so. But it is difficult!

Here, in my view, two extremely important issues come into play: the therapist's ability to stand firm, knowing they disappoint the parents already disenchanted by the adolescent, and the therapist's ability to survive the attacks from both sides.

Survival here has nothing to do with a passive attitude of conflict avoidance. It is exactly the opposite. It has to do with our ability as clinicians to remain alive, real, spontaneous, and capable of welcoming the adolescent and the parents, providing an environment where the former can have their time, and the latter understand that they just have to wait and survive in the same way I described.

Survival has to do with enduring the adolescent's destructive movements. Destructive in the sense that they will have to destroy the world around them to create a world from themselves, as only then will it make sense to them. This destruction, subjective and sometimes objective, is extremely necessary and will be as overwhelming as the more the external reality invades and imposes itself. If some subtlety in presenting the world is possible, almost in the line of "object presenting", everything will be more calmly received, or rather, discovered. It is really necessary

to let them have the illusion that they were the great conquerors. If we interfere too much, they will drop it and will not return to explore that area anytime soon. This applies to both parents and us therapists.

In this field, we must also pay attention to discoveries regarding sexuality. We live in times when there is little room left for fantasy, for mystery. Everything is too out in the open and too early. We cannot prevent it, but it is very important that an adolescent can live sexuality from themselves, a real experience and not one pushed by group dynamics or driven by ambitions of performances worthy of cinematic production. Today, we witness a crushing need to meet completely tyrannical ideals, and many young people experience an early, oppressed, and meticulously evaluated sexuality, even within their group of friends, which ends up taking away all the beauty of spontaneity. Many still feel rushed to take a stand, bypassing the typical uncertainties of this phase. Driven to assume they don't really know what, they end up by hastily orienting themselves.

Knowing this, parents often become anxious and very vigilant. You don't imagine, or you do, the number of adolescents I have received whose parents do not allow closed bedroom doors! No one can discover their body and sexuality under the imminent fear of a mother or father peeking in!

Others, on the contrary, almost lack being physically present, creating in their children the habit of everything being shared, of being each other's best friends, providing a bubble environment where, in fact, the adolescent does not take ownership of their body or their life. This creates the illusion of having lots of freedom, of being a lucky one with liberal parents, without ever really leaving a "common skin" mode, where in reality there is no room for non-sharing. These situations are, in fact, the most difficult for me in the clinic, as at some point the adolescents start to want something of their own, and this generates great anxiety in parents and children. According to Winnicott (1961/1965, p. 115):

There exists one real cure for adolescence and only one, and this cannot be of interest to the boy or girl who is in the throes. The cure for adolescence belongs to the passage of the time and to the gradual maturation processes; these together do in the end result in the emergence of the adult person.

In the same chapter I just quoted, Winnicott explains that the teenager seeks all the cures and does not accept any, because he always ends up finding a false element in each of them. In adolescence, there is a difficulty in tolerating the middle ground, half-truths. It is normal in adolescence to have this polarisation because it allows them to experience everything from scratch, raw, without interference. The experience of others is useless to them. They know... it is not their experience, and betrayal of themselves is out of the question. This is experienced as unbearable.

Adolescents struggle to feel real, and often it is just this struggle that unites them, even though they remain in a solitary quest for personal identity.

In health, the adolescent appears as a disturbed, unstable being, who goes from one extreme to the other in seconds. If they have passed through all the stages of maturation well enough, they will have a flexible structure capable of tolerating tensions and conflicts, and will be able to build defences to help them deal with the typical anxieties of this phase. Depending on what pre-existed, they will cope better or worse with the exit from latency and the instinctual eruption, which will still catch them off guard with its vital force and the possibilities it actually brings.

Thus, we can view adolescence as a new window of opportunity. It will certainly expose what may have been lacking or in excess before.

Here too, it will be essential not to let them fall and, above all, not to invade.

Parents are very frightened by the need for isolation, the monotonous speech, the deep sadness, the mourning for what is being left behind, the anger at who they used to be, "the kicking of" parents from the pedestal, now occupied by friends, media idols, and the like.

We need to remind parents that adolescents are trying "to arrange" things within themselves, that they need to do so in their privacy, often becoming sad, angry, aggressive, asking for a cuddle.

In the same way, we can help parents who struggle with the inherent aggression of adolescence to understand that the vigor their children display safely at home will be the determination with which they will face life outside.

When faced with complaints about challenging behaviors, quick retorts, and questioning, I often joke with parents, saying: “Can you imagine the use of all these skills in adulthood?”

I suggest that they signal they have heard, allow themselves to be affected, acknowledge the impact, but to not react by crushing. Adolescents will do their part, and parents must do theirs – being parents. The important thing is not to close the channel of communication, not to silence, not to allow themselves to be destroyed as figures of support and protection, but also as a reality with which adolescents can collide. Only then will the necessary fall not be endless. Society needs to know this. An adolescent who shakes the world is an adolescent who can transform it, who has faith, who believes in her own capability. Only then can one be truly creative.

What scares me are the submissive adolescents, who do not cause trouble, do not disappoint, who are quiet, without voice, without body, without sexuality, without excessive desire. They betray themselves every second. They silence their self, if there is even a self to betray.

They destroy nothing. They have no internal space for new constructions. Nothing is truly their own. At no point do they dare to stray from the path, sometimes in things as simple as a style of clothing, a musical taste, even a single thought. Everything is tamed. Everything is caged. Everything is inherited. Nothing is created. The Goo Goo Muck has no place here.

These are the ones who need saving and urgently need to let their Goo Goo Muck emerge.

Time is essential, individual time, so that a natural process can occur instead of a hasty adaptation to rules and orders. However, Winnicott also tells us:

Naturally, there must be a price to pay for this. The many adolescent breakdowns call for toleration and treatment, and also this new development puts a strain on society, for it is distressing for adults who have themselves been defrauded of adolescence to watch the boys and girls in a state of florid adolescence all round them. (1961/1965. p. 119)

A society that desires to be democratic needs adolescents who are ALIVE, capable of transforming it, for only then can they become mature adults. Only after a long period of turbulence, where creativity and a wealth of experiences truly had a place, can we move towards an adult life capable of accepting others' freedom, middle grounds, non-absolute truths, and shared realities without feeling threatened in personal identity. Adults with the ability to be disillusioned and still believe the best is yet to come.

It is wonderful to be, as parents and therapists, ambassadors of adolescence, and for that, we must not lock away our own Goo Goo Muck. It must be revisited from time to time, and I invite you to visit it now, to the sound of The Cramps.

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## Joana Espírito Santo

The specificities of Winnicott's clinic are anchored in Winnicott's Theory of Emotional Development, widely disseminated today as the Theory of the Maturational Processes (Dias, 2003/2024). The focus is on the development of the human being, and disorders, when they exist, are considered maturational disorders.

For Winnicott, in the beginning, the process of development is the sum of the baby's innate tendencies, including natural maturational processes – biologically pre-programmed – and a tendency for integration. This is why Winnicott declares that “the process of development belongs to the baby” (1963). But he also states that the maturational processes, being natural, only become effective when there is a favorable environment – a good enough environment – capable of an almost absolute adaptation to the baby's needs at the beginning of life and capable of an adequate and adjusted de-adaptation to the growing needs for independence of the developing human being. The accent is undoubtedly on the development of the human being, a personal development (which belongs to him or her) and which depends (in different degrees throughout the process) on a good enough environment.

This doesn't mean that Winnicott denies the existence of instinctual development in relation to the Id (Freud) or the development of object relations (Klein). What he suggests is considering development in terms of personality structure, linked to the Self, as a fundamental and foundational basis for instinctual life and object relations to be experienced as personal.

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1. Text presented at the 2nd Winnicottian Encounters in Lisbon on May 17 and 18, 2024.



The personal dimension of development is therefore closely linked to the good enough quality of the environment, a quality that supports the needs of the infant and the child throughout the process. These needs naturally change over the course of development, just as instinctual life changes and modulates, and so does the nature of the relation with the world and with objects. From a subjective relation with the world, the baby progresses through an intermediate area of transitional phenomena and transitional objects, eventually reaching a relation with objectively perceived objects.

Winnicott's clinic carries this model into the therapeutic situation. The Winnicottian therapist is the one who adapts and adjusts to their patient's needs according to the stage of personal development they are in, ensuring reliability, meeting the need to be and continue being, to mature and keep maturing, embracing the spontaneous gesture, not interrupting, recognizing when to wait, and respecting the moments of hesitation (spatula game). Through play, the therapist moves into an area of shared experience, intimacy, and communication, allowing themselves to be destroyed, to survive, and to be used, accepting reparative gestures, and knowing how to withdraw when they are no longer needed.

Winnicott's clinical approach with children brings us face-to-face with a human being whose development is in progress, within the context of their environment. It is true that the human being never stops developing, but the period of childhood (and adolescence too) constitutes an important basis for later maturation. This whole – the child and their environment – is the focus of our clinical practice and intervention.

Parents or family (of any kind) are a fundamental part of the child therapy. If, on the one hand, they need our help and guidance, on the other, they are an important therapeutic ally. Winnicott (1963) states (and rightly so) that they do half the clinical work. The same can be said about school or any environment where children are living and experiencing their personal development. Winnicott worked in partnership with parents, whether in a psychoanalytic process, in a paediatric consultation, in psychotherapy, in a therapeutic consultation, or in sessions “on demand”, an example of which is the case of the little Piggie. The family is the place where personal development takes place, and parents,

as Brazelton (2003) said, “are the experts on their children”. When a child becomes ill or disorganized, it’s the parents who come to us and ask for help. Sharing with parents their child’s therapeutic process, talking to them, and above all, listening to them allows them to enter a process of reparation. It enables them to regain confidence in their parenting and even to resume their own development as parents.

Parents understand the vicissitudes and natural conflicts of healthy development, and even when their child becomes ill, they provide the privileged environment to resume development, as long as they feel supported.

Whether due to the vicissitudes of life in development or the circumstance of a real illness, the important thing is to allow and facilitate the child in resuming their development at the point where it may have been hindered, distorted, or even interrupted. But it’s also important not to forget that in child therapy, “the analyst is helped by the child’s developmental changes [...] and when the analysis comes to an end, these changes continue their course” (1958/1965, p. 122), within the family, I might add.

José Carlos Coelho Rosa illustrated this in a very beautiful and poetic quote: “We psychoanalysts are a comma in people’s lives”.

Now that child therapy is situated within ongoing personal development, on the one hand, and in the importance of the environment, on the other, we can focus on other specificities of this practice that means so much to us.

Let’s have a look at the baby on the mother’s lap. This is how Winnicott practiced his two-fold profession of paediatrician and psychoanalyst; this is how he conceived his clinical practice: observing the baby on the mother’s lap.

Let’s now step into the setting of our consulting room... a child is with us. He was brought in by his parents, who, in the meantime, stayed in the waiting room (or not...). That place was prepared by us to welcome that child and that family. It’s a living place, it has a certain light, depending on the time of the day or the time of year. It has odours, temperature, noises, and objects (furniture, toys, pencils, paper, games, etc.).

Two people enter that space, which will be a place of encounter for an (in)determined period of time. Like a mother's lap, this setting will be a safe environment and a facilitator of personal development.

Winnicott described it as what he called the potential space – a space between the baby and the mother that opens up when the baby differentiates from the mother and the mother adapts to a new need of the baby: that of her becoming a separate phenomenon. However, as Winnicott says, stating a paradox, “this movement of separation, carried out by the baby, is only achieved thanks to the absence of space” (1969/1971, p. 146). In other words, it is thanks to what was experienced in absolute dependence, which fills that space or keeps it alive, habitable, and safe: the mother's reliability and her ability to identify with her baby. This potential space is the place for creative play and will be the place for cultural experience in adulthood. In therapy, it is the place from which development resumes or from which one can regress to a state of greater dependence, because someone – a real, living human being – regulates, in the dimensions of space and time, whatever outside reality may come to disturb this sacred place.

The child enters that space and, for the duration of one session at a time (a small dose), the analyst sustains, over time, the entire process necessary for the resumption of maturation, whatever its duration. He adapts, waits, doesn't interrupt, and facilitates the spontaneous gesture as well as the personal integration of elements or maturational tasks that didn't happen or were weakly constituted during the growth process of the little human being. His presence is psychosomatic, whole, and can begin by being just that: the presence of a real, living human being in a subjective environment on its way to becoming a potential space. Or it can be a presence that interacts, that comes into contact, that acts, that encounters another body, another whole human being, for a shared experience. From being to doing, going on being and going on doing, this is how we remain and walk with the child to the rhythm of their creative and inspiring baton. The development processes belong to the child, it's all about their maturation, their experience, their body, their integration. Our role is to be a good enough environment to facilitate that task, giving them space and time. What is a therapy session anyway? It's space and time (in small doses) for integration.

Even when the child comes to us relatively integrated and healthy, simply struggling with some defensive organization or individual difficulty, it is from the potential space that we start or return to in order to begin playing and communicating. This is where Winnicott's clinic is based.

The psychoanalysis of children is inseparable from play. Classical child psychoanalysis was concerned with the contents of play. With Winnicott, it is playing itself and the ability to play that become important. "Psychotherapy is about two people playing together" (1967/1971, p. 38). If the child is unable to play, the therapist must facilitate their task.

Children mature and learn through play. Playing is a sign of health. They resolve their anxieties and conflicts through play. They manipulate reality, adapt it to their needs of integration with that same reality, and they do this through play. They always play in the presence of someone... even if that presence – which starts out being somatic – gradually ceases to be so... someone or something of that someone always remains in the child when they play. That's why it's so important that we enjoy playing and that we have, as Winnicott said, "a positive social attitude towards play" (1967/1971, p. 50). This means a relaxed and culturally rich attitude. When the child is able to play in a healthy way, they are relaxed, at ease, focused, without a threat, without a goal in mind. Integration becomes possible when the child is in such a state.

This is why Winnicott insists that interpretation is not necessary and can even be harmful, because it can interrupt. "The key moment is the one when the child surprises himself" ... "To interpret is to breach the potential space" (1971, p. 68). Interpretation should be done outside the potential space, that is, when the child has already moved out of that space and finds himself with us in a situation of shared play. In these situations, when we interpret, we are only communicating to the child that we understand what happened there. "What matters to the child [...] is the willingness of the analyst to be able to help him, his ability to identify with him, to believe in his needs and to meet them at the right time" (1958/1965, p. 122).

Winnicott's clinic in infancy gives children back their developmental process, guarantees them an environment that facilitates this

process, gives them a space to play without being interrupted, to be creative, to be found rather than interpreted, and brings their parents into the equation. In sickness or in health, children like and need the adults around them to communicate with each other.

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# Part II

## The frail identity of Ms. Vogler: winnicottian notes on Ingmar Bergman's *Persona*<sup>1</sup>

**Ricardo Telles de Deus**

(CEP/IBPW/IWA)

*All the world's a stage,  
And all the men and women merely players;  
They have their exits and their entrances,  
And one man in his time plays many parts...*

Shakespeare, 1960/2000

### 1. Introduction

In 1945, Winnicott gave the lecture entitled *Towards an Objective Study of Human Nature*. Among the many engaging and surprising insights in this text, we find his distinctive way of contrasting the scientific and the artistic approaches to human nature. It is not appropriate to go back to this contrast in detail now, as it would distract us from the guiding purpose of this study. Faithful to this aim, I reproduce below an excerpt in which Winnicott contrasts psychoanalytic research with Shakespeare's "intuitive understanding." He writes:

Psychology makes no claim to priority in regard to the understanding of human nature, except in one respect: that is to say, in the making of this study a science. For instance, it is possible that everything that can be discovered by psychoanalysis can be shown to have been understood by Shakespeare, taking Shakespeare as a good example of someone with intuitive understanding, based, of course, on observation as well as

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1. This text is a revised version of the piece I read at the *XXVIII International Winnicott Colloquium* entitled *Identities*, a hybrid event (both in-person and online) held on May 9, 10 and 11, 2024.

on feeling or empathy. Each step forward that we make in the science of psychology enables us to see more in Shakespeare's plays, just as it enables us to talk less foolishly about human nature (1945/2017, p. 382).

The sheer power of this statement by Winnicott, conveying his open admiration for Shakespeare, has always struck me. I grant it may be excessive, and therefore inappropriate, to suggest that what Winnicott wrote about the Bard should apply to Ingmar Bergman. However, provided we do not lose sight of what distinguishes them, I believe that such words are in no small measure, also applicable to Bergman. It seems to me that the Swedish filmmaker is a profoundly insightful artist, endowed with a disturbing psychological lucidity (or "intuitive understanding" in Winnicott's terms), which enabled him to uncover essential aspects of human nature in his films.

In his 1990 book *Images*, Bergman offers a glimpse into what was going on inside him as he worked:

Although I am a neurotic person, my relation to my profession has always been astonishingly non-neurotic. I have always had the ability to attach my demons to my chariot. And they have been forced to make themselves useful. At the same time they have still managed to keep on tormenting and embarrassing my private life. The owner of the flea circus, as you might be aware, has a habit of letting his artists suck his blood. (Bergman, 1990/2023, p. 46)

It is beyond any doubt that a number of Bergman's films may be the springboard for psychoanalytic investigation. Nonetheless, for my purposes here, having recently turned my attention to the discussion of "identities", a focus on *Persona* seemed to be aptly fruitful. In particular, I will delve into the character of Elisabeth Vogler, brought to life by the actress Liv Ullmann, and the subject matter of a fairly accurate psychological portrayal by Bergman. To go further along this path, we can rely on a detailed analysis of what I call the "doctor's monologue", a point in which Bergman, perhaps more than in any other scene in the film, emphasizes the key elements that make up the character's psychological state, or, if we like, her defensive organization.



What I present to the reader of these pages can be described as a brief psychoanalytic study of this character, primarily considering Winnicott's (1960/2017) theory of the pathological false self as a split-off element from the true self. I do not intend to put forward a diagnostic hypothesis of Ms. Vogler. It is uncertain whether such hypotheses can thrive in keeping with sufficient standards of rigor and consistency outside the clinical setting and therefore apart from the analyst's experience of his or her relationship with the patient as both share the psychoanalytic setting. And, of course, Elisabeth was never under my care in such a setting<sup>1</sup>.

With these considerations in mind, let us now turn to the film and the circumstances in which it was made.

## 2. *Persona*

In the landscape of Ingmar Bergman's cinematic career, as chronicled in his book *Images*, *Persona* stands out as his thirty-fifth film. It premiered in Sweden on October 18 1966. The following year, Susan Sontag (2021) dedicated an essay to the film, hailing it as a "masterpiece". She described it as "profoundly unsettling" and "enigmatic, now pointing to its "defiling charge of *Personal* agony" (emphasis in original), now stressing its non-linear narrative form that "resists being reduced to a 'story', a form that blurs boundaries (Between past, present and future; between fantasy and reality; between the characters).

Looking back on the moment in his artistic career when the film came out, Bergman writes: "I believe that *Persona* is to a great degree

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1. Referencing Hamlet and his famous soliloquy, Winnicott points out in the concluding paragraphs of *Creativity and Its Origins*: "Yes, inevitably. I write as if writing of a person, not a stage character" (1971/2017, p. 315). This intriguing statement is most welcome here, because it illustrates, from Winnicott's own experience, the point I am trying to highlight. Immersed in a cultural experience, located in the space between himself and Shakespeare's play, Hamlet appears to Winnicott *as if* he were a real person inhabiting the external, shared world, rather than just a character in a tragedy. In the outpouring of experience, Hamlet *is* and *is not* a person, *is* and *is not* a character—a paradox we must live with and not resolve, as the author teaches us. My own experiences of Ms. Vogler are similar.

connected to my activities as head of the Royal Dramatic Theater” (Bergman, 1990/2023, p. 44). In early 1963, he was

[...] the newly appointed head of a theater in an advanced state of disintegration. There was no repertoire, no contracts with the actors for the upcoming season. Organization and administration were sadly lacking. The reconstruction of the theater building itself, which had moved forward in fits and starts, had been stopped altogether owing to lack of money. I found myself in an insoluble and incomprehensibly chaotic situation (. “I soon found out”, the director recalls, that my duties were not limited to raising the artistic pulse and seeing to it that people came to the performances. It was a question of reorganizing the company from the bottom up. (Bergman, 1990/2023, p. 45)

The fact is that Bergman (1990/2023, p. 45) was, in his words, “captivated” by the work. Soon the theater started to attract large audiences, and the “red lights [...] were switched on”. “The first year was strangely enjoyable. We had a great deal of luck,” he admits. The following year brought successes and some failures until disaster struck in the fall of 1964, when the National Theatre company set out to open a new venue in Örebro. The journey became a “nightmare”: “people died or fell seriously ill” (Bergman, 1996, p. 45). Bergman himself came down with double pneumonia followed by acute penicillin poisoning. By April 1965, he was in a critical condition and was admitted to Sophiahemmet, the Royal Hospital, for proper medical care.

Overtaken by respiratory distress and a sense of futility with regard to his work as a stage director, Bergman felt an urgent need to “write something that would dissipate the feeling of emptiness, of going nowhere” (Bergman, 1990/2023, p. 48). It was in these peculiar and painful circumstances that the script for *Persona* began to take shape. It was a period o in his life when, according to the artist, he was haunted by “a feeling that a threat was hanging over my head” (Bergman, 1990/2023, p. 54).

Writing the screenplay and then shooting the film proved crucial to Bergman’s recovery. “At some time or other,” he confesses, “I said that *Persona* saved my life — that is no exaggeration. If I had not found the

strength to make that film, I would probably have been all washed up” (Bergman, 1990/2023, p. 64).

Having sketched out the birth of *Persona*, one must now ask whether this work of art really attempts to tell *a single* story. Sensitive to Sontag’s critical remarks, with which I agree, I am inclined to conclude that viewers are invited to come up with a story, or perhaps to piece several stories together, from the images, scenes, and sounds in the film. This is exactly what I will do in the next section, in which I propose a key to understanding the plot: above all, the first part of it, as the story unfolds before us.

### 3. The plot

Elisabeth Vogler is a stage actress who, halfway through her performance of the second act of *Electra*, suddenly freezes up and stops speaking. A minute later, she resumes her role as if nothing had happened. The next morning, she misses the rehearsal, and a servant finds her awake, though silent and motionless, in bed. Elisabeth is taken to hospital, where she is properly looked after and subjected to a series of tests. The results of the diagnostic investigation are completely inconclusive. Three months later, her condition remains unchanged. In the opening scene, Elisabeth’s doctor recounts the events to Alma, a young nurse (Bibi Andersson) assigned to her care. The following scene the doctor visits Elisabeth in her room suggesting a change of scene from the hospital to the doctor’s own summer retreat by the sea, in the company of Alma. Hoping to connect with Elisabeth and prove he was able to see her in her true state, the doctor steps closer to speak to her privately in the words I reproduce below.

### 4. The doctor’s monologue

I do understand, you know. The hopeless dream of being. Not doing, just being. Aware and watchful every second. And at the same time the abyss between what you are for others and what you are for yourself. The feeling of dizziness and the continual burning need to be unmasked. At last to be seen through, re-

duced, perhaps extinguished. Every tone of voice a lie, an act of treason. Every gesture false. Every smile a grimace. The role of wife, the role of friend, the roles of mother and mistress, which is worst? Which has tortured you most? Playing the actress with the interesting face? Keeping all the pieces together with an iron hand and getting them to fit? Where did it break? Where did you fail? Was it the role of mother that finally did it? It certainly wasn't your role as Electra. That gave you a rest. She actually got you to hold out a while more. She was an excuse for the more perfunctory performances you gave in your other roles, your "real-life roles". But when Electra was over, you had nothing left to hide behind, nothing to keep you going. No excuses. And so you were left with your demand for truth and your disgust. Kill yourself? No—too nasty, not to be done. But you could be immobile. You can keep quiet. Then at least you're not lying. You can cut yourself off, close yourself in. Then you don't have to play a part, put on a face, make false gestures. Or so you think. But reality plays tricks on you. Your hiding place isn't watertight enough. Life starts leaking in everywhere. And you're forced to react. No one asks whether it's genuine or not, whether you're true or false. It's only in the theater that's an important question. Hardly even there, for that matter, Elizabeth, I understand that you're keeping quiet, not moving, that you have put this lack of will into a fantastic system. I understand it and I admire you for it. I think you should keep playing this part until you've lost interest in it. When you've played it to the end, you can drop it as you drop any other parts (Bergman, 2002, pp. 41-42).

## 5. Reading the monologue

In no setting or relationship does Elisabeth manage to have an authentic experience of self. On the contrary, everything radiating from her seems to be essentially false. There is no inner or personal reality. All she utters is false, her own voice is false. Every note of her voice sounds like a lie to her ears, an unbearable act of self-deception. As a result, her utterances sound like enunciations from the voice of a character she is forced to play. Her own facial expressions, likewise, are felt to be as no less false than her words and her voice. In a sense, it is as if Vogler had no face or voice of her own.

This terrible sense of falsehood, of not being oneself, that torments the character reminds me of my own experience in analyzing adult patients who are defensively organized around a pathological false self, split off from the true self. I have come to believe that there is indeed a remarkable similarity between the aspects of human nature that Bergman brings to the fore through the character of Elisabeth Vogler, on the one hand, and Winnicott's clinical and scientific description of the "False Personality" (1960/2017), on the other. It seems likely that in *Persona* the artist highlights *the very same phenomena* on which Winnicott based his theory of the two aspects of the self, in the light of his analytical experience with adult borderline patients.

But let us return to the monologue, so rich and so dense.

In Vogler's case, it is as if the theater stage had flowed over its concrete brims and extended out into life itself – and life, in this way, ultimately reduces itself to mere play-acting. For nothing springs from Elisabeth's true self, to which she seems to have no access. As the doctor says, there is an "abyss" between what she is to herself (true self, as Winnicott would call it) and what she is to others (false self). There is a pathological *split*, rather than meaningful communication between these two parts of the self; parts that have failed to integrate with each other, and that she struggles, in a paradoxical effort, to pull apart *and* hold together "with an iron hand." Moving further along these lines, one might think that she has not achieved full spatial-temporal integration into a unitary self (compatible with the I-AM status) (1968a/2017), and therefore lacks a personal identity. Far from it, the character has no sense of existing as someone who *is*, a sense which, if available, could serve as "a basic place to operate from" (1970/2017, p. 213).

At this point, I invite the reader to note that the doctor's speech refers to distinct moments in the actress's life. Although not exclusively, these words essentially refer to Elisabeth's state before her breakdown. Why, then, according to the doctor, did she have a breakdown? To what end?

It is significant that Elisabeth Vogler's breakdown first happens on the theater stage where she is playing a role. There is something crucial here: she makes an attempt to stop "play-acting", in the sense of living a

false life in which she is incapable of being herself. No wonder that, the next morning, the crisis unfolds as a flat refusal of any enactment.

This shift in Vogler's state can be read as a drastic and desperate attempt to break away from her previous state, which, as I have suggested, was dominated by the presence of a pathological false self, split off from the true self. Seen in this way, the episode itself did not consist of a purely pathological phenomenon: it erupted as an effort to achieve a defensive organization that could be perceived as less intolerable, that is, less complacent, under the impact of environmental pressures. The crisis was a *breakdown*, in one of the senses that Winnicott ascribes to the term (1963/2017).

The refusal to speak, to engage in bodily movement and to relate to others becomes the new defensive strategy for protecting the true self and keeping potentially annihilating insults at bay. The new state has certainly proved to be very precarious. But compared to the previous one, it seemed to be more firmly rooted in the core of a real self.

It is interesting to note that Clarice Lispector, in a text written in 1968 and devoted entirely to Bergman's film, addresses the change in our character's state. She does so by means of poetic imagery: "after years of true success with the mask, suddenly [...] the life war mask cracks all over the face like dried mud, and the jagged pieces come down to earth with a dull thump. Lo, the face now bare [...]" (Lispector, 1968/2020, p. 96). It is interesting that Elisabeth, as seen through Clarice's eyes, did not suffer, so to speak, a disintegration of the face, but rather an implosion of the mask that covered it. This is an allegory that beautifully and accurately conveys in words the dramatic shattering of Ms. Vogler's pathological false self (represented here, from my point of view, as a "mask") that exposed the "bare face" (i.e the core of her personality).

Finally, in order to emphasize a particular facet of the character's breakdown which I believe to be of great importance, I will contrast it with that experienced by Margaret Little (Little, 1990) during her analysis with Winnicott.

In the latter case, the breakdown was facilitated by the analyst's consistent and reliable presence and the setting available to the patient who, with this firm support, was able to develop a sense of trust and have

her hope strengthened. It could be said that Little allowed herself to fall apart emotionally on Winnicott's "mother's lap", in clinical response to this provision.

In sharp contrast, Elisabeth's breakdown rather erupted from the despair of being consumed by a sense of inauthenticity and unreality. There was no mother's lap in sight.

## 6. Winnicott responds to Bergman

Well aware of the fact that a great deal more could be written on my chosen subject, I now come to the concluding lines of these Winnicottian notes.

Among the questions *Persona* poses, one seems to stand out: is it possible for any individual to be truly oneself, especially in the midst of social life? Are we not all, in social interaction, always and irremediably false and unreal, no more than mere characters in a play? Isn't that what Shakespeare seems to be suggesting, after all, in the opening lines of his play?

I think Winnicott believed in a potential non-sacrificing socialization process. For, according to the author, the gradual entry into the social sphere does not necessarily imply an excessive falsification of the self. In the course of a healthy emotional development, the individual becomes increasingly capable of adapting to social and cultural demands without sacrificing their own spontaneity and creativity in order to achieve it. Only those who have failed to secure a good enough integration are reduced to a condition of mere character, lacking what we might call a *unitary personal identity*. Or, to put it in another way, those who enjoy a face of their own, radically personal, have no need to hide, at least not compulsively and at all times, behind various masks. On the contrary, such a defensive expedient is likely to feel unbearable for those who have a more integrated sense of self.

For Winnicott, to dream of truly being oneself is perhaps not to dream in vain.

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**Rita Pereira Marques**

*Two Guns and a Knife*, Niki de Saint Phalle, 1960

1. This paper was presented at the 2nd edition of Winnicottian Journeys, in Lisbon, May 17, 2024. Text and technical revision by Emily Lancaster.

Good morning! Allow me to start this brief reflection on *Destruction and Obscurity in Contemporaneity* with a confession: my creative process for this piece came from a place of darkness and complete incomprehension of our current era, and from an intense need to investigate in an open and expansive way about our contemporary times (which can mean going to uncomfortable and obscure places).

Which time are we in? How can we live up to our current times?

All eras are dark times for those who experience contemporaneity. Contemporaneousness is, precisely, when a person knows how to see this obscurity, who is capable of writing by plunging the nib into the darkness of the present. What does it mean to perceive this darkness?

[...] Contemporaneousness is when the darkness of one's time is perceived as something that directly concerns them, and they never stop questioning it. A darkness that, greater than all light, addresses them directly and singularly. Contemporaneity is when one receives in full face the beam of darkness that comes from their time. (Agamben, 2010, p. 23)

If we use this as a starting point of reflection, to be contemporary in our time is therefore to accept *the beam of darkness that comes from our present*, to trawl through it, and accept that the process of possible understanding could result from the experience of rejecting the consolation of said understanding.

We expose ourselves *to the centre of darkness* and not to what is brought to the spotlight of luminosity.

Agamben continues:

That's why contemporaneousness is rare. And that is why adopting contemporaneity is, above all, a matter of courage, because it means being able to not only to investigate the darkness of the times, but also to perceive light within the darkness, directed towards us, yet moving infinitely away from us. It also means being punctual to a meeting that is destined to go badly. (Agamben, 2010, p. 24)

To be punctual for a meeting that can only go badly because, by approaching the darkness with our habitual understanding, which itself already contains a kind of luminosity, it leads, paradoxically, onto a path of loss of meaning... and continues to be so throughout our lives!

How many of us are, in fact, living in the present of our times in a contemporary way, from the premise that being contemporary is not being ahead of your time, but rather to be at the centre of time? It means to be able to “project a ray of intense darkness, in order to make everything that *obscured by the brightness of illumination* shine” (Freud *apud* Grotstein, 2016, p. 13).

This gives rise to a new concern: if being contemporary in our time means accepting the path in the “darkness of our contemporary times”, does this mean that we should distrust the intense beams of light that appear from various angles (everywhere)?

Can the contemporary artistic process help us on this journey of searching for meaning? What is the relationship between darkness/obscurity and destruction? Are Obscurity and Destruction two points on the same vertex?

Thus, considering that the artistic process experience integrates obscurity as an essential element of progression, and the way in which Winnicott’s clinic incorporates the act of destroying in the maturational development of the Self, I propose to reflect on how painful obscurity and destruction can be paths leading to the appearance of the new – of a new experience.

The paths are difficult to forge, it is true, but at least they are new paths...

We hope to open the dialogue, as we tend to do, between artists’ voices and their experiences of the creative process, as well as the view of therapists from the perspective of the Winnicottian clinic, this time centred on defending the process of destruction as a vital process for the maturation of Being.

We will also seek to reach you in the evocation of your experience of darkness and destruction, hoping that this experiential evocation will give meaning to my words.

The artist knows, through his experience of the creative process, that he will have obscurity, misunderstanding, the act of destroying and, above all, the shadows of his time for companions along his journey.

An artist knows that the encounter with the new *always* starts from his ability to accept obscurity and destruction as a rule of the times, to accept that times can overlap in complex contradictions and that he must resist, as much as he can, the attachment and consolation of other bright days.

*He knows that creation exists because there is destruction.*

Giacometti tells us that the act of creating, “is pleasure, like precious jewels, but it is also war” (Giacometti *apud* Sergio Genni, 1963).

The artist also knows that said “war” consists of full acceptance of this paradox, and total surrender to the lack of meaning and understanding. Being at that fracture point which is the point in time that can never be too early, nor too late, the fracture point of the unlived. The ability to expose oneself to the present that one hasn’t lived yet, a place that one hasn’t yet been to.

Have you ever imagined what it would be like if we could accept, like some artists, fully and gently in community and in a system of global solidarity, that life is not meant to cancel out paradoxes and that the beam of vitality must walk not in the light but on the point of darkness?

I will now direct you to a short documentary<sup>2</sup> about the French artist Niki de Saint-Phalle to complement this reflection:

Niki de Saint-Phalle says: “This is the solution...a new world of joy”. Where did this new world of joy...come from?

Niki shows us that she does not emerge merely from obscurity: “I don’t do this consciously [...] I never work consciously. I work with secrets, in obscurity, with the irrational” (Saint-Phalle *apud* Schirn Kunsthalle Frankfurt, 2023), says the artist.

Niki even goes as far to suggest that joy is only possible to be experienced through the experience, incorporation and integration of destruction:

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2. See: <[https://youtu.be/abmlyMx1zOk?si=C8zRMCSfgfx7\\_5sD](https://youtu.be/abmlyMx1zOk?si=C8zRMCSfgfx7_5sD)>

My problem is in creating something [...] in creating now. Creating beauty, is to create something. To create something that has to do with you and that has to do with the now, with bombs, with the explosion of everything and the end of the world. BANG". (Saint-Phalle *apud* Schirn Kunsthalle Frankfurt, 2023)

## **Darkness – destruction – survival – creation**

From my perspective, this is one of the clear-sighted points of contact between the way artists live their artistic procedural experience and the understanding and experience of the Winnicottian clinic regarding the process of integration of the destructive and aggressive act.

According to Winnicott, aggressive and destructive processes should be experienced, incorporated and integrated, accompanying the entire maturational development of the Self. Aggressiveness is not only synonymous with movement and vitality, but also with essential achievements for the constitution of the unitary Self, the access to the feeling of guilt, the capacity for repair, alterity, contact with reality and, as a result, access to the true Self and taking responsibility for one's own destructiveness and life.

Therefore, the entire Winnicottian look at aggressiveness is a positive look at the life drive and not a destructive look or one linked to the death instinct. This aggressiveness would be essential for the maturation of the Self and the conquest of a free being, and would be present in all stages of maturational development, as Winnicott tells us in *Aggression, Guilt and Reparation*:

*Annihilation – creating*  
*Destruction – re-creating*  
*Hating – reinforced loving*  
*Being cruel – being tender*  
*Soiling – cleaning*  
*Damaging – Mending... and so on* (1960/2012, p. 122)

We are very fond of the paradoxical vision that Winnicott brings about the maturation process where differentiation and the creation of

the Self derives from the acceptance of aggressiveness, and initial destructive movements.

*An individual is only capable of being fulfilled and creating their own life because in the beginning they are able to destroy.*

Because it is possible for the environment to welcome aggressive movements in the initial stages of maturation, when the self and the non-self were being constituted, it becomes possible for the individual to walk towards an object or a non-self that will make him feel external". (Junior, 2022)

It is because of the presence of aggressions that reality is able to be constructed, as well as the progressive integration of its own destructiveness. This leads to each individual achieving what would begin as a certain capacity to worry, that precedes the healthy feeling of guilt. After that it is possible to begin the benign cycle of survival, repair and concern.

According to Winnicott, it was because the object survived the aggressiveness inherent in the original vital force that a child can grow up healthily "without needing to be taught to feel guilt or compassion because they have an absolutely unique source of each. The child needs someone who is not only loved, but also willing to accept their power, not only for destruction, but also for restitution and repair, for a long period of time" (Junior, 2022). For Winnicott, "it is essential that a child can give, even more than they receive" (1964, p. 268 *apud* Junior, 2022).

To put it simply: we are only *beings of true otherness* because our aggressiveness and destruction were accepted without retaliation. We are not adult beings of otherness because, as children, we only received love. We are adult beings of otherness because, after living in total omnipotence, we were able to destroy, *give of our destruction* and we had an environment strong enough to welcome it. Therefore, it is because there is aggressiveness and the possibility of experiencing it that there is the possibility of contact with guilt. And it is because the object survives destructive movements and does not retaliate that it is possible to construct reality, placing the object outside of the self.

This is extremely important in my opinion: guilt would not exist without the possibility of initially accepting destruction.

Then the process of subjectivation would go through destruction, survival and creation. "In other words, first there is the creativeness that belongs to being alive, and the world is only a subjective world. Then there is the objectively perceived world and absolute destruction of it and all its details" (1963/1989, p. 229).

In this way, backed up by my original suggestion that contemporaneity is like a path through obscurity, and completely necessary to establish true contact with creation and Life, and that the integration of destruction is an essential element of the maturation of the Self, we arrive at the following central question:

Is it possible that the illuminating intensity currently placed on the non-creative destruction of our time enhances the inability to take responsibility, individually and socially, for aggression and destruction?

Or to put it another way, and even to go a little further, could it be that the bright spotlight on the permanent destruction of our environment, people, societies and cultures is taking us away from the ability to experience our own aggressiveness as a process of construction and creation of a single and cohesive being?

According to Winnicott:

In passing I would like to say that it seems to me that it is comparatively easy for us to get at the destructiveness that is in ourselves (...) The difficult thing is for each individual to take full responsibility for the destructiveness that is personal, and that inherently belongs to a relationship to an object that is felt to be good; in other words that is related to loving.

Integration is a word that comes in here because if one can conceive of a fully integrated person then that person takes full responsibility for all feelings and ideas that belong to being alive. By contrast it is a failure of integration when we need to find the things we disapprove of outside ourselves and do so at a price, this price being the loss of the destructiveness which really belongs to ourselves. (1960/2012, pp. 117)



For her part, Niki de Saint-Phalle said:

It's the story of the nuclear holocaust [...] there was a period after the shooting in which I explored my inner space and my own femininity a lot... How did these figures emerge? I don't know... I never know how something happens. One day after all the women were tortured, a group of women appeared who really enjoyed life and said 'Upy'! (Saint-Phalle *apud* Schirn Kunsthalle Frankfurt, 2023)

What is it that I hope to leave behind with you here today?

In the current age we witness daily, undaunted, incredulous or perplexed, and even more so, powerless, the declaration and maintenance of multiple wars and the dramatic rise of the climate crisis. What really is the darkness of our current times?

Could it be that the beam of light shone on global destruction causes us to deny all responsibility for our own destructiveness and aggressiveness? Are we moving away from the unquestionable fact that we are constituent beings of love and hate?

I believe we are drawn to consider that by highlighting current world destruction we are led to repudiate individual aggressiveness, destruction and obscurity, which are, as I tried to demonstrate, what would enable us to become fully responsible and creative beings.

Perhaps we should have *the courage to live at the point of fracture*, which is exactly where we should be, just like artists and Winnicottian therapists do. The fracture point is a catalyst for transformation and rebirth.

I would like to end by quoting Klaus Nomi, a performer who challenged the obscurity of his time, in his performance to the *Cold Song*.

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## Margareth Spelman

### 1. Introduction

The importance of collegial friendship and love for the psychoanalytic project is rarely acknowledged. Conflicts and schisms usually get all the attention. Therefore, before attention inevitably turns to the problems related to their relationship, this paper concerns itself with the environment for the growth of psychoanalytic thought provided by the loving collegial friendship between Marion Blackett Milner and Donald Woods Winnicott.

I suggest that the thinking of each of these individuals was facilitated by the intertwining of their lives: Winnicott had analysed Milner's deceased ex-husband, Derm. Rodman, Winnicott's biographer, summarises what Winnicott was to Milner, after 1943 as: "a colleague, a friend, [a] supervisor (of her work with [her patient] Susan), [a] provider of a home for her patient [Susan], [and] fee payer (for Susan), and [alongside all of this, Winnicott was Milner's] personal analyst, whom she paid" (Rodman, 2003, p. 135). Our focus here is on Milner's expansions to Winnicott's thinking in Susan's case, a patient who might be seen as an analytic "love-child" and whose professional care was shared by the couple.

The thinking of Marion Blackett Milner (1900 - 1998), who was Winnicott's junior for four years, has just started to be given suitable recognition in its own right. Milner's writing has recently come back into print and, in 2012, her eighth book, written in her nineties, appeared: the posthumously published, autobiographical, *Bothered by Alligators* (2012).

## 2. Marion Milner

Milner enjoyed her life. She became a mother, psychologist, therapist, psychoanalyst, author and artist. She travelled, painted and wrote prodigiously<sup>1</sup>. When Milner undertook a psycho-analytic training at the British Institute of Psychoanalysis in 1940, she was already a mother, an industrial psychologist, author of three books and she had worked on the Hawthorne Studies in America. Sylvia Payne was Milner's training analyst and she was also supervised by Melanie Klein, Joan Riviere and Ella Freeman Sharpe.

### 2.1 Milner's relationship with Winnicott

Milner's transference to Winnicott happened instantaneously when she heard his lecture and started attending his baby clinics. Conversely, Marion's importance for Donald resides in the fact that she is the only colleague to figure in a chapter in Winnicott's comprehensive biography by Rodman (2003). Their lives intertwined: Susan, whose 20-year-long treatment (1943-63 approx.) is the subject of Milner's book, *The Hands of the Living God* (1969) (for which Winnicott also wrote the Foreword), was found by Winnicott's first wife, Alice, in a psychiatric hospital, and lived with the Winnicotts until their marriage ended. During her work with Susan (Milner, 2012), Milner asked Winnicott to recommend an analyst for her. Milner later (*ibid.*) regretted taking Winnicott up on his offer to see her himself in her consulting room. She (Milner, 2012) was in analysis with Winnicott for four years (1943-7), but Milner left Winnicott in order to properly support Susan through the break-up of his marriage. Milner was subsequently analyzed by Clifford Scott (Milner, 2012). She travelled with Winnicott to and from lectures which they attended together and he confided in her on these and other occasions.

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1. A life of One's Own (1934), An Experiment in Leisure (1937a), On Not Being Able to Paint (1950), *The Hands of the Living God* (1969), *Eternity's Sunrise* (1987b), begun in 1958, as well as *The Suppressed Madness of Sane Men* (1987c). A final book *Bothered by Alligators* was recently published. (The Human Problem in Schools (1938), the results of research on the education system is the only book not treated here).

## 2.2 Winnicott's thinking found and created in Milner's

A comparison of Milner's pre- and post- training introspective books reveals that she remains remarkably herself, incorporating psychoanalytic ideas into her interest in experience and the workings of her mind. The incredible overlap between her thinking and Winnicott's predates their friendship. Milner was a like-minded peer whose friendship and love provided a fertile and facilitating thinking environment for Winnicott and in whose company the seeds of many of Winnicott's ideas germinated with a bidirectional influence on thinking (Boyle Spelman, 2013). Milner's early thinking is linked to later Winnicott concepts confirming the reciprocal nature of the influence of these English contemporaries from similar backgrounds.

In 1981, during a conversation with James Anderson, from Chicago, Milner shows that both she and Winnicott were conscious of the nature of their shared way of thinking and thinking environment. Speaking of Winnicott, Milner tells Anderson:

I'll tell you something. The last communication I had with him. I had a student in training who was in supervision with him. And – he shouldn't have done it, of course – he sent a message to me via the student: "Tell her, it doesn't matter which of us thinks of it. Because I can't tell you." Do you see what I mean? [...] There was a lot of interchange when we talked. You couldn't say which of us had thought of something". (Anderson, 1981)

Milner and Winnicott shared an interest in the interior life and in the "third area of experience", in visuo-spatial imagination, an interest in the arts (Davis and Wallbridge, 1991) and a preoccupation with spatial concepts such as boundary, space, image and form. Milner applied her childhood observational skills to herself and her art. Although consciously an atheist, many Christian ideas manifested themselves in her drawings, and she sometimes equated the concepts of "experience" and "God". She reiterates a phrase from the Bible which she has also heard from her patient Susan about the importance of knowing all the dimensions of God's love, the "height, breadth, length and depth of God's love".

In this paper <sup>2</sup> (Boyle Spelman, 2013) we explore Milner's expansions to Winnicott's thinking in relation to her attention to Susan, the "analytic child" and patient in whose wellbeing the Milner/Winnicott couple was deeply invested.

## **Winnicott's Thinking in the Dimensions of Susan's Case**

### **3. Holding and a personal boundary**

In taking on a 23 year-old patient, diagnosed with schizophrenia who had just undergone electroconvulsive therapy (ECT), Milner shows that, like Winnicott, she believed that psychoanalysis could help those with boundary issues. This five-times-a-week adult analysis lasted for the duration of a real childhood and adolescence and saw Susan's progression into the world through paid employment and marriage.

Susan came into treatment saying that she had lost her soul and that the world was no longer outside of her. Susan began to conceive of a holding environment, drawing many kinds of nests. Milner allowed the maturational process to unfold and herself to be used during the long re-fusion of Susan's aggressive parts.

Susan desired both primary undifferentiated unity and the real world of separateness. She rejected Milner while simultaneously demanding one-hundred-per-cent adaptation. Susan's early experience of an impinging environment is encapsulated in her story of the fireman who fell and whose head was crushed by his own helmet; what was supposed to be a protective shield had in fact injured and killed him. Susan had difficulty with symbols and with the interplay between inside and outside. As a child, she had to keep an eye on the outside world, in role reversal with her mother, and was only relaxed enough to read, for example, at her Aunt's house. Now, for at least fifty minutes a day, Susan could "be absent-minded", "empty-headed" and engaged in the phases of "not-knowing" inherent in all creative activity. Susan's boundary and

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2. In her third introspective book, published when she was eighty-seven, Milner made a very long inspection of the workings of the human psyche from her childhood diaries.

transitional space also developed through her self-expression: rather than interpreting, Milner waited and watched, so that Susan could find what she herself possessed in her presence

### **3.1 Drawings as transitional objects**

After the sixth year, Susan's treatment proceeded through the medium of drawing - sometimes ninety drawings on a day. These transitional objects (Winnicott, 1953) provided continued contact with a piece of reality that was "other" and yet responsive. The paper was a readily available substitute for Susan's responsive ideal mother - a reciprocal primitive non-verbal give and take. Milner's response to the drawings was a mirror reflecting Susan back to herself. The drawings provided a reparative bridge between them and a defence against Susan's reliving her murderous rage towards her mother. Winnicott's realm of the "non-verbal, preverbal and unverbilisable" extends to include all that Susan "knew" pictorially.

#### *3.1.2 ECT and Winnicott's ideas of personalisation and the split-off psyche-soma*

After the ECT Susan feels she lives in a narrow area in the top of her head, cut off from her inner world. She feels "shot forward" to her beginning, before subjectivity. Eventually a symbol came - the image of a duck - and stood for the space that surrounded and supported her.

Susan begins to establish a healthy and permeable boundary, where what is inside stays inside and what is outside stays outside, inter-relating without destruction; Susan will not kill Milner or "steal" from her as Susan and her mother did to each other. Milner's non-retaliatory survival of Susan's lack of transference hope and spikey anger towards her allows Susan to conceive of a give-and-take relationship. Susan must relinquish her defensive omnipotence in favour of true relating and live with the hatred engendered by disillusionment. Milner's welcoming of Susan's first "me extensions"/ "doings" gradually allows Susan to inhabit her body.

Susan's mother had put her arm around Susan's neck as they slept together for the first fourteen years of Susan's life. This head support was infantilising and intrusive. Susan's mind/body split is reflected in her neck: Torticollis and head jiggling show her ambivalent feelings about living in her body, in the world and in relatedness. Susan's drawings reflect her slow process of reinhabiting her body. In 1959, Milner wrote a related essay about the narcissistic enjoyment of the whole body, which is not a rejection of the outer world but an investment in it.

### *3.1.2 Relatedness versus omnipotence*

Susan's "creating"/"finding" herself in the world manifests as a confusion at the anal phase of psychosexual development; the omnipotent ruthless infantile Susan wants Milner to believe in her self-created environment where her turd is a baby. The non-discursive medium of drawing is adaptive because it is always able to provide an environment as omnipotent/dependent or separate/undifferentiated as Susan needs.

For years, Susan has struggled to find a place between the extremes of the haughty omnipotent phallic self on "God-like heights" and the dependent needy lowly "smelly baby urchin self". Drawings of interchangeable devils and angels show Susan accepting the hating as well as the loving part of herself; accepting her separateness; the fact of death; the struggle between ego-relatedness and omnipotent control. Drawings of ducks and babies represent the beginning of compassion and the "bursting out sun" drawing shows something bursting through Susan's defenses against loving. Images such as the "Sleeping Goddess" are premonitions of waking up from omnipotent fantasy.

After 8 January 1959 and Susan's first whole-person drawing, Milner tells us that the rest of Susan's analysis consists of her struggle to realise the achievements of that day. Her "Prussian blue and burnt sienna" painting incorporates the memory of a good mother, a new-created mother and a new-created self - a momentary integration of her love and hate through the medium of paint and a real and permanent monument to the ideal.



The phrase “[l]iving, dead, nothing in between” written on a drawing of that time depicts Susan’s lack of the transitional dream space between waking and sleeping. Her deepest problem is the denial of her urge to become nothing. Milner feels that Susan’s experience of one-ness/undifferentiation will have the paradoxical effect of enhancing her sense of two-ness/relatedness. Through drawing, Susan develops symbols for her healthy self and for what she will eventually be looking for in a relationship.

### 3.1.3 *The real Susan*

Now, provided with boundary and transitional space, Susan has a heart that can bear snubs without hating or wishing the other person to feel pain. Her concern grows through her drawings. The possible destruction and the dangers of separation are pictorially represented – a boat in a bottle, for example. This is worked through in the repeated images of curves and hard edges. Primal scene material now appears as Susan realises that two separate people may rediscover unity in physical lovemaking and in many other forms of shared experience.

#### Form

Milner is convinced that Susan will only be satisfied if she expresses her strong sense of form. In the formation of symbols and in the fertile interplay between states of one-ness and two-ness, there must be an acceptance of fusion and an illusion of oneness, but also of the differentiation of self and not-self. Milner links this to the frame of the picture and to an inner “frame” that comes from the experience of being held in the mother’s arms. Milner considers the circle image in Susan’s drawing as the psychic equivalent of the encircling arms, with no clear distinction between the holder and the held. The holding tSusan needs to repair the splits and to heal her “de-fusion” is referred to in her picture of herself having to mind her own sore head because she felt “dropped” by Dr. F, after her ECT treatment.

### 3.1.4 *Healthy oneness*

In 1987, Milner gave a lecture emphasizing both the healthy and unhealthy aspects of oneness and the transitional space (Milner, 1987c, p. 190). This has been a theme in Susan's drawings of three dimensional circles – Susan allows for the paradox that entering the centre of this circle symbolises: it represents both the cutting off of herself and her wholeness in the mother-child unity, the undivided consciousness through which she relates better to others. The drawings refer to both the unhealthy omnipotent devil part of herself and to a healthy revisiting of “oneness”, allowing a reconnection to her dependent beginnings.

Milner's idea of “primary self-enjoyment” is not a turning away from the world but rather an enhancement of relatedness; it is a reactivation of healthy narcissism which overflows into objects just as Susan's “personalisation” enhances her relatedness to the world.

#### Frame

Susan uses frames and diagonals to understand the concepts of duality and boundary and to connect things with the degree of separation or proximity to each other in a way she can tolerate. Her third diagonal picture shows fluidity and room to play at the place of contact between the two.

A drawing with a permeable diagonal and curved lines reminds Milner of the laughter that breaks the rigidity of Susan's face. Accepting duality as one half of living may be a source of delight – a meeting place; accepting the discrepancy between her ideal and her actual self can result in laughter.

## 4. Conclusions

Whatever the rights and the wrongs of some aspects of their relationship, it is obvious (Milner, 2012) that Milner was uniquely special to Winnicott as he was to her.

As a psychoanalytically naïve “twentysomething” psychologist, Milner speaks of the “me /not me” distinction and thinks in a similar way to Winnicott (Boyle Spelman, 2013). Her early publications retrospectively expand Winnicott’s later transitional phenomena and make unique contributions to existential psychoanalysis. Like him, Milner built bridges between many domains, including art theory, cognitive and organisational psychology, psychoanalysis, English literature and Greek mythology. To Winnicott’s spatial squiggle technique Milner added her “bead” memory, “doodle” drawing and the prototype case of psychoanalysis through the medium of pictorial art.

Milner’s thinking doesn’t simply add something to Winnicott’s. The couple shared a way of thinking that includes Winnicott’s inherent theories about thinking and influence (Boyle Spelman, 2013). They had a shared understanding of the environment necessary to foster creative, innovative and independent thinking. Others may make comments such as “I think that was Milner’s idea rather than Winnicott’s”, but there was never any ownership dispute between them.

In contrast to rival Oedipal theories of the thinking environment, Milner and Winnicott shared a transitional thinking space where the thinking itself has primacy, where a permeable boundary and a safe experience of omnipotence reign. Here, one thinker will not ask the other “did you find that or did you create it?” Nor would they ask “did you create that or did you get it from me?”

Two of Milner’s friends, Suzanna Richards and Nathalie Thompson, witnessed the importance to Milner of her last book, *Bothered by Alligators* (2012), and her struggle to finish and publish it before her death (Boyle Spelman, 2013): we are just beginning to appreciate Milner’s importance as a psychoanalytic thinker and to understand the significance of this couple’s collegial love for their psychoanalytic legacy. In writing this paper, I hoped to introduce a balanced understanding of this relationship based on this professional couple’s shared extraordinary love for the work of understanding and healing human nature.

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## José Carlos Coelho Rosa

When I began my psychoanalytic training in the late 1970s and early 1980s, I was completely ignorant about psychoanalytic topics. I started to learn something through seminars led by trainers from the Portuguese Psychoanalytical Society who, at the time, were still very heavily influenced by the thinking of Freud and the French School. The truth is that the authors cited were all from the French School, including Pierre Marty, Michel de M'Uzan, Maurice Bouvet, Pierre Luquet, René Diatkine, Michel Soulé, and others.

When I was just starting out, these were the authors I read and studied. Alongside these, other authors of great importance were cited, but they were approached in rather superficial terms and, at times, even in a highly critical way.

At that time and even today, some people say, when talking about these themes, that the question of maturation and development is very interesting, but it's not psychoanalysis...

It was during my analysis with Dr. Coimbra de Matos that I began to broaden my theoretical perspectives and realise how important other points of view were for clinical practice, particularly those from the English School.

Coimbra de Matos, without delving too deeply into theories, would drop a few names of authors accompanied by some quotes that related to what we were talking about.

Coimbra de Matos himself was undergoing an evolutionary process, and it was clear, even to me, that his thinking was evolving. When I started my analysis, he was very close to Ego Psychology, especially

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1. Paper presented at the 1st Winnicottian Encounters, Madeira, June 29th to July 1st, 2023.

Hartman, Löwenstein, and Kris. At that time, he was mainly concerned with adaptation to reality and the practical consequences for the structural change of those who came to him for psychoanalysis. It was during this period that I took a special interest in Heinz Kohut, who also influenced me, especially with two writings: *The Two Analyses with Patient Z* and a posthumously published work, *Introspection, Empathy, and the Semicircle of Mental Health*.

In the meantime, after I had finished my analysis, a great friendship remained between us, one that was maintained and deepened over 42 years of close contact, until his death on the 1st of July 2021.

Over those years, we discussed many topics, thought about many things together, and I realised the importance he had been giving, for a long time, to developmental theory, to which I had felt very attached since I was still working in corporate organizations.

Although the authors he had cited many times since I first met him were also authors I had read and knew reasonably well by then, we talked a lot about their thinking: Ferenczi, Bowlby, Balint, Winnicott, Fairbairn, Gunthrip, Masud Khan, and others.

Without ever losing the thread of his own thinking, he enriched his own vision of psychic reality through the reflections he (we) made on the thinking of others, but also on our own thinking and our clinical experience.

Undoubtedly, Winnicott was one of the authors who most influenced and stimulated us, above all because the foundations of his writings were based essentially on clinical observation and not on theoretical hypotheses or theories of others.

I remember once, many years ago, certainly more than 30, in one of our conversations with António Santiago Quintas, a great friend of ours, Coimbra de Matos said: "In development, there is a primacy of affect over drive".

Although I had already noticed this position in his thinking for a long time, I couldn't help remembering that my analysis with him had been very much based on a pulsional line. Contrary to what might have been expected, this statement gave me a lot of reassurance because his

thinking was dynamic and not crystallised, it was evolving. With me, in clinical practice, the process began with a predominance of drive. However, over the course of the analysis, I felt that his position was changing, but it was always consistent with what had happened before. In other words, the evolution of the analyst's thinking and clinical positioning also had an effect on the analysand's evolution.

We must remember that I was the first analyst analysed by him, and that all this took place, as I mentioned, between the end of the '70s and the beginning of the '80s. I had the privilege of experiencing all this, which allowed me to understand a lot about the analytic practice and reinforced my feelings of confidence in what we had done in analysis.

What I've just written reveals the influence of Winnicott on his thinking and clinical positioning.

Coimbra de Matos was the person I met who first spoke to me about Winnicott in an integrated way, considering the whole of his thinking.

However, we sometimes disagreed on certain points, which I consider fundamental, but which Coimbra didn't accept. One of these points had to do with Winnicott's essential concepts of the "true self" and the "false self" (1960/1965).

Coimbra de Matos considered the "false self" to be a sign of pathology, while I, in line with Winnicott, believe that the "false self" is an inevitable reality of development and can even be considered a protective screen for the "true self". This controversy has even led me to write a few articles on the subject.

During development, environmental influences gradually modify, inhibit, and alter what Winnicott referred to as the "spontaneous gesture", distorting what was original. The influence of upbringing, social pressures, and the need to adapt to the environmental conditions lead to a distortion of the "true self", to the point where, at a certain stage of development, it becomes practically impossible to see the "spontaneous gesture" (1960/1965, p. 145).

So, is everything we see in an adult a "false self"? No! The "true self" appears once in a while when the environment provides exceptional circumstances and conditions.

Winnicott also states that this distortion has various gradations – he lists five – ranging from serious pathology to mental health. In a healthy person, the “false self” is present, but it mainly manifests as a certain cordiality, socialising capacity, and conviviality, which are, in fact, healthy.

In this sense, the “false self” is like a protective screen for the “true self”.

Our controversies were very stimulating and led us to discover new insights and systematise our thoughts.

However, there were many points on which we agreed and one of them was his vision of Winnicott’s work as a whole and the profound change in psychoanalytic perspective it embodied.

Like Winnicott, he was an original thinker who combined an unusual level of culture and knowledge with an enormous capacity for reflection.

His research work was fundamentally based on clinical observation, just like Winnicott’s. And he was a great clinician, a field that provided him with abundant observational data, allowing us to go beyond what was already known.

In this context, thanks to his creativity and his attention to the smallest detail, I consider Coimbra de Matos to be the first great Winnicottian psychoanalyst in Portugal. I must also say that he would never accept this designation! He never accepted being included in any line of thought of others and would often say: “I think for myself, although I may have learnt a lot from others”.

An example of this is what happened from the early ‘90s.

Once we both went for lunch and, I don’t remember the exact topic of conversation, but I asked him if he knew or had read anything by Stephen Mitchell, a psychoanalyst I had recently read, found very interesting, and whose ideas I shared. He told me he hadn’t and asked me to lend him something by Mitchell. So I did and lent him a chapter from a book published a few years earlier by Mitchell (1986). The chapter was entitled “The Wings of Icarus” and dealt with the issue of narcissism.



Some time later, he told me he had found Mitchell's ideas very interesting and was reading more of his work.

After a while, I read some notes that he would write during lunch, as was his custom, on paper napkins or pieces of paper that he found in his pockets, which revealed a shift in emphasis: from maturation and development to relationship.

Although the subject of relationships had always been present in his thinking, there were certain features in these notes that brought him closer to Stephen Mitchell's "relational position".

In 2016, Coimbra de Matos published *Nova Relação* – one of his last works – and I had the pleasure and honour of being invited by him to participate in its presentation and launch.

*Nova Relação* deepens his thinking, with influences from a relational point of view, which aligns with Winnicott. This book is based on two of his particularly important concepts: the concept of "possibilitation", already developed in previous writings, and the concept of "intentionality", which, in his opinion, had not been addressed by "relational psychoanalysis".

"Possibilitation" consists of the analyst's attitude of providing a favourable environment and the conditions of possibility for the patient to achieve what was previously not possible due to environmental conditions. Once again, the presence of Winnicott.

As for "intentionality", it is, above all, a driving force of hope, as when intention appears, it indicates an objective to be realised.

Two years after his death, I thought it appropriate to share these memories with you, which I am very grateful for and which I hope will be of interest and use to all of you.

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**Adriana Pacchioni**

(IBPW/IWA)

In the early stages of emotional development, says Donald Winnicott, the healthy infant comes to grips with a series of maturational tasks: the integration of space and time; the in-dwelling of the psyche in the soma; the realization and formation of the primary self. Additionally, the infant moves past absolute dependence, experiences disillusionment, achieves transitional phenomena, develops the capacity to use objects, and integrates into a unit status ("I AM").

Having become a total person who is able to relate to another total person in a relationship between self and other, the infant attains the necessary condition to enter the stage of concern.

The environment still plays a delicate role in supporting the infant through new experiences, and environmental failures at this stage compel the individual to cope with depressive experiences. Winnicott groups such depressive states into three categories: simple reactive depression, pathological reactive depression, and psychotic or schizoid depression.

In this paper, I cast light on the schizoid depression as described by the author in *The Value of Depression* (1963), in which he comments on the feelings of impurity manifested in the depressed mood. I quote from Winnicott's writings:

In this category I will place all the *failures of ego organization* which indicate a tendency in the patient towards a more primitive type of illness, towards schizophrenia. Here the threat of disintegration exists and it is psychotic defenses (splitting, etc.) that give the clinical picture, which includes splitting, depersonalization, unreality feelings and lack of touch with internal reality. There may be a diffuse schizoid element com-

plicating depression so that the term 'schizoid depression' can be used. This term implies that some general ego organization (depression) is maintained in spite of the disintegration that threatens (schizoid). (1964/2016, p. 465)

To discuss the topic, I bring in Olga, the narrator-character in the novel *The Days of Abandonment* (2016) by Italian author Elena Ferrante. The writer stirs up the whole gamut of emotions in those who embark on a venture into her novel and engage in a profound quality of writing that unsettlingly reveals the most primitive sufferings of the human experience — emblematic of what Winnicott teaches us in his work.

As I read the book, I frankly grew more surprised by the main character's responses to her marital separation and by the exact description of the anxieties she went through following the breakup of her 15-year marriage. The news comes to her in a shockingly unexpected manner, as her husband – Mario, an academic who relies on his wife's daily support to fully dedicate himself to his career – admits to having betrayed her with a young student. The novel goes on to portray the aftermath of this separation: the abandonment, the anxieties, the obsessive thoughts, and the aggressive, destructive feelings that overtake this woman who, having adapted to the role of devoted wife and mother, pushes her own work as a writer – to which she had also been dedicated – into the background.

Overnight, Olga's life loses all meaning. The reader follows the character down a long and delicate depression process, one whose unfolding seems to enable her to come into progressive contact with primitive aspects of her own early development. She experiences – and makes us her witnesses to – a gradual disintegration of the self that reminds us, as I see it, of what Winnicott termed 'schizoid depression.'

At first, Olga is compelled to deny her husband's decision. In some passages, she looks back on flashes of Mario's instability, as if repeatedly trying to play down their marital crisis and show a composed and reflective attitude towards the looming conflicts in her life. As time goes on, reality impinges on her, and the perception of her own state of abandonment grows clearer. Olga can no longer put up with Mario's indifference,

and at this point, she begins to feel the rage<sup>1</sup> building up within her. In an effort to find out the reason for the separation, she decides to lay out a dinner for Mario. While she is preparing it, a bottle of wine slips out of her hand and shatters to the ground; she gets cuts, throws the kitchen utensils into disarray, is wearied by the mess, and gets late for picking up the children from school. Here, we begin to witness the protagonist's own inner disarray, which grows more intense as the story unfurls.

That night, Mario drops in to see the children. She serves him a plate of macaroni and meatballs and demands a confession. He admits to being unfaithful and brings to his mouth a heap of pasta he skewers with his fork, which, in fact, contains a splinter of glass. Mario's reaction to the incident is an invitation to reflection:

[...] Immediately, his eyes wide, he wiped off his hand with the napkin, stuck his fingers in his mouth, and pulled out of his palate a splinter of glass.

He stared at it in horror, then showed it to me, shrieking, beside himself, with a hatred I wouldn't have thought him capable of:

"What's this? Is this what you want to do to me? This?"

He jumped up, overturned the chair, picked it up, slammed it again and again on the floor as if he hoped to make it stick to the tiles definitively. He said that I was an unreasonable woman, incapable of understanding him. Never, ever had I truly understood him, and only his patience, or perhaps his inadequacy, had kept us together for so long. But he had had enough. He shouted that I frightened him, putting glass in his pasta, how could I, I was mad. He slammed the door as he left, without a thought for the sleeping children. (Ferrante, 2002/2005, pp. 15-16)

As readers, we witness Mario's utter bafflement at the display of Olga's aggressiveness and destructiveness, as he is unable to cope with the implicit violence in her "careless" act in the episode of the splinter of glass from the bottle she accidentally broke while cooking the meatballs.

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1. I work with the hypothesis that Olga possessed a fragile integration of the self, which hindered her ability to fully experience the ambivalence of love and hate; for this reason, I prefer to use the terms: aggressiveness, destructiveness, impulsiveness, and anger in lieu of hate.

Olga remains a spectator to the hatred Mario now directs at her; it is as if his harsh, accusing words shatter the false self that has long anchored her in the role of the devoted wife. This passage seems to illustrate the emergence of her own aggressiveness as a dissociated force she has never been able to fully integrate throughout her own maturational process.

Mario confesses he is in love with another woman, whereupon Olga is dragged into a depressive state: she loses all will to care for herself, withdraws from friends, and finds the task of tending to her children and home unbearably heavy. Her mind is consumed by obsessive thoughts of Mario and his lover, and she spirals into depreciative views of her own worth as a mother, as a woman. Bit by bit, her life becomes undone, just as her fragile defenses visibly unravel.

I was afraid I would be unable to take care of them [*the children*], I even feared harming them, in a moment of weariness or distraction. Not that, before, Mario had done a lot to help me; he was always overloaded with work. But his presence—or, rather, his absence, which, however, could always be changed into presence, if necessary—reassured me. (Ferrante, 2002/2005, p. 24)

The idea of a husband who is absent but can still be thought of as being present has given Olga the sense of a psychic foundation outside herself, which hints at the fragility of her ego. The self-imposed task of handling day-to-day personal affairs with crude objectivity gave away her submission to a false self that was now crumbling.

Her disintegration begins to take on a more vivid and intense hue. The narrative offers countless scenes in which she slowly disintegrates, depersonalizes, loses her grip on reality and on the sense of time and space as she lives through unthinkable anxieties—scenes that inevitably brought me to picture her being trapped beneath the wreckage of a life that has collapse: “I began to tidy up. When I had finished I began again, a kind of roundup of everything that didn’t appear to be in order. Lucidity, determination, hold on to life” (Ferrante, 2002/2005, p. 70).

One afternoon, she leaves the house in a frenzy, determined to tackle the endless daily chores when, from a distance, she catches sight

of Mario in the arms of his new lover: "Time expanded. I crossed the street with long, determined strides, I felt no desire to cry or scream or ask for explanations, only a black mania for destruction" (Ferrante, 2002/2005, p. 66). Olga strikes Mario from behind, tearing up his clothes, yanking and making him bleed. Violent impulses utterly blind and consume her.

The sight of Mario with his lover awakens a primal need for revenge – so Olga marches up to the door of their neighbor, Carrano, a solitary musician who lives alone. She gives him a flimsy excuse, pretending to hand in some document she has found just outside the building. Though she barely knows Carrano, her emotions overpower her, and she finally opens up. She pours out her story to him – her husband's betrayal, the unbearable weight of being alone with the duties of caring for the children and the house. Carrano listens intently:

Carrano sat beside me on the sofa [...] He never interrupted, but managed to communicate to me such a certainty of listening that I felt not a single word, not an emotion, was wasted, and I wasn't ashamed when I felt like crying. I burst out crying without hesitation, sure that he understood me, and I felt something move inside me, a jolt of grief so intense that the tears seemed to me fragments of a crystal object stored for a long time in a secret place and now, because of that movement, shattered into a thousand stabbing shards. (Ferrante, 2002/2005, pp. 75-76)

In this passage, Olga's response seems to convey that Carrano is at this point able to offer a quality of environmental provision that facilitates deep emotional support. The visit culminates in a sexual encounter which, for Olga, seems more of an enactment, a response to the trauma of betrayal. Carrano, by contrast, appears to be getting genuinely involved with that woman who, in her fragility, gives herself to him.

The section on the following morning pushes the novel to new heights. Olga wakes up in her flat, and as she opens her eyes, she begins to experience—more vividly than ever—the anxieties Winnicott describes. She goes on to give an account of her own process of depersonalization, disintegration of time and space, a loss of contact with reality

with such unerring accuracy that the reader seems to be dragged into her lacerating suffering. As she feels estranged from her own body, adrift in the unfamiliar space around her, her daughter, Ilaria, calls for help, telling her that her brother, Gianni, must be sick.

This pressing problem thrusts Olga into a state of presence and care she is unprepared for. The story details, in painstaking clarity, the character's attempts to survive her experiences of sheer agony. It is unfortunate that this piece cannot cover the myriad passages that illustrate this, but I will quote one or two more sections.

He has a fever," [...] I looked at the thermometer, I couldn't concentrate on the degrees indicated by the column of mercury. I don't know how long I remained with that object in my hand anxiously trying to train my gaze to see. I have to take care of the child, I said to myself, I have to know how high the fever is, but I couldn't pay attention. Certainly something had happened to me during the night. Or after months of tension I had arrived at the edge of some precipice and now I was falling, as in a dream, slowly, even as I continued to hold the thermometer in my hand, even as I stood with the soles of my slippers on the floor, even as I felt myself solidly contained by the expectant looks of my children. (Ferrante, 2002/2005, p. 98)

The following passage particularly struck me as evidence of the character's state of depersonalization:

Maybe I hadn't understood, I had to make an effort to concentrate, I had to take in the fact that Gianni was ill, that Otto, too, was ill, I had to find a way of feeling alarm for their condition, grasp what it meant. [...] On the table I saw a metal clip for holding scattered papers together. I took it, I clipped it on the skin of my right arm, it might be useful. Something to hold me. (Ferrante, 2002/2005, p. 108)

Throughout that chaotic day, Olga is engulfed in feelings of intense anxiety that culminate in her pleading with Ilaria to stay close so as to avoid being cut off from life. She asks Ilaria to pinch her with a metal clip if she loses contact with reality for too long.



As the reader realizes that they themselves are caught in a state of anxiety, Olga hears the doorbell ring. She finds herself unable to carry out the mundane task of opening the door – which has been shut all day as she is unable to turn the key, given her depersonalized state. Yet, surprisingly, upon hearing Carrano's voice, she manages to unlock the door.

In the days that follow, Carrano attempts to get closer, showing an interest in a more intimate relationship with Olga and her children. Olga harshly pushes him away, as if to make it clear that whatever transpired between them meant nothing to her. He is a man of few words but capable of gestures of true affection and care towards Olga. His stance summons up the image of a motherly figure who is able to adapt and hold her ground against the instinctive attacks of her infant. It also reminds us of the role of the psychoanalyst who, by surviving their patient's destructiveness, provides the therapeutic conditions for regressive experiences.

Though the novel casts little light on the narrator's early life, the following passage can provide clues about a possible pattern in her early relationship with her mother:

[...] What might happen if I violated a prohibition of my mother's happened anyway, independent of the violation. The words immediately made the future real, and the wound of the punishment still burned even when I no longer remembered the fault that I would or could have committed. A recurrent expression of my mother's came to mind. "Stop or I'll cut off your hands," she would say when I touched her dressmaking things. And those words were a pair of long, burnished steel scissors that came out of her mouth, jawlike blades that closed over the wrists, leaving stumps sewed up with a needle and thread from her spools. (Ferrante, 2002/2005, pp. 98-99)

We need little more to be able to speculate about the environment young Olga was brought up in. The memory of the burnished steel scissors can lead us to imagine a retaliatory mother, one incapable of nurturing the gesture of a child reaching out towards the world. It also suggests that Olga, in response to this intrusive pattern, defended herself by actively disintegrating – breaking down so that she would not be torn apart by another.

The story draws to its close with the recovery of the character. Olga gradually reclaims her life, turning her attention back to her children and seemingly allowing herself to be in a relationship with the neighbor. Along this process, it seems that Carrano and Ilaria offer a quality of support that is key to help her hold on through the breakdown. For us readers, there is comfort in knowing that the main character has lived to tell her story. It leaves the impression that her ordeal, to some degree, allowed her to take a step further along the path of her emotional maturation.

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