

## CHAPTER ELEVEN

# Winnicott's paradigm shift in psychoanalytic theory and practice

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### *Winnicott's plea for a revolution in psychoanalysis*

Shortly before his death, Winnicott pleaded for a revolution in psychoanalysis: "I am asking for a kind of revolution in our work. Let us re-examine what we do" (Abram, 2013, pp. 313–314). His reasons for making such a proposal were clinical: "It may be that in dealing with the repressed unconscious we are colluding with the patient and the established defences." We have to come to the conclusion, he adds, "that the common failure of many excellent analyses has to do with the patient's dissociation hidden in material that is clearly related to repression taking place as a defence in a seemingly whole person" (Abram, 2013, pp. 313–314).

Winnicott attributes the inefficiency of psychoanalytic problem-solving activity to the lack of a clear distinction between the repressed unconscious and another kind of unconscious: the dissociation of personality. Psychoanalysis has been in a crisis, due to insufficient diagnosis and inadequate treatment procedures. In order to recover, psychoanalytic theoretical framework for problem-solving should be changed in a revolutionary manner and so should psychoanalytic treatment procedures.

This raises the question as to which kind of revolutionary move must be undertaken. The one Winnicott had already produced. The shift was clearly recognised in 1968: "At the time of these BBC broadcasts in the late Forties, I was in a unique position, being able to see my patients in terms of both paediatrics and of a kind of psycho-analysis that was peculiarly my own" (Winnicott, 1993, p. xiv). From the late 1940s onwards, Winnicott's job was definitely to be himself, not a Kleinian or even a Freudian:

I believe my views began to separate out from hers [M. Klein's], 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. (1965a, pp. 176–177)

Winnicott was a libertarian, not only in science but also in life, morals, religion, cultural matters, and with regard to tradition in general: "Mature adults bring vitality to that which is ancient, old, and orthodox by re-creating it after destroying it" (1965b, p. 94).

Winnicott called himself "a paediatrician who has swung to psychiatry, and a psychiatrist who has clung to paediatrics" (1958, p. 157), using "psychoanalysis as a ground-basis" (1984, p. 209). Psychoanalysis modified by Winnicott should be the guide for clinical practice in both of these disciplines, as well as in other areas, such as social work and public health policies and legislation. In addition, Winnicott made proposals regarding interdisciplinary training programmes and institutions capable of delivering this kind of training.

Psychoanalysis was practised by Winnicott as a science:

I want to put before you the view that psychology simply means the study of human nature, and that it is a science, just as physics, physiology, and biology are sciences. This is my view, and my life's work is based on this assumption, for I think you ought to know at the outset that I am not only a doctor but also a psychoanalyst. (1996, p. 3)

But what does scientific work consist of?

For the scientist every gap in understanding provides an exciting challenge. Ignorance is held, and a research programme is devised.

The stimulus for the work done is the existence of the gap. The scientist can afford to wait and to be ignorant. For the scientist the formulation of questions is almost the whole thing. The answers, when found, only lead on to other questions. The nightmare of the scientist is the idea of complete knowledge. He shudders to think of such a thing. (1986, p. 14)

Psychoanalysis belongs to a group of scientific disciplines or practices such as education, paediatrics, psychiatry, psychology, psychotherapy, and social work, which use the same basic scientific strategy and for that reason differ from "religion, philosophy, poetry and alchemy [...]" (1996, p. 237).

*Kuhn's framework for the scientific and philosophical study of Winnicott's Q&A game*

In discussing Winnicott's proposal for a revolution in psychoanalysis as a scientific discipline, I and other authors (Bowlby, Greenberg, Mitchell, McDougall, Dias, Minhot, Abram, Eshel, among them) have found it useful to take into account the theory of scientific revolutions proposed by Kuhn. For Kuhn, science is a problem-solving activity within a scientific community guided by a research programme which has two main components: shared examples of successfully solved problems and constellations of group commitments, also called a "disciplinary matrix", consisting of guiding generalisations, operational ontologies, methodologies, and shared values. If there is a critical increase in unsolved problems in the "normal research", revolutionary research is initiated in order to formulate a new research programme. The acceptance of the new paradigm by the community, initially only by younger and peripheral members, is not a change of mind based on compelling theoretical arguments, but a conversion similar to a gestalt switch. The new paradigm is taught in the first place by means of shared exemplars.

*Freud's and Winnicott's paradigms compared*

Freud's exemplars are solved problems relating to the Oedipus complex, the shibboleth of psychoanalysis. In this way, the Freudian analyst wants to know about the patient's desires and wishes of a sexual nature in triangular relationships between whole persons, the representations

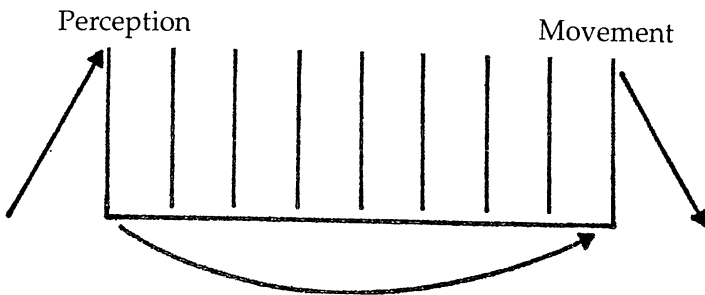
of which have been made unconscious by repression. These "child in the mother's bed" problems, as I call them, are illustrated in Freud's case studies.

Winnicott's exemplars are solutions to the "problem of existing" related to maturational needs (being in contact, going on being in relationship, integrating, etc.), which have not initially been met in the baby's dual relationship with the environment-mother ("baby on the mother's lap" problems). More complex problems arise in successively broader environments, such as the Freudian triangular family situations, consisting of hold-ups of the maturational process due to environmental failures. Winnicott's case studies of these disorders are meant to be used as illustrations and teaching material (1971, p. 9).

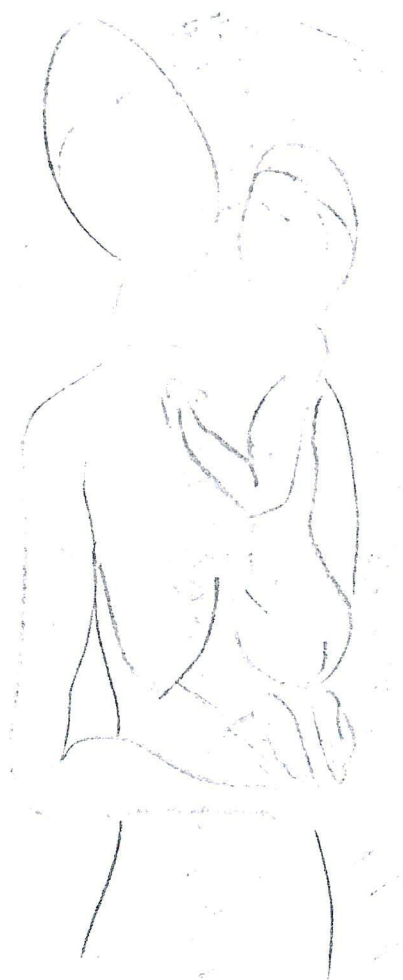
Freud's guiding generalisation is, of course, his theory of sexuality, which includes the theory of the development of libido organisation and corresponding sexual objects.

Winnicott's guiding generalisation is his theory of maturational processes (integration into a personal whole together with physical growth and emotional and mental development) through which human nature exemplifies itself in time as a concrete human being able to become a spontaneous and creative individual, to have a life (including a sexual life) worth living and, eventually, to "afford to sacrifice spontaneity, even to die" (1958, p. 304).

Freud's initial and indeed paradigmatic ontological model of the human being consists of the psychical apparatus functioning as a reflex arc. In Freud's writings, deterministic reflex processes remain the model of psychical (i.e., mental) processes in general, spelled out in his metapsychology. The general schematic picture of the psychical apparatus is represented by Freud in the following way:



Winnicott's ontological model for thinking about and dealing with human beings is provided by his theory of human nature, which manifests itself in time through maturational processes. Some main universal features of human nature are essential aloneness, primary creativity, playing, potential space, psycho-somatic existence, tendency towards integration, tendency towards regression/and the circular structure of human life. The general structure of all maturational processes is already present in the mother's lap, as is depicted in the following drawing by Winnicott:



Differences between Freud's box model and Winnicott's lap model are clear. For Winnicott, a human being does not behave like a deterministic reflex apparatus. In human life, mind, mental structures, and mental functions are not fundamental. Winnicott's ontology of psychosomatic existence is experiential. It is formulated in his own descriptive language, not in "the terms of psycho-analytic metapsychology" (1987, p. 58).

Freud's clinical method is the *talking cure*, which consists of bringing the codified repressed unconscious stored in a dark compartment within the psychic apparatus to its conscious part, by means of free association on the part of the patient and interpretation (decoding the repressed unconscious) by the analyst. The setting is characterised mainly by the rule of abstinence. The whole procedure is conceived for the treatment of neuroses.

Winnicott's clinical methodology is the *care-cure*. It aims at facilitating the patient's integration process to restart at the point where it broke down, by 1) unfreezing of rigid defences and defence organisations, 2) giving the patient the needed provision, 3) helping the patient to feel real, to modify or even establish the relationship with the external world for the first time, to be able to end the analysis and to take care of him- or herself, 4) preventing of the breakdown at any stage. The solution is brought about by the "behaviour" of the analyst and/or of the actual environmental, providing the care which was required by the patient at a certain point of time in the past, but which was not offered. To this effect, the setting, "the summation of all details of management", individual or environmental (1958, p. 297), is more important than the interpretation.

Freud's values may be divided into clinical (freeing the patient of symptoms and suffering), general (realisation of the pleasure principle programme, that is, of the aim of life) and "higher" values (cultural values achieved by sublimation).

Winnicott's values include personal integration, taking care of other people, social integration, caring for the cultural heritage, self-realisation, and eventually "growing downwards" and being able even to die. In essence, there is only one value: the life worth living.

Compared to Freudian psychoanalysis, Winnicott's psychoanalysis presents the following distinctive features: new concept of psychic disorders, a new guiding generalisation, new ontology, new treatment procedures, new values, new training programme, new applications.

Is Winnicott's paradigm still psychoanalysis? Yes, because it is about the unconscious and also about recollecting and history taking. No, if the "unconscious" according-to-Winnicott (dissociation of personality due to the interruption of the maturational process) is not accepted because it is irreconcilable with the Freudian unconscious; and also if recollecting and history taking is not allowed to encompass collecting oneself and history making. Unity of the psychotherapeutic field is a value, but not at any price:

I am concerned with everything that makes *against* cohesion. I would like to make it seem to be a miracle that the group claims to be a group. If there is mutual suspicion, then I want to examine mutual suspicion. The risk has to be taken that, if we look at ourselves, we actually disintegrate. But if we fail to take this risk, then we are bound together by a fear of disunity, which is a negation factor. (1996, pp. 237–238)

### *Freud's and Winnicott's applied psychoanalyses*

The main thesis of Freud's applied psychoanalysis states that the beginnings of religion, morals, society, and art are found in the Oedipus complex, in full agreement with his claim that this complex constitutes the core of all neuroses (*Totem and Taboo*, 1912–13, part IV).

The main thesis of Winnicott's applied psychoanalysis is that social order and culture result from the maturational processes facilitated by environmental provision and enriched by tradition, which is used both destructively and creatively. In particular, Winnicott maintains that monotheism has its roots in pre-oedipal stages:

[...] I suggest that the baby is likely to make use of the father as a blueprint for his or her own integration when just becoming at times a unit. [...] In this way one can see that the father can be the first glimpse for the child of integration and of personal wholeness. It is easy to go from this interplay between introjections and projection to the important concept in the world's history of a one god, monotheism, not a one god for me and another one god for you. (1989, p. 243)

With regard to morals, Winnicott defends the thesis of "innate morality", according to which "[W]e do need to abandon absolutely the theory



that children can be born innately amoral" (1984, p. 111). When healthy, "... the child develops in a very complicated way a sense of right and wrong and a capacity for experiencing a sense of guilt; and each child has ideals, and has an idea of what he or she wants for the future" (1984, p. 149). The sense of right and wrong, related to the sense of responsibility, forms the basis of the ethics of care, which is the original meaning of ethics, the Kantian and the Freudian ethics of law (justice) being secondary and derived.

### *Winnicottian communities and institutions*

In 1968, Balint envisioned the creation of a "managing school" of analysts who think of clinical disorders as "due to mismanagement of the child during his early formative period by the adults, above all by his mother" (p. 110). He added:

True, the "managing" school can hardly be called a school because, in contrast to the two previous ones, it lacks any organization or cohesion and, in consequence, has not developed a proper language of its own, although there are signs that this may happen under the influence of Winnicott's ideas. (p. 116)

In 1968, these words by Balint might have sounded as an exhortation, today they look more like a prophecy. Indeed, several Winnicottian institutions exist: the Squiggle Foundation (1981), the Winnicott Trust (1984), the Brazilian Society for Winnicottian Psychoanalysis (2005), International Winnicott Association (2013, eighteen member groups), Brazilian, French, Chinese, and Israeli training courses, the Brazilian Annual Winnicott Colloquia (since 1995), and IWA International Winnicott Congresses (started 2015).



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