



IWA BOOKS

Winnicott

and the Future of Psychoanalysis

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(Eds.)

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Preface

This e-book contains the Proceedings of the 1st Congress of the International Winnicott Association (IWA), which is a non-profit international civil entity founded in 2013 in São Paulo, Brazil, headquartered at the Brazilian Society of Winnicottian Psychoanalysis in São Paulo.

The IWA's social goal is to promote research, training and publications on Winnicott's psychoanalysis and other areas of his therapeutic activities, such as child psychiatry, as well as international exchanges between therapists, researchers and teachers who are linked to universities, psychoanalytical groups, societies, centers, research or teaching foundations and other institutions, both scientific and clinical, and who develop activities within Winnicott's theoretical framework of clinical practice. The IWA also aims to promote and support activities relating to social work and the prevention of maturational disorders and to the development, institutionalisation and diffusion of Winnicottian psychoanalysis in general.

In order to fulfill this goal, the IWA organises and sponsors teaching activities and research across the entire spectrum of Winnicott's therapeutic modalities, supporting training courses and professional meetings, such as colloquia, national and international congresses. It also publishes books and journals, collaborates with social organisations, both public and private, and with any other initiatives with the objective of developing, promoting and disseminating Winnicott's theory and clinical practice.

This is the institutional framework and the project within which the 1st IWA Congress was organised in 2015. Other Winnicott groups and institutions have been working in the same direction for some time. For example, the Brazilian Society of Winnicottian Psychoanalysis (SBPW) and now the Brazilian Institute of Winnicottian Psychoanalysis (IBPW), have been organising the Brazilian International Winnicott colloquia on an annual basis since 1995. Similar events have been held in other countries in Latin America and Europe. The 1st São Paulo IWA Congress nevertheless represented a new chapter in Winnicott studies, resulting from the cited project for

institutionalisation and dissemination across the world. The intended research was designed to be different from the frequent attempts to assimilate Winnicott with his predecessors or contemporaries, thereby denying his originality, or to reduce his contribution to a few concepts scattered throughout his papers. Some commentators went as far as to denounce the idiosyncratic nature of his thought, or even to decry the lack of theory in his writings. From the outset, however, more important than the promotion of a thorough inquiry into Winnicott's legacy, was the aim of promoting study of his contribution to the progress of psychoanalytic theory and treatment procedures, in an effort to explain the meaning of Winnicott's plea about the future of psychoanalytic problem-solving practices, written a few days before his death: "I am asking for a kind of revolution in what we [psychoanalytic therapists] are doing". This future-oriented appraisal of Winnicott was contemplated in the title itself of the 1st IWA Congress: "Winnicott and the future of psychoanalysis".

In preparing the edition of this e-book, I have been greatly assisted by Caroline Vasconcelos Ribeiro, my former doctoral student, who also did most of the work of managing editor. The Board of Directors of the IWA has decided that this collection of 15 articles will constitute the first volume of the series of IWA BOOKS, an initiative due to begin this year, together with the IWA's journal *Winnicott e-Prints*, in collaboration with the DWW editorial, publisher of the Brazilian Society of Winnicottian Psychoanalysis.

Zeljko Loparic

President of the IWA

Introduction

Caroline Vasconcelos Ribeiro

In May 2015, the 1st IWA Congress and the XX Winnicott International Colloquium was held in the city of São Paulo. Members of the International Winnicott Association (IWA) from different countries met to discuss the relationship between Winnicott's thought and the future of psychoanalysis. This book contains most of the papers delivered on that occasion and reflects the diversity of approaches marking the event. In the following pages the reader will find multiple ways of thinking about the place of Winnicott's theory and practice in the face of the future of psychoanalysis and the challenges – current and future – raised by our society.

In a time of increasing medicalisation of human life and in which psychotherapeutic practice is submitted to the imperatives of efficiency and of adaptation to social and workplace environments, it is appropriate to ask about the future of psychoanalysis and its relationship to our own future. More specifically, an enquiry is merited on the place of Winnicottian psychoanalysis within the context of contemporary society and its crises, and that of the history of psychoanalysis. Questions of this nature formed a focal point for the authors of this collection of 15 papers. The reader will find that the several ways of relating Winnicott to the future of psychoanalysis reflect the plurality of approaches of the various research groups of the International Winnicott Association. They also reflect the different discussion horizons on the ways in which Winnicottian psychoanalysis can respond to contemporary and future challenges, both in clinical practice and outside of it.

In the papers included in this volume, the reader will encounter questions about the place of Winnicott's psychoanalysis in a time (1) of increasing use of social media, which often replace real life with virtual life; (2) in which the post-modern world crushes spaces for playing and for a healthy tension between illusion and reality; (3) in which the immediacy and accessibility of digital relationships foster a decline in intimacy while

emptying and objectifying personal relationships; (4) in which relationships are redefined by cyberspace, where people are no more than numbers or resources feeding on the rule of success in the various aspects of life; and (5) of increasing use of chemical therapies for the treatment of psychological suffering. Our current age, which is so configured, challenges Winnicottian psychoanalysis by presenting patterns and problems which did not belong to Winnicott's more immediate context, at least not to the current extent, which is expected to continue in the future. According to the authors of this collection, although Winnicott's psychoanalysis dates from a recent period, it can prove fruitful for thinking about (1) varying family configurations; (2) significant social transformations and their impact on human existence; (3) contemporary pathologies; and (4) the medicalisation imperative which converts social and cultural issues into disorders.

Given that this collection concerns *Winnicott and the future of psychoanalysis*, the reader will also find a reflection on the changes and additions which Winnicott introduced into the legacy of that young science. In this way, the reader will be able to follow the discussion about the radical changes that he made within psychoanalysis, regarding both the way of conceiving the nature and aetiology of human illnesses and psychoanalytic treatment procedures. This discussion refers to others involving thinking about the relations between tradition and creativity, continuity and breakdowns, orthodoxy and evolution.

These multiple debates about the future of society, the future of psychoanalysis, and Winnicott's place in that context are presented in this collection in two parts. The first, "Philosophical and Historical Aspects of Winnicott's Psychoanalysis", contains papers on Winnicott's achievements and his revolution within psychoanalytic theory and practice. The dialogue with philosophy and a reflection on the "schisms" which occurred in the history of psychoanalysis appear in several contributions in this part of the book. In the second part, "Winnicott's Psychoanalysis Applied to Tackling Contemporary and Future Challenges", the reader will find papers discussing Winnicottian theory and practice in the light of new configurations of human relationships, families, culture, and illnesses. A picture of today's society and of the challenges projected onto the future is

outlined in several points of view, always with an eye to the application of Winnicottian psychoanalysis to our current and future contexts.

The first paper, “Achievements of Winnicott’s Revolution”, by Zeljko Loparic, refers to a claim made by Winnicott in 1970 on the need for a revolution in psychoanalysis,¹ and defends the thesis that Winnicott’s psychoanalysis represented revolutionary research on clinical practice and theory. Having dedicated over 20 years of research to these matters together with other members of the Brazilian Society for Winnicottian Psychoanalysis (SBPW), Loparic claims that in the light of Thomas Kuhn’s philosophy, the following contributions of Winnicott resulted in a paradigm shift in traditional psychoanalysis: (1) a theory of maturational processes, which culminated in a view of human beings that highlighted not the dynamics of invested drives but of interpersonal relations; (2) a theory of the interruption of those maturational processes due to environmental failures and not to gaps in consciousness or threats of castration; (3) a new approach to clinical practice; and (4) an original theory of cultural experience. In Loparic’s view, the research program that Winnicott established significantly increased the problem-solving capacity of psychoanalysis and changed its approach to both clinical and non-clinical issues (such as social and cultural life).

In the second paper of this collection, titled “D. W. Winnicott Evolving and Continuing”, Margaret Boyle Spelman invites us to reflect on Winnicott’s place in the history of psychoanalysis, considering that he was not affiliated to any school of thought and even avoided a following of his own. Based on an extensive study of the evolution of Winnicottian psychoanalysis over three generations – during his lifetime and after his death – the paper suggests that Winnicott’s thought impacted subsequent analytic generations by facilitating both the expansion of his concepts and the growth of independent thinking. Spelman analyses the relationship between the thinking environment and the production of ideas, between originality and tradition. She points out similarities between Winnicott and Arthur O. Lovejoy (in *The History of Ideas*), and

¹ The author quotes this sentence by Winnicott: “I am asking for a kind of revolution in our work. Let us re-examine what we do”. Cf.: Abram, J. *Donald Winnicott Today*. London: Routledge, 2013, p. 312.

how their views distance themselves from those of Harold Bloom and his theory on influence anxiety.

Letícia Minhot's "On the Shoulders of a Giant" assesses the future of psychoanalysis in Kuhnian terms. Analysing the achievements of the Winnicottian disciplinary matrix, she draws attention to the fact that its theoretical innovation entailed a break with tradition, and was not a mere complementation of it. This change sparked the emergence of a community of researchers – for example, the Winnicottian Center of São Paulo, the Brazilian Society for Winnicottian Psychoanalysis – which continues its work and communicates using the new language arising from it. The author presents the main contributions of the Winnicottian disciplinary matrix and reflects on problems afflicting today's society that were invisible in Winnicott's time but which can be solved using the tools and achievements of that matrix.

In "Winnicott with Lacan: Towards a New Middle Group", Deborah Anna Luepnitz refers to the schism affecting the British Psychoanalytic Society and culminating in its splitting into two groups: one loyal to Anna Freud and the other to Klein. This left Winnicott in a third, independent contingent – the Middle Group. The author also describes the differences between the British and the French psychoanalytic traditions, represented by the allegedly incompatible works of Winnicott and Lacan. In her view, the former introduced a "comic and optimistic" tradition into psychoanalysis, through his good sense of humour, his emphasis on playing, and his belief in the possibility of happiness within families and among humanity as a whole. The latter held a "tragic and ironic" view of human nature by claiming that "There is no such a thing as a sexual relationship" and that "Life does not want to be healed." These two perspectives lead to differing views on clinical treatment, but Luepnitz insists on the benefits of reading both Winnicott and Lacan, and of working on the differences between self and subject, devotion and desire.

In "The Objectification of Human Phenomena: Observations in the Light of Winnicott and Heidegger", Caroline Vasconcelos Ribeiro claims that Winnicottian psychoanalysis does not pay tribute to the logic of the natural sciences or to the processes

of objectification of the real, which are what the German philosopher highlights as traits of modernity. According to the author, Winnicott constructs other ways of reading initial human phenomena, creating a semantics which is distant from the physicalistic language used by Freud, so that his theory refuses to objectify human phenomena. In the light of a dialogue between Heidegger and Winnicott, Ribeiro questions the increasing process of medicalisation of life, and comments on the medicalisation imperatives of schoolchildren diagnosed with ADHD, because they allegedly present deficits with regard to the “normal rhythm” of learning.

In the sixth paper of this collection, “Anthropoteological Views from Winnicott’s Thought: a Winnicottian Contribution to Philosophy”, Loris Notturmi states that the appetite for Winnicott’s theories goes beyond the confines of the psychoanalytical and paedopsychiatric clinic. For the author, Winnicott’s theory of maturational processes not only renewed clinical approaches to human beings and their fundamental problems, but also offered a teleological understanding of human nature and the tasks forming the basis of life itself. The author argues that Winnicott’s clinical practice shed new light on an old philosophical question on the unity of meaning, leading us beyond the obsolete dichotomy of subject-object. Notturmi grounds his view on the Winnicottian argument that illusion is a condition for the possibility for future contact with external reality. As a horizon for dialogue, the author uses Husserl’s transcendental phenomenology.

Laura Dethiville’s “The Modernity of Winnicott” also describes Winnicott’s appeal for a need for a revolution in psychoanalytic work. She considers that this appeal presents us with a reflection on an issue which is very modern: the redefinition of relationships by cyberspace. In her analysis, she quotes a story she heard about a teenager in Rome who forgot his mobile phone at school and fell victim to a prank by his classmates, who sent a message to people in his contact list saying he was a homosexual. Although the matter was later explained, via SMS, to all recipients of the previous message, the effects the episode had on this boy’s life was so devastating that he left that school. Dethiville raises the issue of how the widespread use of technology – which can find, exhibit, and devastate nearly everything – does not allow us to switch off. She

reminds us of the importance Winnicott attributed to potential space, to the dynamics of reality and fantasy, and questions whether it is possible to experience the world creatively in a context where the other is virtualised.

The last paper of the first part of the book is Carlos Plastino's "Psychoanalysis and the 21st Century". Pondering on the 20th Century, the author underscores the groundbreaking nature of Freud's discoveries for clinical practice, but claims that his metapsychology severely limited the development of those discoveries as it was encumbered by dualisms typical of modernity and by epistemic notions which he borrowed from the natural sciences. The metapsychological domestication of clinical discoveries favoured the penetration of Freud's ideas into Western culture, but held him prisoner to the prevailing beliefs of the 19th Century. Plastino refers to Nise da Silveira's statement that Freud opened the doors to the 20th Century but did not himself walk through. The 21st Century, Plastino says, is submerged in a global crisis of the old modern order, indicating a need for transformation. Plastino shows us how Winnicott's contributions to the theoretical and practical fields of psychoanalysis allow it to deal with the challenges posed by the 21st Century and to construct an anthropological view based on a knowledge of ourselves.

The second part of this collection begins with Elsa Oliveira Dias's "Winnicott: Resistance against the Gradual Emptying and Objectification of Personal Relations". The author considers Winnicott as the master of personal relationality, since in his view, the formation of an individual begins with his or her first relationships. Dias reflects on how Winnicottian theory can work as a field of resistance against (a) the progressive decline of personal relationships due to the excessive use of electronic communication; (b) the gradual disappearance of anything sacred in human life (in a personal and not a religious sense); and (c) the increasing expansion of esoteric practices, the success of which is based on a lack of hope regarding the healing powers of personal relationships. While acknowledging the improvements provided by technology, Dias refers to the theory of maturational processes as a tool for thinking about its excessive use and about the significance of personal communications at a deep level. This theory opened a window

on the future, leaving a legacy capable of resisting the trivialisation and objectification of personal relationships.

In her work called *On Winnicott's revolutionary paradigm: Clinical psychoanalysis at its most formative edge*, Ofra Eshel shows that the revolutionary meaning of Winnicott's most radical ideas has, in a certain way, been underestimated, criticized or rejected, especially his clinical proposal, since it reconfigures the treatment situation and goes beyond the space-time limits of traditional psychoanalysis. In her text, the author examines the way Winnicott contributed to the extension of the range of the psychoanalytical practice by re-dimensioning the concept of regression and associate it to the treatment of the more disturbed patients. For Eshel, the Winnicottian reflections about regression to dependence had a transformative importance for the patient, the analyst and the clinical psychoanalysis.

Thanasis Hatzopoulos's "Psychoanalysis is no Way of Life: A Commentary on the Past and Future of Psychoanalysis" reminds us that Winnicott questioned whether psychoanalysis and life identify with each other and whether health and life identify with each other. Considering the clinical description by Margaret Little of her analysis with Winnicott and Winnicott's views stated in "Holding and Interpretation: Fragment of an Analysis," Hatzopoulos reflects on the relations between psychoanalysis and life. The author presents Freud's and Winnicott's views on the relations between psychoanalytic theory and a world view (*Weltanschauung*).

Vicenzo Bonaminio's "Imaginative Elaboration" presents clinical material drawn from an analysis which he conducted of Marcos, a severely inhibited and withdrawn seven-year-old boy, and relates it to the Winnicottian concept of imaginative elaboration. By observing the regression in this child's behavior, the author assesses his conduct in the previous session and the nature of his failure. This assessment is intertwined with a discussion of the capacity to play and about how much the post-modern world suffocates playing. In the author's view, the Winnicottian concept of imaginative elaboration relates to clinical practice and arises from the pulsating body of the analytical framework. Bonaminio reflects on the relationship between imaginative elaboration and

countertransference and warns the reader that he is aware that his statements are polemical.

The fifth paper of the second part of the book is Alfredo Naffah Neto's "The Propagation of Social Media Networks and the Phenomenon of Daily Life Turned Spectacle: In Defence of the Isolated Core of the Self." Naffah Neto assesses the diffusion of social networks which has changed daily life into a public spectacle and tended to replace actual life with virtual life. Based on an analysis of the excessive exposure of daily lives to mobile phones and social media, the author reflects on the isolated core of the self and its psychic role in life. In the light of Winnicott, Naffah Neto takes issue with the current spectacularisation of life and reminds us that a healthy functioning of personality requires periods of non-communication and withdrawal into its internal world.

Conceição Aparecida Serralha's "The Theory of Maturation and New Family Settings" considers the challenge of thinking about the future of Winnicottian psychoanalysis, based on a traditional parent and family configuration, at a time when several other family patterns have emerged. Serralha points out that when studying 21st century families, we must consider traditional family configurations, which, while still prevailing, now coexist with other configurations: blended families, extended families, homoparental families, single parents, etc. The author discusses the aspects that these new configurations must maintain in order to produce a facilitating environment. She thus points out elements of the theory of maturational processes which can contribute to an understanding of these new families and can help them to facilitate the emotional maturation of the individuals that belong to them.

The final paper of this book is Maria do Rosário Belo's "Amidst Freud and Winnicott: Dialogues with the Future". The author situates Winnicott's thought within the history of psychoanalysis and adopts a perspective which allows for thinking about psychoanalysis applied to new challenges of psychoanalytic clinical practice and to the evolution of human societies. She thus briefly discusses the Freudian approach to classical cases and warns us that currently clinical practice points towards something beyond the sexual colouring exalted by Freud. Belo claims that Winnicott brings to psychoanalysis

the hope for a future regarding the treatment of current illnesses and indicates the possibility of a clinical intervention beyond the Freudian “talking cure.”

With this collection to hand, the reader has an opportunity to make contact with various ways of thinking about the relationship between *Winnicott and the future of psychoanalysis*. Good reading!

Translation by Rogério Severo

*PART I: Philosophical and Historical
Aspects of Winnicott's Psychoanalysis*

Achievements of Winnicott's Revolution¹

Zeljko Loparic

1. Introductory remarks

This paper presents a perspective on Winnicott's revolutionary psychoanalytic theory and clinical practice, which results from more than 20 years of research. I have been greatly encouraged and assisted in my efforts by Elsa O. Dias and other members of the Brazilian Society for Winnicottian Psychoanalysis (SBPW).

The results have been presented in numerous Portuguese language publications and more recently also in other languages. All of them, together with some written by my associates, are now available on line in the two journals of the SBPW and as e-books. I am happy to announce that Elsa Oliveira Dias's seminal book *Winnicott's theory of maturational processes* has just been published by Karnac.

This material forms the framework for the Training Course in Winnicottian Psychoanalysis, offered at the seven Winnicott Centers of the SBPW, most of which are members of the IWA. It is also the backbone of the Training Course in Winnicottian Psychoanalysis, which Elsa O. Dias and I teach with other individual members of IWA. Moreover, it constitutes the theoretical foundation for discussions within the International Research Group on Winnicott's Paradigm, as well as for the elaboration of the entries of the *Winnicott Dictionary*, a Project which the SBPW is about to initiate in collaboration with the IWA and with various psychoanalytic societies and universities, notably Unicamp and PUCPR.

2. Winnicott's plea for a revolution in psychoanalysis

¹ This is an extended and revised version of my paper presented under the same title at the 1st IWA Winnicott Congress held in São Paulo, Brazil, on 14-16 May 2015.

In the recently published draft of a 1970 paper, Winnicott wrote: “I am asking for a kind of revolution in our work. Let us re-examine what we do” (Abram, 2013, p. 312).

Winnicott understood that something was wrong with what psychoanalysts do, but what is it that they do? Traditionally, they try to solve certain kinds of health problems in their patients by interpreting the meaning of the verbal manifestations of their symptoms. They practice the Freudian talking cure.

What is wrong with talking cure? The “common failure of many excellent analyses”, which are based on it (Abram, 2013, p. 313). Patients feel that the analysis is never-ending, in other words, that it never solves their health problems. What is the reason for this common perception of the lack of efficiency of ordinary analysis? Setting aside the inability of individual analysts, the talking cure does not enable the analyst to reach the dissociation in the patient, which is “hidden in the material that is clearly related to repression taking place as a defence in a seemingly whole person” (Abram, 2013, p. 313).

The hidden material in question consists of the affectively charged representational contents, which in consciousness represent censored instincts that were expelled from it. In the case of a seemingly whole personality, repression is an internal defence, but defence against what? Specifically against dissociation in the personality. The reason why instinctual drives and related contents are internally repressed rather than managed is that the individual lacks the unified personality structure which would allow him or her to integrate its various parts. The end result may be more or less rigid defences, which repress one part or the other.

Breaking into the repressed unconscious contents does not put the analyst in contact with the dissociation, nor does it reveal the hidden function of the internal repression, the repression as a defence. Retrieving repressed contents does not help; the personality dissociation remains there. In order to be able to cure the patient the analysts must be trained to deal specifically with dissociation. He or she must be able to see “and witness the parts that go to make the whole, a whole which does not exist except as viewed from outside”, because “the patient cannot do this work by himself” (Abram, 2013, p.

312). In order to become whole, all human beings depend on an adequate well-adapted environmental provision. This is what allows the lucky human baby to say: “When I look I am seen, so I exist. I can now afford to look and see” (1971, p. 114).

Winnicott illustrates his point by recalling what he learned from what I will call the FM case (Abram, 2013, p. 315).² FM was a middle-aged family man. He complained about his homosexuality. Before coming to Winnicott, he had undergone several orthodox Freudian analyses for a considerable time, but felt that they would never end (1989, p. 172). Winnicott noticed that there was a non-masculine element which was dissociated from the masculine element in his personality. FM did not know this, and “none of his dozen analysts had been able to recognise the vital fact” (Abram, 2013, p. 315). Why was this? Most likely because they tried to account for his homosexuality in accordance with the traditional Freudian view, by reaching into the repressed sexual drives fixed on a specific erotogenic zone. This did not work. What enabled Winnicott to actually *complete* the analysis was the fact that, having stopped the “witch-hunt” for fixation points, he was able to see that this man “carried a girl around with him all his life” (p. 315), and thus was able to unite him and this girl within himself. Winnicott said to FM: “I know perfectly well that you are a man but I am listening to a girl, and I am talking to a girl” (1989, p. 170). He then added: “The mad man is *myself*”. Thus, through his verbal behavior, Winnicott repeated the madness of FM’s mother, who had forced him to *become* a girl. Past madness became present in a symbolic manner. FM took advantage of this failure of the analyst. He said that now (being heard and talked to by Winnicott, that is, being held by him) he “felt sane in a mad environment”. Later on, FM added: “I myself could never say (knowing myself to be a man) ‘I am a girl’. I am not mad that way. But you have said it, and you have spoken to both parts of me” (1989, p. 171). By saying this, FM showed that he was aware that he was seen by Winnicott. He could now start to integrate his dissociated parts and begin to exist as a whole person.

² The case is described in Winnicott, 1989, Chapter 28; previously published in 1971, Chapter 5.

Repression, according to this view, is not the main cause of mental disorders as is the case with Freudian psychoanalysis. Material related to repression is, as FM's homosexuality, a hiding expedient. What then is the main cause of mental disorders? Environmental failure: something that is lacking or which jeopardises the constitution of the whole person and which results in a dissociation or splitting.

We can thus understand why Winnicott asks for a revolution: not just for additions or conservative modifications, but for a radical change in psychoanalytic theory with regard to the nature and aetiology of disorders, as well as in psychoanalytic treatment procedures. In the early 1950's he had already clearly stated that the era of psychoanalysis limited to cases dominated by the problems of retrieving the repressed unconscious was "steadily drawing to a close" (1958, p. 291). Even in carefully chosen legitimate clinical cases, beneath the repressed unconscious, dissociation lurks, that is, a failure in the structure of personality. In order to remain effective as a clinical practice, psychoanalysis must change, and do so radically.

In 1970, by deciding to plead for a revolution, despite being very ill, Winnicott was actually inviting his colleagues to ponder the one that he had already produced.

3. Psychoanalytic health problem-solving as scientific problem-solving in the Kuhnian sense

There can be no doubt that Winnicott conceived psychoanalytic problem-solving as *scientific* problem-solving, that is, as an attempt to fill in gaps in our knowledge of the facts of life. In order to achieve this goal, psychoanalysts, like other scientists, must devise a "research program", execute it step by step, find the required solutions and, if these are inconclusive, be patient and try again. If the failures persist, the research program must be changed (1986, p. 14). Winnicott once wrote: "Mature adults bring vitality to that which is ancient, old, and orthodox by re-creating it after destroying it" (1965b, p. 94). If this is a correct reading of what Winnicott was doing, additional insight into his problem-solving activity can be gained through Kuhn's theory of the structure of scientific theories

and scientific revolutions. The second, enlarged edition of Kuhn's *The Structure of Scientific Revolutions* was also published in 1970. It states that scientific theories are not put forward as true or nearly true world-views, but as research programs for specific areas, which guide the so-called "normal" research into unknown facts and their properties. If there is a significant surge of unsolved problems (or "anomalies"), a crisis arises, which is solved through "revolutionary" research, usually spearheaded by a young generation of practitioners of that particular discipline, aiming at producing a "paradigm shift", which Kuhn compares to a Gestalt switch. The new paradigm is put forth as being more effective than the old one and as a new guideline for the normal problem-solving activity.

The FM case presented earlier can be seen as an anomaly within the Freudian paradigm, and Winnicott's solution for it as the result of his revolutionary research.

My Kuhnian interpretation of what Winnicott was asking for in 1970 is in keeping with the views of several other authors, for instance, Greenberg and Mitchell:

We are suggesting that Kuhn's approach to the development of scientific ideas and his definition of models as metaphysical commitments are highly applicable to the history of psychoanalytic thought and constitute a useful way to approaching different strategies of theory-construction. (1983, p. 19)

This nevertheless contradicts some well-known and widely accepted views. Thomas H. Ogden, for instance, claims that large parts of Winnicott's writings can or have to be read as "non-fiction literature", more precisely as "prose poems", since they are strongly similar in nature to fictions by Borges and Frost, "resistant to paraphrase" and not intended to "arrive at conclusions", but to "generate imaginative experience in the medium of language" (Ogden, 2002, p. 206). While Ogden's reading appeals to many, it nevertheless seems to me that the opposite is true. Winnicott quite explicitly distinguishes the poetic truth, which comes with insight, from the scientific truth established methodically. The former is necessary in order not to lose sight of the human being as a whole, the latter is required for organising human lives, which includes helping

people through clinical practice. Poetry, like religion, philosophy and alchemy, does not provide the kind of knowledge which can be used for therapeutic purposes (1996, p. 237).

Charles Rycroft presents a different argument. He thinks that Winnicott's theorising remains "too idiosyncratic to be readily assimilated into the general body of any scientific theory" (1985, p. 144). Apparently, it did not occur to Rycroft to consider the possibility that Winnicott produced a scientific theory of human nature in its own right.

Jan Abram hesitates. In some passages, she subscribes to my thesis of the Winnicott's paradigm shift. In others, she adheres to Green's 1996 view that Winnicott "did not break off with Freud but rather completed his work" (2013, p. 326). Green himself hesitates. In 1975, he stated that Winnicott's contributions placed on the agenda of psychoanalysis a question regarding its future, which is still today often marred by outdated theoretical views and practices. Psychoanalysis shies away from the need to search for alternatives and renewal in the face of theoretical and practical impasses, from the need to extend its reach and to subject its concepts to radical changes, and from committing itself to self-criticism, as it used to be with Freud (Green, 1975/2013, p. 193). Yet, in 2011, while affirming that Winnicott was the author of a "developmental conception going further than Freud and Klein, both credible and sufficiently imaginative to gain general acceptance", he refrained from acknowledging the full measure of the distance so established.

This being so, the problem of determining Winnicott's place in the history of psychoanalysis is still open and awaiting further research.

4. Winnicott's theory of the constitution of whole persons

As mentioned, in 1970, Winnicott asked his colleagues to pay attention to a revolution which he had already produced. What did this revolution consist of? In my view, it consisted of Winnicott's own contributions to psychoanalysis, some of which are listed below:

1) a theory of the maturational processes, by which individuals become whole persons, the main element of which is integration;

2) a theory of interruptions of the maturational processes, that is, Winnicott's theory of pathology, which includes a theory of the nature of the maturational disorders and their aetiology;

3) a theory of clinical procedures for helping individuals to restart their interrupted process of maturation and thus achieve personal wholeness; and

4) a theory of cultural experience.

I shall start with Winnicott's theory of the maturational processes, that is of the constitution and structure of a human being as a whole. This is indeed the cornerstone of his thought; in Kuhnian-like terms, it is the main guiding generalisation of his paradigm.

As we know, Freud's starting point is the stream of consciousness, which consists of mental states relating to subject-object relationships (the individual's sexual desire for objects in order to achieve sensuous pleasure) and is produced naturally in the psychic apparatus as a manifestation of external excitements and innate drives. By contrast, Winnicott's view is not focused on the stream of consciousness but on human nature manifesting itself in time as a human being. A human being is a time sample of human nature, that is, the actualisation of the inherited tendency of human nature towards integration into a personal whole, together with physical growth and emotional, as well as mental development. The process of integration is one of "agglomeration" and not of "object relating". This is how Winnicott reads the *philia* of Empedocles: not as a Freudian "drive" or "instinct", but as a love power which strives to put together and to keep together the primal particles or elements of the universe and of man (1989, p. 243). The outcome is personality structure and character formation, not a mental apparatus. At the beginning, the maturational processes are absolutely dependent on there being a facilitating environment. This dependence fades away as years go by but never vanishes completely. The Freudian subject-object relationships in search of pleasure do not belong to the initial stages of the maturational process; they only occur at a later stage, if at all,

and not automatically, as Freud thought, but only if the individual has previously received the needed environmental provision.

When duly facilitated by ever expanding environments, the integration process passes through several stages. The first few are dual: the stage of the first theoretical feed, of transitional phenomena, of the I AM and of concern; the next ones are triangular (belonging to family life) and all of the following are multilateral, taking place in family groups, adolescent groups, relationships within societies, and, finally, in total behaviour in relation to humankind, human history and cultural tradition in general.

If anyone asks for a good example of Winnicott's paradigm shift, I usually focus on his theory of the maturational processes, but there are evidently various other examples: his theory of pathology, his treatment procedures and his theory of cultural experience, which shall be presented below.

5. Interruptions of the process of integration: nature of maturational troubles, aetiology and reactions (defences)

Freud's theory of psychic illnesses is well known. He observed gaps in the stream of consciousness due to the elimination of affective and representational mental states, which were felt to be psychologically unbearable or morally and socially reprehensible. Their elimination from consciousness is explained in terms of repression from within the individual (ego, superego) and/or from the outside (morality, social pressure). If kept in the unconscious, these states have enough strength for a return to consciousness, which they do through the workings of the unconscious machinery of the mind. In this way, they become symptoms, which in turn are additional painful disorders in the stream of consciousness. The essence of the Freudian pathology is repression: the actual elimination of the censored mental states, which then, come back in a disorderly and disturbing manner.

Winnicott maintains a very different stance. For him, the disorders do not concern the elimination of what is there but should not be, but rather the lack of integration of

what had to be put together but was not. Something should have happened but did not, and this is different from something which did happen but which should not have happened.

During the stage of the first theoretical feed (first dual relationships), individuals may suffer from unthinkable agonies, that is, the painful struggle of a weakened tendency towards integration (“weak ego”, “weakened ego”) into a unity (I AM). The aetiology is the lack of holding, handling and object-presenting. Defences consist of a variety of psychoses, such as active disintegration, infantile schizophrenia, false self, psychosomatic illnesses, “primary narcissism” and self-phenomena.

Later on, during the stage of the transitional phenomena, the main problem is the lack of trust in the environment. This is mainly due to a lack of attention by the mother and her absence for periods longer than what is tolerable for very fragile “ego defences”. New defences become necessary and they include the baby stopping the activity of playing and clinging to the mother (for instance, using her body as transitional object).

During the stage of concern, the trouble lies in *doubts* about excited states elaborated and experienced as loving and hating, as good and bad, and also doubts about relating to the corresponding good and bad objects. It could, for example, be doubts about the next feed tomorrow. The breaking off of the benign circle of taking and giving, both with object-mother and environment-mother, is the paradigmatic impingement on integration. The defence is a reactive depression and an inhibition or severe damage to the instinctual relationship with the mother. The outcome shows up as lack of capacity for loving and hating, absence of ambivalence, and therefore, absence of the capacity for depression, of the sense of guilt and of the sense of responsibility. In triangular relationships with the genital backing, the maturational trouble comes from an intolerable ambivalence of loving and hating the same person – the father (by the boy) or the mother (by the girl). This stems from an immaturity in the child, whose fantasies overlap with reality. There is *internal conflict* (which is *not* a doubt) regarding what to do. The child is troubled again, as in the stage of concern, by the problem of integrating opposite feelings, the difference being that, this time, the feelings relate to sexual drives and not to digestion.

The specific castration threat in the Freudian sense is not a decisive factor. Two types of defences against the conflict are possible: regression (dropping of maturational achievements), or repression, which results in different varieties of neurosis (rigidity of psychoneurotic defence organisations). The origin of the child's failure to avoid neurosis lies in "developmental failures at earlier stages" (1989, p. 71). Indeed, "pure" cases of neurosis are uncommon, and might not exist at all. In this stage, as during the stage of concern, repression is a defence against the lack of personal cohesion. Another important implication is that, contrary to what Freud said, not only psychoses but also neuroses can be *prevented* by trying "to give to the child what is needed in the earliest stages of infancy, where there is great dependence" (1958, p. 319; cf. 1988, p. 38 and 1965a, p. 67). In infancy or at any age, if the previously good environment is lost and the individual is mature enough to be aware of the fact that the environment is responsible for the loss, the result is a "deprivation". The defence against this kind of interruption of the maturational process is the anti-social tendency, which must be seen as the individual's effort to recover what was lost and as a sign of hope. Character disorders are personality distortions which arise when the individual needs to accommodate some degree of anti-social tendency with other kinds of problems hidden in them, which could be a psycho-neurosis (a conflict in the individual's personal unconscious) or a variety of psychoses (1984, p. 245).

During adolescence, individuals are naturally drawn away from the family environment, no matter how good it is, and tend to relate to a much larger environment, to society in the broader sense. The effect is isolation and the reemergence of very early problems concerning the establishment of relationships with the external world. Among the defences, we find group identifications, instability, all kinds of quasi-psychotic symptoms, an anti-social tendency, but not neuroses, felt by the adolescent to be a false solution.

Maturational problems in social life are related to the capacity to tolerate ambivalence and feelings of deprivation. Disturbing factors in social life are social tensions and the lack or loss of social provision. Defences consist of the renewal of anti-

social tendencies, the building of walls between communities and nations, wars and a yearning for dictatorships.

In essence, Winnicott thoroughly modified psychoanalytic pathology:

1) Disorders are *interruptions* in the continuity of being, that is, in the relations with the environment or with other persons, and not gaps or cuts in the stream of consciousness.

2) The origin (aetiology) of the disorders are, in the first place, *environmental failures*, a lack of the needed environmental provision, and, in the second, reactions to those failures, as well as personal doubts and internal conflicts which endanger the process of integration, and not castration threats of physical mutilation (destruction of the sexual potential).

3) *Defences* are essentially renewed attempts at self-organisation, which reveal themselves to be insufficient, since they are unaided; they are not symptoms of unsuccessful attempts to compensate for frustrations.

6. Treatment of disturbances in the process of integration

Freudian troubles are meant to be cured by reconnecting the symptoms with the corresponding repressed unconscious contents through interpretation, therefore, retrieving the latter from the unconscious to the conscious memory system of affects and representations. However, since repressive instances are always present, the thwarting of desires and the disturbances of consciousness are repeatedly reinitiated, so that the treatment never comes to an end.

Having modified psychoanalytic pathology in a revolutionary way, Winnicott changed psychoanalytic treatment procedures accordingly. When halted, the tendency towards integration builds up into a powerful force to resume integration towards health. This is an essential part of Winnicott's **theory of integration**. **If the environment provides an *opportunity***, the whole process will promptly resume within the individual.

The principal aim of the treatment is to help with the dynamics of the cure, the urge to cure, based on a belief in human nature and its tendency towards integration, a belief that the maturational process will resume and eventually integrate the personality into a whole.³ For this purpose, the general task is to provide care for unattended integration needs according to the stage of the disturbance as indicated below:

In the case of failures in the personality structure (psychotic disorders): by giving the opportunity (i.e. the availability of a reliable specialised environment, the analyst) for regression to dependence, which makes it possible for the patient to experience for the first time the feared state of breakdown, which happened but was not experienced, and which is the source of unthinkable agonies and of madness itself.

In the case of depressions caused by doubts about good and bad and by ambivalence related to digestion: by giving the opportunity to recover from doubts through interpreting, rehabilitating and being patient.

In the case of neuroses due to conflicts in triangular relationships among whole persons with genital backing: by interpretation with a view to distinguishing fantasy from reality and by reliable presence. Since “pure” cases of neurosis are uncommon, the analyst must be prepared to allow for the emergence of hidden failures in the personality structure, treating them as such and not as cases of resistance.

In the case of anti-social tendencies due to deprivation (loss of a previous good environment): by management in the traditional setting or in the amplified setting (family, groups, schools).

In the case of character disorders: by dissection down to the hidden illness and confrontation with the anti-social problems as such (1984, p. 247).

In the case of adolescent doldrums: by being there, understanding and waiting.

The recovery of personality structures might not be final at any point of the treatment, just as the initial constitution is never final either. However, once started,

³ This reminds me of Balint’s concept of the new beginning. The difference is that Balint works with love relationships and Winnicott, with environmental relationships; Balint understands the need for environmental provision, but has no idea of the integration processes.

recovery may be expected to tend towards progress, with the troublesome breakdowns of whatever nature losing their strength and becoming less threatening. If this does not happen, there could be supervening physical causes. The analyst may not be good enough or may have made serious mistakes. Once again, Winnicott's perspective on the therapeutic efficiency of psychoanalysis diverges significantly from Freud's.

Winnicott's care procedures may also be applied to social tensions, such as instability of the social system, renewed anti-social tendency leading to dictatorships or to anarchy, building of walls (both internal to societies and external) and wars (civil, international or even global). The recommended interventions are respectively:

1) efforts to ensure the presence of 30% of healthy citizens, who do not behave like adolescents;

2) helping with cross-identifications and the supporting of democratic tendencies by explaining its nature and the rationale of the democratic machinery;

3) aiding with the internalisation of the divisions, that is, seeing ourselves in our opponents and tolerating them based on the capacity for tolerating ambivalence;

4) explaining the aims of wars: victory (military, not moral), re-establishment of the democratic machinery, welcoming of the mature elements in enemy countries without any allocation of war guilt (1986, pp. 219-220).

Finally, there may also be troubles with what Winnicott calls the individual's total behaviour, which involves preserving and recreating cultural traditions, both locally and universally. For example, each one of us is challenged by the objectification process (science, morality founded on laws, religions based on dogmas and rituals) which is now becoming dominant and exclusive on the global scale, and thus, threatening our personal relationships and civilisation as we know it, insofar as it interrupts the continuity of existence of a world in which things are not technical artifacts, and where good deeds are not just realisations of moral or religious commands, but have meaning, majesty and mystery, which was given to them by us, allowing for the poetry in all of us and for the protection of places where serenity can be found (1986, pp. 208 and 233).

7. Winnicott's psychoanalytic theory of social relationships and of cultural experience

For Freud, social order, morality, religion, arts and all other abstract cultural activities are products of the sublimation of objects of instincts, mainly of a sexual nature, and of the aims of instincts. This process is a development of individuals and social groups caused by the inevitable conflict related to sexual objects among parents and children. In today's families, this is a conflict between the actual father and his sons regarding the mother. Among primitive hordes, as Freud's mythology would have it, it was the rivalry between a violent, jealous and inflexible father and all of his sons regarding the females of the horde. In both situations, the father is pushed irresistibly by his own libido to defend his sexual object, or objects, and does so by threatening or even specifically eliminating the sexual potential of his rivals through castration. In both cases, castration is inevitably resisted and individuals cannot but try to protect their sexual capacity, with the father, who is valued and loved because of his protection, strength and sexual potential, becoming an object of hate, rebellion or even crime. The unavoidable outcome is the ambivalence of the son and the group of sons towards the father, implying a feeling of guilt. Since castration threats go on relentlessly due to the very nature of the conflict, the only definitive way out of this ambivalence is the submission of the sons to the will of the father; otherwise, the struggle between males for sexual objects restarts with similar consequences. This means that castration, in the sense of renunciation of the original sexual object or objects, is accepted and introjected. From then on, it becomes part of the **individual's unconscious as well as of the collective** archaic heritage, which is present in each individual and accounts for the strength, inflexible character and persistence of the threat of castration (Freud, 1912-13/1974). Insofar as they inevitably resist this treat, humans are always guilty, and the only way to deal with this guilt is to engage obsessively in the process of sublimation. Social order and human culture is thus nothing more than an inevitable outcome of sexual conflicts (Freud remains entirely faithful to determinism in his theory of culture), essentially with the same properties as those of obsessive

individuals and collective neuroses; indeed, they are merely symptoms, albeit less severe ones than those of neurotics. Social life and culture provide for the reduction of conflicts, but the pleasure so achieved is never fully satisfying; the renunciation of instinctual objects must go on forever. Repressive instances are unforgiving.

For Winnicott, the cultural landscape is quite different. The family is created by the child and is the meeting point between the child's integration needs and parental care (1965b, p. 49). The structure of the family emerges in the stage of concern, "to a large extent out of the tendency towards organisation in the individual personality" (1965b, p. VII). The father protecting the mother at this stage makes it possible for the child to bear the guilt of his excited use of the mother and to frees it to love her instinctively, his instincts being initially not genital but related to digestion (1988, p. 79). The origin and the initial functioning of the family, of the mother and the father, has to do with environmental provision of the kind needed by the child at the stage of concern, and has nothing to do with the sexual rivalry between son and father or with the father's threats of castration, the son's rebellion or social interest in exogamy. Freud has simply failed to take account of the essential aspects of the first natural social group.

As regards the origins of morality, the basic elements are also acquired during the stage of concern. The child changes from "pre-ruth" to "ruth" and gradually becomes more concerned about the damage that he feels he is inflicting on his beloved mother in the excited relationship. If the mother survives and does not retaliate, which she may be able to do if she is healthy and is assisted by the father or by someone else, the result is that the child discovers "his own personal urge to give and to construct and to mend" (1958, p. 206). In this way, the child creates his or her sense of guilt and of responsibility for other people, which is the very basis of ethics, albeit evidently not of the ethics of law, and certainly not of the law that forbids incest, but of the ethics of caring for other people's existence.

With regard to religion, its different forms correspond to successive stages of the maturational process. Monotheism notably has its origin in the stage of I AM, when the father is used by the child as a blueprint for acquiring personal unity in the family

environment. Freud's Oedipal derivation of monotheism both in its ontogenetic (an individual's Oedipal situation) and in his phylogenetic version (the primitive horde conditions) is simply ignored.

Artistic activity is the continuation of playing, which starts during the stage of transitional phenomena. Playing is inherently exciting and precarious, but it does not derive (in its characteristic form) from any instinctual arousal at all. In particular, it is not, as it is for Freud, an outcome of the sublimation of repression which solves internal conflicts.

Finally, there is the question of the value of human civilisation. Freud places a lot of weight on the "higher values" created by cultural development as a result of the sublimation of original instinctual objects and aims, values related to "scientific, artistic and ideological psychic activities" (1930a/1974, p. 227) and to all our "spiritual" activities in general.

Winnicott again views things differently. The initial values are concrete human beings for whom we feel responsible. And the highest value is the "personal fulfillment" in a healthy society (capable of providing stability and mechanisms necessary for social integration) of healthy individuals (capable of acting in responsible ways, of cooperating and of cross identifying with others) (1986, p. 153; cf. p. 237). The activities which Freud contemplates are abstract products of the mind, the spirit (in German: *Geist*) or the intellect. According to Winnicott, human existence is psychosomatic, and the mind is not a higher entity, it is not an entity at all, but a "special case of the functioning of the psyche-soma", "separated out from the psyche part of the psyche-soma" (1958, p. 244). When this functioning becomes merely "psychological" without contacting the psyche-soma, which seems to be the case in higher cultural activities, it often develops into a false entity which is the basis of the false self. The false self is indeed a distorted formation of the personal unity due to an environmental failure in the early stages, which lives on only through the mind or intellect (1989, p. 467). Cultural activities insofar as they are products of a split off mind are anything but personally valuable, they are defensive and therefore, strictly pathological. This is true at the individual level – brilliant minds are often aspects

of personally failed individuals – but also at the social level – collective abstract products may be highly problematic.

Indeed, we know today that the higher spiritual activities of the Freudian kind can seriously endanger human civilisation. In recent centuries, science has produced an objectification of the world and of human beings which is the basis for modern technology. One increasingly feels that technology is getting out of control and is putting in danger not only civilisation as we know it but even the place of the human species in the world. Research into artificial intelligence and artificial life can hardly be treated as an activity which produces “higher values”. Instead, it serves a power which carries with it and imposes upon us quite different new values, which we may not appreciate at all. Today, artistic activities are in many cases difficult to distinguish from entertainment and show-business, with some serious groups of artists proclaiming the death of art. As we know all too well, ideologies of right and left have led to unprecedented criminal activities of global proportions. The possibility that criminal ideologies may become based on technology, a phenomenon first observed in Communist and Nazi dictatorships, but which seems to be creeping into our current technology within democratic societies, entails prospects which some of us may find very bleak.

It appears that Freud was still in the grip of the Illuminist ideal of perfectibility of human kind through a process of rationalisation under the dictatorship of theoretical and practical reason, both of which he believed were inevitable and welcome sublimations of **the primitive father’s castration threats and practices**. For some of us today, this rosy dream has turned into a dark nightmare. What Freud considered as the three main narcissistic wounds of humanity: the substitution of the Earth by the Sun as the centre of our planetary system, the descent of man from animal ancestors and the supremacy of the unconscious over consciousness are mere bagatelles compared with the three other wounds recently spelled out by Sloterdijk: the progressive and apparently unstoppable destruction of planet Earth (its ecological systems), the substitution of human beings with inanimate computer systems and robots in information processing and industrial production, and the dissolution of human creativity, love relationships and even liberty

into mechanical reflexive technologies, computer therapies, and power games in all areas of traditional human activity (Sloterdijk, 2001, p. 345).

Winnicott was well aware of these dangers. In 1969, as Americans landed on the Moon and planted a flag there, he wrote that the only way of recovering from this destruction of the Moon as an illogical thing up there in the skies, alive in its active beauty and which meant so much to us when we knew what dark and light meant, indeed the only hope for our civilisation, would be if we managed to work out the logical side together with the illogical side and to integrate the scientist in us with the poet in us (1986, pp. 197, 207-208). Once again, this is not a question of sublimation but of integration on a global and historical level.

8. Final remarks

In the light of what I have presented, I would like to make a final remark regarding **Winnicott's place in the history of psychoanalysis. He is neither a Freudian nor a Kleinian.** Instead, he is what he became by living his life and doing his job as a clinical practitioner dedicated to helping others to become integrated individuals and to engage in the “practice of living” creatively. **This now allows us to choose to be Winnicottians in our own right.**

Winnicott based his problem-solving activity on a new view of human beings, set forth in terms of a theory of human nature and of its actualisation in human environments and interpersonal relationships, not on a theory of repressed unconscious constituted of representations charged by affects and a mental apparatus which operates on these mental states in a mechanical way without conscious control. He thus switched from psychology to anthropology, in the original Kantian sense of a theory of the modification of human nature not by rules of theoretical and practical reason but by pragmatic knowledge gathered through observation of human behaviour and character and, in some degree, through knowledge of world history and through reading biographies and even novels and plays.

Winnicott's pathology is essentially about the "problem of existing" (1965b, p. 79; cf. p. 61), not about symptoms that replace the original objects of drives that are mostly sexual. Life, says Winnicott, is more about being than about sex (1986, p. 35).

Winnicott's clinical procedures are ways of providing for failures in the process of integration of individuals into personal units that render them capable of relating to increasingly complex environments, and not just of retrieving the representational elements expelled from the stream of consciousness and kept repressed.

Winnicott has produced an original theory of cultural experience, a phenomenon which has no place in the Freudian description of the mental apparatus, which proved itself a completely new perspective on the origin and nature of social order and of culture, including morality, religion, art and science.

In keeping with my Kuhnian interpretation, I want to emphasise that Winnicott did not offer us a final theory of the processes of integration, nor the complete set of procedures for solving integration problems, but a *scientific research programme*. This programme has significantly increased the problem-solving capacity of psychoanalysis and is meant to be used in studying time samples of human nature, that is, human beings who have been successfully integrated, as well as others who are less fortunate and who are in need of treatment for their weaknesses. It can also be applied to the study of non-clinical subject matters such as social life and culture.

Finally, Winnicott's restatement of psychoanalysis as a clinically efficient anthropology with its own subject matter, the human nature, can on the one hand be reconciled with the contemporary philosophy of language (Wittgenstein) and with the philosophy of human existence (Heidegger). On the other hand, it can successfully resist the claims of much greater efficiency and even of exclusiveness which are put forward by some clinical theories and practices of today such as the behavioral-cognitive, the medical (drug-based) and one which relies on neuroscience.

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D. W. Winnicott Evolving and Continuing

Margaret Boyle Spelman

1. A Consideration of Winnicott's Implicit Theories of Thinking and Influence

In this paper, I try to make explicit Winnicott's implicit theory of creative thinking and influence. What I put forward for consideration comes from my research into the history of Winnicott's ideas as a case study in the growth of analytical thought (Boyle Spelman, 2013a). Perhaps it explains the regular observations made concerning the ease and frequency of use of Winnicott's thinking. This paper also provides an opportunity to think of Winnicott's continuing place within psychoanalysis.

Amongst other things, *The Evolution of Winnicott's Thinking* (Boyle Spelman, 2013a) considered Winnicott's ideas against a background of the theory of two figures; Arthur Lovejoy and Harold Bloom. I attempt here to explain the observation that there are basic points of similarity between Winnicott's concepts and Lovejoy's principles and points of contrast with Harold Bloom's theory: Lovejoy's way of thinking is like Winnicott's. Bloom's is very different.

The thinking of these three men includes an awareness of the importance of the environment: for Winnicott, it is essential for healthy development and quality of experience; for Lovejoy, it is the free space in which ideas can be traced as they travel, effecting the idea's manifestation; Lovejoy and Winnicott present a notion of the thinking environment as facilitative and adaptive. Now let us meet these two other men and Bloom's ideas briefly before exploring what is common to Lovejoy and Winnicott.

In the early twentieth century, in the US the historian Arthur O. Lovejoy (1873-1962), coined the phrase "the history of ideas" and initiated its systematic study. The first chapter of Lovejoy's *The Great Chain of Being* (1936/2009), originally published in 1936, lays out what he intended to be the programme and scope of the study of the history of ideas.

Born in New York City (1930-), Harold Bloom is a prolific, controversial and award-winning literary critic known for contentious theories of poetic influence. In his seminal book *The Anxiety of Influence*,¹ Bloom (1975/1997) suggests that a relation of influence exists between any emergent artist and his literary precursors. He proposes that all literary texts are inevitably a misreading of those preceding them. For Bloom, poetic influence is related to Freud's idea of anxiety: A new poet is first inspired to write by the poetry of another, but the admiration turns to resentment when the new poet discovers that this poet has said everything that the new poet wanted to say. To evade this obstacle and add to the tradition, the new poet must convince himself that the previous poets have failed in some way in their vision. Bloom's (1975/1997) book is considered to be an important statement on the subject of tradition and individual talent.

2. Bloom's idea of Influence in the thinking environment

Bloom (1975/1997) suggests that his theory is misunderstood and not meant to be an oedipal one. However, he shows in its tone and content, that the theory which he says is not an oedipal one is in fact just that. He presents a notion of the thinking environment which is *dangerously rivalrous* and in which one has to compete for creative survival.

Winnicott said that Freud took the first early environment for granted. He assumed that his patients came into the analytic situation as whole separate people, communicating with a whole and separate analyst. Just as Freud emphasised the primary importance of the oedipal stage in psychoanalysis, so Bloom gives it greatest importance in his assumptions about the *nature* of the thinking environment and of influence. The environment is assumed to be dangerous and subsequently involves fighting and winning

¹ *The Anxiety of Influence*, which Bloom began to write in 1967, drew on the example of Walter Jackson Bate's *The Burden of the Past and the English Poet*, recasting it in psychoanalytic form. Bloom grew up in a Yiddish speaking household and learned it and literary Hebrew before English. He is Sterling Professor of the Humanities at Yale University and between 1988 and 2004 was simultaneously Berg professor of English at New York City University. In 2010, he became founding patron of Ralston College in Savannah, Georgia, which focuses on the study of primary texts.

supremacy rather than a wish to contribute-in to something shared. Bloom's theory neglects the pre-oedipal. It is clearly established in the oedipal stage with innovative thinkers jostling for position. There can be only one "king of the castle". The success of the creative thinking of one individual means the necessary "death" of the thinking of another. For Bloom, creative thinking, and the thinking environment, have anxiety at their core. One competes and psychically fights to the death for creative survival. The perception of the influence of the predominant thinker on the new thinker, must be distorted to avoid anxiety and in order that the new thinker can be creative.

3. Facilitating Features in Winnicott's thinking

My large study hypothesised a synergistic relationship: *Winnicott's presence in subsequent analytic generations simultaneously facilitates both the expansion of his concepts and the growth in the independent thinking of others*. In the chronologically ordered reading of Winnicott's thinking, a series of facilitative features were found. These are proposed to be facilitative of thinking generally but specifically of the use of Winnicott's thinking in that of others:

Trust in spontaneous growth, enjoyment of communication, acceptance of individuality and complexity, the importance of experience and "between" concepts, the importance of the environment, the importance of non-dogmatic classification, the importance of true self and spontaneity, trust in naturally occurring moral development, the fantasy of destruction through greedy loving/feeding, the importance to health of the fusion of affect and of the acceptance of one's destructiveness, the period of hesitation, interdisciplinary communication and the importance of both science and art, the importance of the enjoyable, creative life, the importance of transitional space, and of the capacity to be alone in the presence of someone else. The last and not least of this list is the capacity to use an object, which we discuss again shortly.

Winnicott's facilitative characteristics map onto a similar way of thinking informing Lovejoy's (1936/2009) principles for the history of ideas.

Lovejoy's (1936/2009) five principles summarised:

1) We make assumptions and have implicit unscrutinised unconscious doctrines within our "ways of thinking" made up of diverse elements.

2) Things are understood in terms of contrasts but no explanation is comprehensive and learning necessarily involves long periods of confusion and failure to understand.

3) The history of ideas requires a necessary curiosity in those who engage with it: an interest in the workings of other minds.

4) Lovejoy is against the differentiation of areas of thought and feels that there should be permeable boundaries.

5) Lovejoy's history of ideas takes as its basic unit of analysis the unit-idea or the individual concept, the building-blocks of the history of ideas which remain relatively unchanged but recombine in new patterns and gain expression in new forms.

4. The evolution of Winnicott's thinking on thinking and on influence

Now I explore what Winnicott had to say during his lifetime about the facilitative thinking space, about his own thinking process and about influence.

In his introduction to Winnicott's first collection of papers, Khan (1958/1984a, p. xvi) says that Winnicott could learn from others only "if it awakened him more largely towards his own self": Winnicott realised that "[t]he interplay between originality and the acceptance of tradition as the basis for inventiveness... [is]...just one more example, and a very exciting one, of the interplay between separateness and union" (1966/1996, p. 99).

Winnicott's awareness of influence was implicit in his dependence on and his sensitivity to his thinking environment. Communication, the act of writing and the act of letter-writing are always important to his thinking. He often complained within the BPAS of the impingements on his thinking environment of the Kleinians or of the language used by others. In 1952 in a letter, he says that creative thinking would die if everyone used Klein's language (Rodman, 1999, pp. 33-37).

Being an independent thinker is a perennial concern. Winnicott says in 1949 in a footnote that “others may have said it better but not better for [him]” (1984a, p. 177). We also know from Enid Balint that he was apprehensive about reading Ferenczi’s work (Luepnitz, 1992), perhaps feeling it to be intrusively close to his own.

In 1945 Winnicott describes his *modus operandi*. He says:

I shall not first give an historical survey and show the development of my ideas from the theories of others, because my mind does not work that way. What happens is that I gather this and that, here and there, settle down to clinical experience, form my own theories and then, last of all interest myself in looking to see where I stole what. Perhaps this is as good a method as any. (1945/1984, p. 145)

Winnicott felt that his thinking derived from clinical experience. In positioning his thinking, his aim for himself was authenticity and independence without conformity.

In January 1967, four years before he died, Winnicott engages in an activity which is telling of his sense of influence. He addresses the 1952 Club on the relationship of his **thinking to other formulations. After circulating notes for “D.W.W. on D.W.W.”** (1989), he asks his audience to suggest who influenced him. He says that he has left room for listeners to write their feedback. He chronologically reviews the development of his ideas, naming those who influenced him at various stages. He begins:

I’ve realized more and more ... what a tremendous lot I’ve lost by not correlating my work with the work of others ... [I]t has meant that what I’ve said has been isolated and people have to do a lot of work to get at it. It happens to be my temperament, and it’s a big fault. (1989, p. 573)

He ends by inviting his audience to help him supplement his list of influences.² It is not immediately apparent why people (apart from Klein and Freud) are listed³ when there are so many important omissions. Amongst these must surely be C.G. Jung.⁴ Throughout his career Winnicott's thinking has the feature of his not knowing whether he "created or found" an idea. This seems to have been vital for his professional true self.

In 1967 we see Winnicott of a very different opinion to that of 1945. In 1967 he seeks help in situating his thinking within the corpus of psychoanalytic literature. He regrets not having previously done so. By virtue of his own admissions we know that his attempt to list his influences is inaccurate. He knows that he has always been dependent on and sensitive to influence. With heightened awareness of his mortality, he realises something: He has prized his uniqueness and independence of thought so highly that he has been unable to accurately position his thinking for posterity in the psychoanalytic firmament. Winnicott's implicit theory of thinking with its similarity to Lovejoy's, suggests a rationale for all of these characteristics of Winnicott's feelings of influence. We will return to these shortly.

Earlier we considered that the facilitative features of Winnicott's thinking made it likelier that Winnicott's thinking would be used by others. Let us now consider the meaning of this and of the similarities between Lovejoy and Winnicott.

² Winnicott asks his audience to help him write a letter so that he make amends "and join up with people all over the world who are doing work which" he had stolen or ignored. He says "I don't promise to follow it all up because I know I'm just going to go on having an idea which belongs to where I am at the moment, and I can't help it" (1989, p. 582).

³ In these notes Winnicott includes titled sections. The first, "The method of investigation", lists Freud, Alice Balint, Ribble, Suttie and Lowenfeld as influences. The next area he entitles "Examination of actual Parent-Infant relationship", listing Freud and Klein as influences. "Delinquency" is the only section dated (1940), where Greenacre, Bowlby, Hartmann, Little, Fairbairn, Erikson, and Laing are listed as Influences. For the whole next section "I Am", the only influence referenced on the whole page is Klein. For a small section called "Primitive anxieties" Fordham is listed and for a small section "Aetiology" Hartmann is listed. For a slightly larger section "Contribution to the concept of sublimation" Freud is listed. For the one-line "Regression" Anna Freud is listed and similarly Kris is listed for "Adolescent doldrums".

⁴ After 1962, Winnicott refers to analytical psychology in a way that he had previously not done. We know that he was friendly with Michael Fordham who may have introduced him to Jungian ideas; we know of his Jungian dream and Abram's (1996) index lists four different concept areas under the entry "Jung". In two lectures given to the Squiggle Foundation (in 1983 and 1984) and available from the Foundation Archive, Kenneth Lambert details the points of connection between the thinking of Winnicott and Jung.

5. The Pre-oedipal Thinking Environment

We know that Winnicott privileged the pre-oedipal time of the birth of subjectivity. This is the time of transitional space: of separation that is not separation but a form of unity; of the illusion of unity between the baby and the mother and held by this healthy mature individual. What Winnicott and Lovejoy both emphasise is the early history, near birth, of an idea. They make an assumption: At its beginning, original creative thinking along with the experience of omnipotence, is based on the original experience, of unity with the adaptive mother.

With creative thinking, both men⁵ privilege this early pre-boundary time when what is created is also found. For them, creative thinking can happen when the thinking environment is adaptive. Lovejoy speaks of “gates through fences”. Both men recognise that, with the birth of an idea, a curious, alive and accommodating environment is needed. The experience is omnipotence but the fact is dependence and vulnerability. Imposition of any of the thinking environment’s own needs – for recognition of the discipline, language, imagery, doctrine, or moral code - impinges on emergent thinking destroying it or making it compliant.

I suggest that Lovejoy’s five principles could have been conceived by Winnicott. What does the compatibility mean? Perhaps Lovejoy spells out and makes explicit what is implicit in Winnicott’s thinking.

⁵ In a new introduction to *The Great Chain of Being*, Peter J. Stanlis draws a comparison between the philosophical beliefs of poet, Robert Frost (1874-1963) and Arthur Lovejoy (1873-1962), who were not known to each other but were contemporaries at Harvard University. Frost considered Lovejoy’s book and his previous one to be masterpieces. Both men were much influenced while at Harvard by their teacher, William James. The greatest affinity for Stanlis in the thinking of these two men was in their strong agreement with William James’s essay “The PhD Octopus” which protested the increasing “hold of the PhD on American life” and the extension of the scientific method to the humanities. It is interesting for this study that in Stanlis’s emphasis on these men’s prizing of independent, nonconforming thinking and creativity and their antithesis to the thinking of Descartes and their pluralistic stance, these three men have a communality in thinking with Winnicott and the school of Independents.

Both men intuit the same things about human nature and innovative thinking. Postmodern thinkers, both accept that unconscious assumptions are made and are suspicious of doctrine; both accept the complexity of things, with moments of lucidity and confusion; both presume a natural tendency towards meaning; both stress the dependence on the thinking environment; thinking needs a permeable and free relationship with it to flourish. They acknowledge that ideas are partial, complex, provisional, temporary, and imperfect. Their thinking mirrors Winnicott's ideas on the early stage of the development of subjectivity which we now examine.

6. Absolute and Relative Dependence In Thinking

In order to think creatively one needs the features of Winnicott's "good enough" environment at the beginning of human development; relaxed identity with the environment; the experience (rather than the fantasy) of omnipotence; an illusion of unity with the "not me"; tolerance of the paradox that objects are at once created and found. One needs to experience this unimpinged identification with the environment over time.

The first transitional space is the prototype for later shared pursuits in society, for appreciation of culture and for "creative living". In the thinking process, too, it is only at the later stage of partially formed relatively dependent thinking, that the experience of *separateness* is required. Here Winnicott speaks of the need for the environment to await a signal of need, the thinker's creative gesture. Then the environment sensitively adapts which enhances the sense of self and the externality of the other.

Lovejoy and Winnicott privilege these vital but fragile beginnings as requirements for creative independence. Winnicott speaks of the capacity to be alone which happens first in the presence of someone else. In play, the baby first unintegrates and becomes absorbed in fantasy in the presence of the mother who is temporarily forgotten but still there when later sought. This is also the case with the benign cycle when the mother survives without retaliation. For Winnicott, the early stages of independent thinking involve vestiges of the perfectly adaptive environment; undisturbed, unintegrated,

omnipotent being in relaxed identification with the thinking environment which is at once found and created.

It is not known if Winnicott had read Lovejoy's classic but his concepts have equivalencies in the history of ideas. Both men think similarly about human creativity and thinking. Both privilege early-stage creative thinking in the pre-oedipal, facilitating thinking environment when "what thinking belongs to whom?" is not in question. This may explain why Winnicott first neglected, and then felt unable to position himself within the body of psychoanalytic literature. It may account for his confusion about his influences and his need of help from others to locate his thinking in the shared arena. It is also precisely for this reason that Winnicott's thinking is here considered facilitative of further creative and ultimately independent thinking.

In the 1945 paper "Primitive Emotional Development", Winnicott speaks of the infant and the mother in the feeding situation. He says:

I think of the process as if two lines came from opposite directions, liable to come near each other. If they overlap there is a moment of *illusion* – a bit of experience which the infant can take as *either* his hallucination *or* a thing belonging to external reality. (1945/1984, p. 152)

This might also be said of the situation at the beginning of thinking; imaginative unintegration and formlessness; reliance on, and obliviousness to, the environment; no place for the question of inside and outside, or influence. In later awareness of the otherness of the environment, trust has grown and transitional space bridges inside and outside.

Winnicott speaks of the development of concern. While the infant develops "unit status" and begins to know the mother to be a whole separate person, the object and environment aspects of the mother come together. The child feels an awareness of indebtedness, of "concern" for the mother whom he has destroyed in unconscious fantasy. He can tolerate his destructive aspect, his "doing", and continue to make

spontaneous gestures *if* the mother provides opportunities for his reparative “contributing-in”. The facilitative nature of the environment along with the urge to contribute-in creatively are *the* important features in Winnicott’s implicit theory of influence and theory-building.

Winnicott describes the waxing and waning, of the relatively-dependent toddler’s need, to feel separate or merged. One moment the child feels separate and needs his mother to await a gesture, a signal of need from him. At another, the child needs unity and needs his mother to predict his need and adapt to him. Perhaps an equivalent situation existed between Winnicott and his professional environment with his emergent creative thinking.

In his paper “The Location of Cultural Experience”,⁶ Winnicott (1966/1996, p. 99) says that it is not possible to be original except on the basis of tradition. He describes ordinary living and the “third area of experience”. He sketches the *shared reality* of any domain to which people contribute-in creatively. For Winnicott, Freud’s concept of “sublimation” does not explain cultural experience with its richness, enjoyment, and creativity; healthy transitional space in relative dependence.

We glimpse the nature of Winnicott’s own imaginative elaborations in his “Addendum” to this paper: For over forty years he has a recurrent “shallow dream” when he naps in an imagined place that he calls “his club”. He has grown the characters and friends that he meets there. He recounts two dreams. He imagines that this is what people who write novels do.⁷ He is reading without reading and writing without writing. It is like a new kind of potential space “between the between spaces”,⁸ a refinement in the categories of experience – a kind of *potential space* not as close to the unconscious as regular dreaming but not either in the between-space of ordinary waking experience.

⁶ “The Place Where We Live” restates this paper using everyday language for a different audience. In it Winnicott reiterates what he has got to say about this third area of experience.

⁷ Winnicott refers here to John Galsworthy writing the *Forsyte Saga*.

⁸ Winnicott says it is like the fantasizing of a child and warns against analysing it. He recommends waiting for material that comes from a deeper layer, using the material as a communication from the unconscious.

7. The Use of an Object and Winnicott's Influence

The totality of Winnicott's thinking seems to have existed within him from the beginning, requiring only to unfold in the facilitating environment. In the final one third of his life, Winnicott's output and his pace of work grew very significantly. There was a real urgency about getting his thinking into the public arena. These facts are pertinent to the paper "The Use of an Object and Relating through Identifications" which Winnicott gave on 12 November 1968 in New York, two years and two months before he died. Because of the way it begins, one could be forgiven for thinking that Winnicott had waited his whole life to give this paper. I imagine that he did and I will explain why shortly.

Winnicott begins:

I am now ready to go straight to the statement of my thesis. It seems that I am afraid to get there, as if I fear that once the thesis is stated, the purpose of my communication is at an end because it is so very simple. (1989, p. 222)

Rodman (2003, pp. 323-324) suggests that, along with the fact that Winnicott was having a heart attack during his lecture, this orthodox group of psychoanalysts were not used to this way of speaking and this partly accounts for why Winnicott was savaged in the discussion. Afterwards, Winnicott felt he had been unclear and wrote and re-wrote the paper up to the time that he died.

8. The Importance of Environment to Independent Creative Thinking

Winnicott explains that "object use" takes object-relating for granted. It adds a new aspect which involves the behaviour of the object. The object is a thing in itself in "object use". It has an independent existence. Winnicott gives the example of two babies at the breast; one is feeding on the self and the other on an "other-than-me" source that

can be given cavalier treatment unless it retaliates. Mother/analysts may or may not be “good enough” to carry the baby/patients over from relating to usage.

The development of the “capacity to use objects” depends on the facilitating environment. The subject’s ability to put the object outside his area of omnipotence is what differentiates “object use” from object relating. The object survives the subject’s ruthless use and destruction of it. The subject can use the object that has been destroyed, and has survived and become real, with true joy at the object’s survival.⁹ Winnicott describes the new feature that arrives into the theory of object-relating:

The subject says to the object: “I destroyed you”, and the object is there to receive the communication. From now on the subject says: “Hullo object!” “I destroyed you.” “I love you.” “You have value for me because of your survival of my destruction of you.” “While I am loving you I am all the time destroying you in (unconscious) *fantasy*”. (1996, p. 90)

Here, Winnicott says that fantasy begins for the individual who can now *use* the object that has survived. In the clinical situation, without the experience of maximum destructiveness, the subject never puts the analyst outside the self and is engaged to a certain extent with self-analysis. The analytic patient does not depend on interpretive work but on the analyst’s survival of attacks without retaliation. I propose that in the development of one’s own independent thinking within the facilitating thinking environment, the thinking of others must be available to be found/created and “ruthlessly” used.

Winnicott intuited this for *both* the situations of human development and creative thinking. In his 1969 paper “The Use of an Object in the Context of *Moses and Monotheism*”, he makes a central and most important point about “the use of an object”: “[I]n the emotional development of any baby there is a time of *dependence* when the

⁹ The Reality Principle involves the individual in anger and reactive destruction, but in favourable conditions the destruction plays a part in creating reality, placing the object outside the self.

behaviour of the environment is part and parcel of the child's development" (1989, pp. 244-245). This happens at a time before "repudiation of the NOT-ME" is achieved. Whether or not the "love-strife drive" is destructive, necessarily depends upon whether the object survives it or not. The destruction of an object that survives leads on to "use" and is linked to Klein's idea of reparation.

For Winnicott, monotheism and having a father (experiencing the first whole object) are both factors in the development of the recognition of human individuality.¹⁰ He says that Freud, at the end of his life, began to be interested in the emotional development of *the individual*. He implies that he, Winnicott, picked up where Freud left off. He refers to Freud's "late and un-dogmatic masterpiece" and perhaps he considers that the "use of an object" concept was his equivalent "late bloom".

Winnicott places emphasis on the importance of the pre-boundary, pre-object, first object choice, pre-oedipal stages of the first dyad. He suggests revisiting psychoanalytic thinking in the light of work done with borderline patients since Freud. He says; "a portion of persons do not reach to the Oedipus complex" (Winnicott, 1989, p. 241). This paper suggests that he also emphasises the importance of the pre-oedipal for independent, innovative, creative thinking. He privileges the transitional and potential aspects of this thinking space to which the healthily independent thinker contributes.

9. Conclusion

In this paper Winnicott's last important concept, "the use of an object", is considered not so much for its clinical importance but as Winnicott's statement about theory and influence. It is proposed that Winnicott's New York lecture acknowledged twin realities: the imminence of his death and the future use and influence of his thinking. His writing on the concept of "object use" in the days leading to his death, along with the accumulated precursor facilitative concepts (such as: facilitating environment, the

¹⁰ Winnicott alludes to Freud's footnote in "Moses and Monotheism", referring to the "first individual in history".

experience of omnipotence, transitional phenomena, playing, the benign cycle, and the capacity to be alone), can each be seen as part of a theory about creativity, thinking, and influence for which this concept provided the ultimate articulation.

The New York paper on “the use of an object” may be read as Winnicott’s last will and testament. As I suggested earlier, he is speaking “the last word”, in all senses, of his entire thesis: It is his most important idea and the last of his concepts facilitating his thinking’s future use. It is the idea that he had been rushing to complete and the one which he continued to rework until his death; it completes the trajectory of his theory about theory and his thinking on influence. He knows what is required in creative and innovative thinking. It is an acknowledgement, and an invitation for the ruthless use of his thinking by his successors.

These last wishes are consistent with ideas expressed throughout Winnicott’s life: originality grows in tradition; the early need for the experience of omnipotence and full adaptation; the paradox, honoured in early life by parents that the question, “Did you find this or create it?” is not asked. Over Winnicott’s lifetime his interest in individuality, enjoyment, and creativity grew. He became aware of and forgave himself for, the difficulty he had with relating his thinking to that of others. Here he is generously offering his thinking to be ruthlessly used in the same way as he used the thinking of others. He implies that the greatest compliment that can be paid him (greater perhaps than conventional referencing) is the use of his thinking as a “facilitative environment” for the thinking of others.

The “use of an object” concept is part of Winnicott’s theory about theory, and the culmination of his ideas which facilitate the use, not only of his own thinking after what he knows to be his approaching death, but also that of other thinkers, including those who will continue his work and legacy and ensures the continuing evolution of Winnicott’s thinking in the future of psychoanalytic thought.

Please feel invited to use these proposed ideas of Winnicott’s implicit theory of thinking and of influence.

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On the Shoulders of a Giant

Leticia Minhot

1. Introduction

In this work, we propose to evaluate the future of psychoanalysis considering the paradigm change caused by D. Winnicott's theory of maturation. From this perspective, discussing the future of psychoanalysis implies referring to the development of the disciplinary matrix generated from this theory. A matrix essentially evolves when the field of application of the guiding generalisations expands, when new exemplars emerge and new problems can be addressed. In this way, the point on which we must focus in order to reflect on the possible future of this disciplinary matrix is how, starting from Winnicott, we can move beyond Winnicott. In this paper, we shall review some problems which may be considered in this sense, as well as new fields of application. As such, considering the future of a disciplinary matrix is equivalent to asking whether it has the strength of normal science and whether it is fruitful for solving new problems. Our heuristic hypothesis is that the Winnicottian paradigm meets these conditions. In the first part, we shall assess the achievements of the Winnicottian disciplinary matrix and consider its development as normal science. To this end, we shall work with the main contributions of this matrix in terms of the Winnicottian community. In the second part, we shall try to identify new problems which could be approached by this matrix as potential new areas of application. Here we distinguish, on the one hand, those problems afflicting present day society, which Winnicott did not address because they were not visible in his time. These are not regarded as anomalies. On the other hand, we identify problems relating to new disciplinary fields. We hope that this approach to new problems will show us ways in which the Winnicottian matrix can advance in its normality.

2. The Winnicottian disciplinary matrix

Loparic (2002) presents Winnicott as a revolutionary thinker who established the conditions for a new way of doing psychoanalysis, both in scientific research and in clinical practice. What we can understand from Loparic's affirmation is that, with Winnicott, a new normal science emerges, specifically with his theory of maturation. Even though its innovative character was already highlighted in 1989 by Adam Phillips and in 1988 by Judith Hughes, Loparic (2002) puts this innovation in Kuhnian terms. In the present work, we read this innovation, which emerged in the horizon of psychoanalysis, within Kuhn's frame of reference.

Kuhn's conception of the history of science offers us a productive tool for analysing paradigmatic changes. The disciplinary matrix is the appropriate tool for understanding Winnicott's transformation and its scope. Many epistemologists have adopted the disciplinary matrix in order to analyse different theories from various disciplinary fields. One of the main virtues of this tool is that it allows us to understand theories in the context of the paradigm within which they were formulated, which gives us a broader understanding than the traditional one used by logical positivism. Taking the concept of "paradigm" as "disciplinary matrix" (Kuhn, 1969/1970) we can identify the elements of the matrix in the theory. In this way, we can recognise ontological and heuristic models, guiding generalisations or systems of laws, epistemological, aesthetic and ethical values in the theory, as well as fields of application characterised as procedures for problem solving, and which form part of the paradigm from which this theory emerged. In this way, the Kuhnian tool offers us a hermeneutics with which to read Winnicott's theory of maturation.

To say that Winnicott lends a new disciplinary matrix to psychoanalysis within which new and old problems can be solved means that the theory of maturation is the new general theoretical framework guiding psychoanalytic research in a given community. According to Kuhn and to Kant, knowledge is grounded through structures of the subject. For Kuhn, the subject is the disciplinary matrix embodied not in

individuals, but in scientific communities at a certain point. These matrices are the result of consensus and make specific experiences possible.

We agree with Loparic (2002) that Winnicott is a revolutionary thinker, since his theoretical innovations imply a paradigmatic rupture, as it is impossible to adhere to it while continuing to live in the world of traditional psychoanalysis. At the same time, a theory does not in itself imply the emergence of a new paradigm. The epistemological concepts of “paradigm” or “disciplinary matrix” make no sense unless we suppose the concept of “community”, since for Kuhn, science is a social enterprise and the epistemic subject is a social subject. It is important to clarify that the concept of “community” is an epistemological and not a sociological one. A theory must generate community before we can speak of the emergence of a new paradigm. For a community to exist, there must be debates that are eventually integrated into unifying consensus solutions. This means that the condition for possibility of community is communication. Dialogue is the condition of consensus. By “dialogue”, we mean this movement between at least two persons who argue for and against a position, in other words, who communicate beyond the coincidence of the temporal and spatial coordinates in which they are situated. Circulation in papers, scientific events and institutions allows the consolidation of the paradigm as the community is consolidated. In themselves, Winnicott’s writings, just like Freud’s or Lacan’s in their time, do not imply a disciplinary matrix without a community in which these texts and the concepts presented in them can circulate. I think a history of the Winnicottian communities and their modes of circulation would represent a major contribution.

Despite the centrality of the theory of maturation in Winnicott’s thought, we do not find it as a unified system in his work. We have such a presentation in Oliveira Dias’ book. The book offers a key tool for the consolidation of the community generated by this theory. Driven by Winnicott’s idea that the theory of maturation is the “backbone” of his thought, the author presents a reconstruction of that central element. Winnicott’s theoretical innovation is not a mere addition to the disciplinary matrix of traditional psychoanalysis. It does not represent an advance in this direction, but the opposite: a

revolution, a change of matrix as Loparic (2002) puts it. This theory radically transforms the traditional matrix by introducing a change in how it sees the mother-baby relationship. As Loparic (2002) points out, this relationship opens the way for Winnicott to raise problems which traditional psychoanalysis does not consider, such as: what determines the feeling of being alive or of being real or what gives us the feeling that life is worth living? **Shifting the axis from the Oedipus complex to the baby's dependence on his/her bond with the mother** generates a new language for addressing human beings in general and the mental illnesses that may afflict them. We move from a language which speaks in terms of desire to one which speaks in terms of needs. From a language that speaks in terms of instincts to one that speaks in terms of environment. This change of matrix brings about the emergence of a new community, whose adherents communicate in this new language. The Winnicottian community of São Paulo is particularly notable here. Its interpretation of Winnicott is based on the idea that the author

[...] developed his own theory, which, as Freud's, covers the whole field of psychoanalysis in an unitary and articulated way – thesis that contradicts those, and they are not few, who deny that Winnicott has a theory, even to say his teaching is just fragmentary. (Dias & Loparic, 2011, p. 15)

The Winnicottian Center of São Paulo, the Winnicottian School of Psychoanalysis, the Brazilian Society of Winnicottian Psychoanalysis, the SWW editorial, the journal *Natureza Humana* are some of the publications in which the community updates a consensus with the disciplinary matrix derived from the theory of maturation. In this way, when we speak of the Winnicottian paradigm, we are not only referring to the theory of maturation but to all these publications. We must necessarily include them when we reflect **on the future of Winnicottian psychoanalysis in Kuhn's terms.**

We must describe Winnicott's innovation in accordance with the structure of the disciplinary matrix and with the mode of reception of the community in question. The theory of maturation presents the following conversions:

1) Ontological innovation: the theory of maturation changes the substantial ontology based on the logic of thing-property of traditional psychoanalysis to a relational ontology where the individual *arrives at being* starting from a bond, understood as environment. The change of ontology allows the theory to overcome dichotomies such as internal-external, which imprison traditional psychoanalysis.

2) Innovation regarding guiding generalisations: the system of laws which organises explanations of mental phenomena is no longer the Oedipus complex. It replaces the Oedipal structure generated by the pleasure principle program with maternal care understood as environment. This is a crucial change in the aetiology of pathologies. In addition to moving from a tripartite structure to a bipartite one, there is a much more radical change which must be highlighted. The Oedipal structure is representational, an internal factor, whereas maternal care is effective, an environmental factor. This leads to the second function of symbolic generalisations, as pointed out by Kuhn, which is that they also work as definitions. Psychic phenomena are not representational but relate to the real possibility of the human being to *arrive at being*.

3) Innovation in values: Freud follows the Newtonian model of science, the principal characteristics of which are the determinism of mechanicism and homogeneity. For Freud, the pleasure principle program is what structures and determines all of the operations of the mental apparatus. This program was derived from the law of inertia of Newton's mechanics. In this psychic mechanics, the personal side, the singularity is unimportant. In the theory of maturation, it is central, since maturation is not a mechanical but a personal process.

4) Innovation in exemplars: the field of application is essentially the clinic. Winnicott's cases are not organised as regressions to a point of libido fixation, in other words, solutions are not presented as representations of instinctual conflicts. By contrast, the cases which Winnicott presents are organised according to environmental failures.

3. Normal problems

For Kuhn (1962/1970), once a paradigm is consolidated it becomes part of what he calls “normal science”.

No part of the aim of normal science is to call forth new sorts of phenomena; indeed those that will not fit the box are often not seen at all. Nor do scientists normally aim to invent new theories, and they are often intolerant of those invented by others. Instead, normal-scientific research is directed to the articulation of those phenomena and theories that the paradigm already supplies. (Kuhn, 1962/1970, p. 36)

Progress only includes normal periods and Kuhn distinguishes three nuclei on which normal scientists focus: a) determination with greater precision and a greater variety of situations of key facts for the resolution of paradigmatic problems (Kuhn, 1962/1970, p. 37). In our paradigm, this translates as new clinical cases of psychosis and deprivation; b) determination of facts which may be compared directly compared to predictions extracted from the paradigmatic theory, trying to improve the application of the paradigmatic theory and opening space for new areas of application (Kuhn, 1962/1970, p. 38). For the Winnicottian paradigm, this represents contemporary clinical cases, such as drug addiction or eating disorders, which were not as visible in Winnicott's time; c) resolution of residual ambiguities produced by the application of the paradigm to phenomena different from the original exemplars (Kuhn, 1962/1970, p. 38), that is, choosing “among the alternative ways of applying the paradigm to the new area of interest” (Kuhn, 1962/1970, p. 41). In our paradigm, this means the resolution of non-clinical problems, such as cultural or social problems, that is, how to apply the theory of maturation to other areas than those for which it was initially created.

3.1 New clinical cases

The class of facts that distinguishes the Winnicottian paradigm consists of clinical cases of psychosis or deprivation and of the environmental failures which produced them. One of the normal tasks that we emphasise consists of determining this class of facts with greater precision and in a wider variety of situations. In this way, the construction of new clinical cases organised according to the original exemplars, i.e., the cases presented by Winnicott, provides the disciplinary matrix with new exemplars. But in what sense does this increase in exemplars imply progress? We know that exemplars provide empirical content to symbolic generalisations and it is through them that a new way of seeing is consolidated. Since ontology and exemplars are part of the disciplinary matrix, what we call “reality” is the effect of a consensus. What we call “facts” bear witness to technologies of reasoning, of consensual practices. The mode of being of disciplinary matrices is social because it is effective within a community. Exemplars are crucial for achieving adherence to this mode of problem solving. They belong to the scientific canon established by the paradigm, and new exemplars consolidate this consensus. Scientific communities are always in the process of self-production, seeking new forms of organisation which establish and conserve their being. The construction of new exemplars serves to perpetuate this process of self-production.

3.2 Contemporary clinical cases

The other class of normal problems relates to the determination of facts analogous to the original exemplars. Establishing an analogy results in a better application of the theory of maturation and expands the scope of its use. The construction of clinical cases for contemporary problems, such as drug addiction and eating disorders, which were not as visible in Winnicott’s time, offers new exemplars to scientists. In the context of other paradigms, many of these disorders, in particular the latter ones, are resolved as representational problems, e.g. as difficulties relating to the representation of the body.

The progress of the matrix is directly influenced by improvement of theory application and expansion of the area of use. Addressing the contemporary problem of

drug addiction from the perspective of the Winnicottian paradigm clearly implies an advance in the consolidation of the community. At present, society's principal demands concern problems of drug addiction, eating disorders such as anorexia and bulimia and juvenile delinquency. While the latter belongs to Winnicott's paradigmatic baggage, the former two do not. This is why we consider it indispensable to improve these issues. Scientific communities cannot be deaf to the demands of the society in which they live. This also leads to self-production of the scientific community.

3.3 New areas

Improvement in solving problems related to the application of the theory to phenomena other than the paradigmatic ones generates new areas of use of the theory. Since we do not have original exemplars in this case, much will depend on the ability and imagination of community members. Many researchers will dedicate themselves to establishing criteria focusing on the selection of different modes of use of the theory of maturation in the new area. The new area of application would consist of non-clinical phenomena such as cultural and social ones. The theory of maturation was not created to deal with these phenomena but advancing in this direction contributes to the improvement of the disciplinary matrix. A community is ultimately consolidated when the way it sees some phenomena expands to others.

4. Conclusion

In this study, we have sought to present possible paths for the Winnicottian community to continue with its consolidation. We drew these paths following Kuhn's description of normal science, since we consider the Winnicottian community as one which has reached a consensus on an innovative disciplinary matrix with regard to other psychoanalytic communities.

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Winnicott with Lacan: Towards a New Middle Group

Deborah Anna Luepnitz

Unglücklich das Land das Helden nötig hat.

(Unhappy the land that needs heroes.)

Bertolt Brecht, 1940/1966

1. Introduction

In the fall of 1990, I had the chance to interview the late British artist and psychoanalyst, Marion Milner, in her London home. After our conversation, Mrs. Milner offered to show me her paintings from the 1930s and 40s. Her favorite showed two chickens attacking each other – **blood and feathers flying**. Mrs. Milner said: “I like to say it’s Anna Freud and Melanie Klein fighting over psychoanalysis”.

She was referring, of course, to the 1940s’ battle that ruined careers, ended friendships, and nearly destroyed the British Psychoanalytic Society. It culminated with the Society’s bifurcation into the A and B groups, each member asked to choose allegiance. The person who believed in the importance of both the environment *and* phantasy – and whom both women trusted – was Donald Winnicott. He did not propose to create a third, non-aligned contingent, but that is what developed. He is associated with the enduring *Middle Group* in psychoanalysis – **often referred to as “the independent tradition”**.

Another schism in the psychoanalytic world occurred twenty years later, and this one ended with no comparable compromise. I mean the investigation that ended with the expulsion of Jacques Lacan from the IPA (International Psychoanalytic Association) in 1963, and the establishment of his own school.

Following Lacan’s “excommunication” he maintained a strained but professional relationship with Donald Winnicott. For example, Lacan arranged for a French translation of the paper on the transitional object – certainly a sign of respect – but he

continued for years to discount Winnicott as a “nurse analyst” who would turn Freud’s radical project into a form of “Samaritan aid” (Lacan, 1953/2006, p. 202).

For decades, many admirers of Winnicott and of Lacan aggressively misread each other – or worse, ignored each other completely. Winnicott was accused of a *reductio ad matrem* – reducing everything in psychic life to the all-powerful mother – which could lead only to a “perverse theory” – “*une propédeutique perverse*” (Miller, 1981, p. 43). Critics accused Lacan of phallocentrism, over-valuing the role of language, and – by using the “variable-length session” – of depriving patients of basic care. Middle Group analyst Charles Rycroft in *Psychoanalysis and Beyond*, described Lacan’s work as “a real load of rubbish” (1985, p. 5).

The past twenty years have seen an increasing number of analysts who find inspiration in both the British and French traditions. Some of us working today thus find ourselves in a position that is in some small way analogous to that of the original Middle Group of the 1940s. Engaged by both Winnicott and Lacan, we can’t help but locate ourselves in between two schools of allegedly incompatible thought. (Kirshner, 2011; Vanier & Vanier, 2010; Ireland, 2003).

Let’s consider some of the important differences between these two great thinkers.

It has been said that Winnicott introduced the comic tradition into psychoanalysis. He did this through his sense of humor and emphasis on play, but above all through his meliorism. His theoretical work – like his popular BBC radio shows about child development – was persistently upbeat. He believed that happy families are possible and that mankind is changing for the better. This is in dramatic contrast to Lacan who sustained a tragic/ironic view of human nature. One of Lacan’s most famous teachings is: “There is no such thing as a sexual relationship.” He wrote also: “Life does not want to be healed” (Lacan, 1954-55/1988, p. 233). He clearly wished to distinguish himself from Winnicott who did not hesitate to use words like “health”, “wholeness”, “maturity”, and “mature intimacy”. Winnicott’s key word was *devotion*; he believed that basic human needs can be satisfied with a good enough mother. Lacan’s key word was *desire*; he asked us to remember that while needs can be satisfied, desire cannot, as it always points to a

new desire. Teaching students about both Winnicott and Lacan gives them the chance to view human nature from two perspectives, both of which can be traced to Freud (Luepnitz, 2017b).

Winnicott and Lacan addressed themselves to many of the same theoretical problems from opposite points of view. This is evident in their writings on the mirror stage. Winnicott's mirror stage (1967/1971) is full of promise. The True Self of every individual is called into life in the mirroring gaze of the good-enough mother. Without such a mother, the individual has a second chance with a good-enough analyst who can foster the self's coherence and experience of wholeness. Winnicott uses the phrase "When the family is intact and a going concern..." (1967/1971, p. 118). A "going concern" is an English idiom meaning a successful business. Again we see evidence of his optimism and practical outlook.

Lacan's mirror stage (1949/2006) in contrast, is the site of a necessary alienation. The infant who recognises its image in the mirror – **often while hearing the words: "Look, that's you!"** begins a life of searching outwards instead of inward for identity. We spend our lives captivated by images of ourselves, struggling for reassurance that we are more intact than we feel. For Lacan, what emerges in the mirror stage is *le moi* (the ego) which he saw as the source of all neurotic suffering. The ego – far from being the hero of the story – is instead our shared symptom. Rather than help patients strengthen their identity, Lacan aimed to point out the degree to which all identities are mistaken. We cannot learn **who we "truly" are in the gaze** of anyone else; even the mirror on the wall deceives us by reversing right and left. This suspicious stance towards the ego has been compared to the Buddhist view (Moncayo, 2003).

Surely, both accounts have something important to tell us about psychic life. Let's look more closely at the differences.

2. Self and subject

There is no concept of “self” in Freud, although the German word *das Selbst* was obviously available to him. Otto Rank and Sándor Ferenczi referred to the “self” but Freud preferred *die Seele* which translates “soul” or “mind”. Winnicott does not cite any previous usages; he simply says the “self” appears in “various religious and philosophical systems” (Winnicott, 1960/1965, p. 140).

According to the *Oxford English Dictionary*, the word “self” derives from the stem “*se*” which connotes sameness or identity. (Latin *ipse* translates “itself”, which is used for emphasis). But “self” used as a noun to refer to what is “really and intrinsically a person” does not appear until the Renaissance. This semi-autonomous, perfectible entity – a truly humanistic concept – was not embraced by everyone. The Puritan theologian Charnock wrote in 1680: “Self is the great Anti-Christ and Anti-God of the world”.

Winnicott wrote of the self’s emergence through contact with a good enough mother and its subsequent “development, growth, maturation”. Eigen (1981) wrote of helping patients “to grow a self”. This usage is interesting in light of one particular use of “self” that occurred around 1900 meaning: “To fertilize by means of pollen from the same plant”. One could thus “self” a flower. And Middle Group analysts hoped to foster the flowering of the self.

Lacan rejected this collection of gardening metaphors. In a harsh critique of developmental models in Anglo-American analysis, Lacan demanded:

Can you really, you analysts, in all honesty, bring me testimonies of these splendid typical developments of the ego of subjects? These are tall stories. We are told how this great tree, man, has such a sumptuous development... A human life is something entirely different. (Lacan, 1954-55/1988, p. 155)

There is no French equivalent for “self”. Lacan’s preferred trope was *le sujet* – the subject – a word whose origins are closer to the political than to the natural world. In the *Oxford English Dictionary*, a “subject” is: “one who is under the dominion of a monarch”. It was a key term for both Kant and Hegel. Althusser (1971) who believed that Lacan had

set the groundwork for a meeting of psychoanalysis and Marxism, is known for saying: “Être un sujet, c’est être un sujet”. That is: to be a subject in the sense of having agency, is to be a subject in the sense of being limited by the laws of culture.

The Lacanian subject is stretched across four points which he defined as: the drives, the ego, the objects, and the Other (Lacan, 1964/1978). I believe that the first three are included in the Winnicottian “self”; the Other is not. The idea that the subject contains within itself a place of radical alterity is what sets the Lacanian subject apart from the Middle Group self. The Other is variously associated with culture, God, the unconscious, or death itself.

The distinction between *self* and *subject* leads to different views of clinical treatment. For Lacan, the analyst starts out in the position of the Other, not the good-enough mother. For Lacan, an interpretation should be “half-way between a quotation and an enigma” – not a “good feed”. For Winnicott, the first drama turns around the infant’s loss or feared loss of maternal connection. For Lacan – although loss is, of course, important – something even more profound is at stake. That is the *lack* built into subjectivity by the very existence of the unconscious.

Probably the first analyst boldly to incorporate into his own writing the contributions of both thinkers was André Green. He wrote:

After Freud, I see two authors who have pushed their research and coherence very far on the basis of two quite different points of view, and which up to a certain point converge. These two authors are Lacan and Winnicott. (quoted in Clancier, 1986, p. 121)

Initially a colleague of Lacan’s, Green later rejected him and was drawn to the work of Winnicott and the Middle Group. He wrote: “I consider *Playing and Reality* to be one of the fundamental works of contemporary psychoanalysis” (Green, 1986, p. 10). For Green, constructs such as the pre-Oedipal period, the borderline diagnosis, and the use of the countertransference – all anathema in Lacan’s school – became *sine qua non*. Green

qualified his enthusiasm by saying: “I am not an unconditional Winnicottian... [An] analyst who really wants to think about practice cannot dispense with a reflection on language, a reflection that is absent in Winnicott” (quoted in Clancier & Kalmanovitch, 1986, p. 121).

The sole reflection on language in Winnicott may be his saying: “‘Cure’ at its root means ‘care’” (Winnicott, 1986, p. 112). I have not found an example of his pausing to reflect on a signifier used by a patient – not even in his two long case histories: *Holding and Interpretation* and *The Piggle*. When supervising young therapists who call themselves “Winnicottian”, “object relations” or “Relational”, I hear much sensitivity to the patient’s affects, but never an exploration of the patient’s name or other key signifiers.

In André Green’s work, we see an analyst exquisitely attuned to the pre-Oedipal, the imaginary, *and* to language. He never abandoned his interest in the signifier. Moreover, in his essay, “The Dead Mother”, Green insists that to obey the rule of silence with patients who suffer from “the dead mother complex” will only repeat their early trauma. Furthermore, unlike Lacan and most Lacanians, he does not dismiss the notion of countertransference. He understands that even the most “neutral” analyst is nonetheless human, and will experience primitive affects in the session which are better identified than dissociated. It’s as though he turns to Winnicott for a theory of the environment, holding, and play, and back to Freud and Lacan to account for the commanding role that words and letters play in the unconscious.

3. The pre-oedipal *vs* the family *até*

Perhaps the difference between Winnicott and Lacan can be summarised as the difference between the numbers two and three. Winnicott explored the mother-baby dyad in a way more evocative than any analyst before or since. He is often criticised for underestimating the role of the father which Lacan introduces with his famous construct of *le nom du père*. However, when I emphasise the difference between two and three, I am referring also to two or three *generations*. The Lacanian subject begins even before

the birth of the individual. By this, Lacan did not mean months, but years before birth. That is: before we speak, we have been spoken about. We are born into a world not of our making, into a family whose anguish, hope, conflicts, wounds – although often unknown to us – shape us profoundly. Lacan, in his 7th seminar, used the Greek word *atè* – by which he meant the family madness, or family curse. For example, if one tried to understand the figure of Antigone based solely on her mother's interactions with her as an infant, one would fail completely to grasp her tragic truth. Only if we understand the events that preceded her – **not only her mother's suicide but also the crimes and misfortunes of her father, Oedipus, her grandfather, Laius, and her great-grandfather, Labdacus** – can we begin to comprehend Antigone in a way that is not sentimental. Lacan (1959-60/1992) in his seminar on the *Ethics of Psychoanalysis* takes the position that no suffering subject – no symptom – can be understood without recourse to three generations or more.

The notion of the intergenerational transmission of trauma – whose roots I believe can be found in Freud – is now extremely popular among therapists. While Winnicott clearly believed that maternal psychopathology profoundly influences babies and children, there is no evidence of his interest in transmission across *three* generations. Certainly, there is no mention of it in any of his case histories. Moreover, in my interviews with former analysands such as Marion Milner and Edith Balint as well as the patient he wrote about as “the Piggie” (Winnicott, 1977) I learned that grandparents were hardly if ever mentioned (Luepnitz, 2017a).

Just as I encourage Lacanian colleagues to scrutinise their own desire in the consulting room with greater consistency, I encourage those on the side of Winnicott to remain alert to not just two, but three generations.

4. Two examples

I am going to use my own experience as an analysand to illustrate these points. My first analysis was with someone who was steeped in the work of Winnicott. She provided

a good-enough holding environment and we did a lot of work on my early relationship with my mother. I later worked with a Lacanian analyst. Before I was permitted to lie down on the couch, the analyst took a history going back as many generations as possible. In one of those preliminary sessions, she asked about my names. I said something about my first, middle, and last names. In the following session, I said: **“I have one more thing to say about my last name, if that’s OK”**. And one month later, I felt there was something else extremely important to add. Memories and associations about my names continued to emerge. When we said good-bye, I felt I had a new name, which is perhaps one way of crystallizing the change that the analysand may experience.

Here is a second example, involving a patient of mine whom I shall call: William Carey. He was a physician who suffered from anxiety about both his physical and psychological health. He reported dreams of being put in prison for a crime he did not commit. He felt sure one day he would stop functioning and not leave his bed. He said in the first session: **“I’m afraid that this strange feeling of doom is something I will carry all my life”**. It was important to provide a holding environment for this patient who had felt deprived of good-enough mothering with a mother who was grieving the loss of her father at the time of the patient’s birth. I also introduced Winnicott’s idea of **“the fear of breakdown”** (1963/1989) meaning that what we fear most has already happened – in infancy or childhood. Winnicott was essential to this treatment, but the Lacanian idea of the family *atè* was important as well. When William’s grandfather became old and sick, none of his seven children wanted to take him in. This grandfather was sent to live with his twin brother – a man he hated. A fire on board the plane caused it to crash, leaving no survivors. The bodies were burnt so badly they could not be identified. William’s father felt ashamed and guilty, and became cold and silent. **“My father walked around our house like a zombie”** said my patient. William had never connected his own guilty sense of doom with the horrific death of his grandfather. He had never even connected his career as a doctor specializing in burn victims to this event. It was very moving for him to realize how the family *atè* – the family curse – was written into his own name. **“This doom is something I will carry” = “I, Will Carey”**.

Some students are shocked to learn that Lacan would *not* provide the comfort of a holding environment for such a patient. Another question might be: What would enable a patient like William to tolerate Lacan's silence, severity, and the brevity of his sessions? I want to mention that all of Lacan's patients who have written about their analysis with him have mentioned his devoted receptionist, Gloria Gonzalez (Rey, 1989; Godin, 1990; Haddad, 2002). She was the "mother hen" who presided over Lacan's waiting room – where patients indeed waited – sometimes for hours. She would make people comfortable, and sometimes knock on Lacan's door if she thought a patient had waited too long. Perhaps it was Gloria's maternal devotion – her holding environment – that allowed him to sustain his role as the non-gratifying Other.

5. In conclusion

Although I am insisting on the benefits of reading Winnicott with Lacan, it does involve a risk – the risk of oversimplifying both traditions. Some would argue that both are so complex and profound that it is necessary to choose one and work creatively within it. I am not proposing that we glue these constructs together to make one "total" theory.

One way to think about *how* to use Winnicott with Lacan is to invoke Gregory Bateson's idea of "double description". Bateson (1972) points out that the right and left eye present a slightly different picture to the brain, and that the difference is related to our ability to see *depth* in the visual field. This brings to mind the example of the modern physicist's view of light as both wave and particle. If we can accept so astounding a paradox when it comes to light--that it is both an actual substance *and* merely a pattern – then perhaps we can also imagine each individual as both a Winnicottian self, and a Lacanian subject.

A second, bolder way to imagine the Winnicott-Lacan conversation is as something that can lead to a kind of "third way" for psychoanalysis – to a new independent tradition or new Middle Group (Luepnitz, 2011). A delightful image comes from Mardy Ireland, who states, in a book endorsed by André Green, that her clinical and

theoretical work constitute a kind of “Squiggle game” between the figures of Winnicott and Lacan (Ireland, 2003).

Let me be clear: I want students to start out learning pure Winnicott and pure Lacan, by reading the original texts, and not just commentary. But ultimately, when we grow as clinicians over the years, we produce our own *bricolage*. To be effective, our theories must be re-invented for each patient.

Adam Limentani once observed: “Psychoanalysis is not only an impossible profession, it is also very difficult” (1977, p. 181). Working between the French and English traditions does not make life easier, nor will it forever solve the problem of infighting depicted in Mrs. Milner’s painting of the two chickens.

Aware of the risks, I still believe there is much to gain by working in the space between self and subject, between Winnicott and Lacan, between devotion and desire.

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The Objectification of Human Phenomena: Observations in the Light of Winnicott and Heidegger¹

Caroline Vasconcelos Ribeiro

This work aims at fostering a dialogue between Martin Heidegger's philosophy and Winnicott's psychoanalysis. The guiding lines are Heidegger's criticism of what he calls the process of objectifying reality and the resistance we find in Winnicott's psychoanalysis to the logic of the natural sciences. Winnicott's remarks on human phenomena do not echo the imperatives of modern philosophy of reducing all that is real to that which is objectifiable and of setting physics as the paradigm for all science. By refusing to describe human nature from the perspective of a semantics inspired in a physicalist language,² (i.e. instead of thinking human psychology in terms of an apparatus ruled by drives), Winnicott invites us to contemplate the subtlety and depth of the "mother-baby pair", and sets up alternative readings of the initial human phenomena, leading psychoanalysis towards unexplored terrains. Winnicott's thought emphasises the need for an extension of psychoanalytic theory backwards. In this paper, we indicate how that backwards extension into the more primitive stages of the human maturational process begins a new way of approaching human beings, radically different from the one conveyed in Freudian language, which is influenced by the standards of natural sciences.³ Through a dialogue between Heidegger and Winnicott, we question the increasing medicalisation of life. More specifically, we draw considerations on the imperatives of classifying and medicating schoolchildren who allegedly show learning deficits and are,

¹ This paper is an updated version of a lecture delivered at the 20th Colóquio Internacional Winnicott and 1st International Winnicott Association (IWA) Congress.

² We shall see below that Winnicott explicitly criticizes a physicalism in Freud's work. This is found notably in his metapsychology. Freud's concepts of mental apparatus, drive (*Trieb*), repression (*Verdrängung*), unconscious, etc., make use of methods analogous to those of physics. On Freud's physicalist heritage, see Loparic (2003, 2005); Fulgencio (2001, 2008); Assoun (1981); and Ribeiro (2008).

³ Freud himself compares his epistemic procedure with the ones used in physics. See Freud (1915c/2001 and 1940a/2001).

for that reason, diagnosed as suffering from ADHD (Attention Deficit and Hyperactivity Disorder).

1. The process of objectifying reality

To set up the aforementioned dialogue, we shall begin by clarifying Heidegger's reading of the prevailing mode of unveiling of beings. This includes focusing on the process of objectifying reality, which is a trait of our contemporary state of affairs. We shall use as guide Heidegger's *Zollikon Seminars*, which contain talks delivered to psychiatrists and students during a 10-year period in Zollikon, Switzerland.⁴

To entice an investigative attitude among the participants regarding the ontological bases of the sciences of mental phenomena, Heidegger attempted to deconstruct the idea – much emphasised among commentators of Freudian psychoanalysis – that Freud would have parted ways with the Modern heritage by positing an unconscious element within the psychological machinery. Heidegger argued that by assigning to the psychological realm the claims to objectivity that are typical of the natural sciences, Freud placed himself as herald of the process of objectification of beings.⁵ But what does this mean? How can we track down its installation and consolidation? To answer those questions, we must first understand what Heidegger calls “modification of the presence of entities objectivity”. In his seminar of July 6, 1965, Heidegger took up the issue as follows:

Objectivity [Gegenständlichkeit] is a definite modification of the presence of things. A subject thereby understands the presencing of a thing from itself with regard the representedness [Vorgestelltheit]. Presence is understood as

⁴ Upon an invitation by Medard Boss, Heidegger accepted the challenge of lecturing and debating with an audience that differed from his ordinary students. This seminar series began on September 8, 1959. On that occasion, Heidegger addressed a large audience at the psychiatry clinic of the University of Zurich. Soon afterwards, the meetings began to take place at Boss's house, in Zollikon. See Boss, Preface to Heidegger (2001). We shall cite the *Zollikoner Seminare* referring to the pagination of the original edition.

⁵ On this topic, see Ribeiro (2014).

representedness. Thereby, presence is no longer taken as what is given by itself, but only as how it is an object for me as the thinking subject, that is, how it is made an object over and against me. This kind of experience of being has existed only since Descartes, which is to say, only since the time when the emergence of the human being as a subject was put into effect. (Heidegger, 2001, p. 129)

Although the Freudian concept of unconscious seems to create a Narcissistic wound in the Cartesian view of man as a thinking subject, Heidegger points out that it does not entail a break with attempts of Modernity to apprehend all phenomena objectively. By conceiving the mind through an analogy with machines and by positing the unconscious as a causal factor of all mental phenomena – dreams, symptoms, parapraxes, etc. – Freud proceeded as a natural scientist whose goal was to explain the functioning of the mind.⁶ Freud conceived psychoanalysis' main step forward as that of having treated scientifically a term that had been “manipulated uncarefully” in literature and philosophy: the unconscious. This treatment consisted in determining objectively the laws that govern its functioning; thus psychoanalysis, by “its researches has led to a knowledge of the characteristics of the unconscious psychical which have hitherto been unsuspected, and it has discovered some of the laws which govern it” (Freud, 1940b/2001, p. 286).

According to Freud, the view that the mental contains an unconscious element allows psychoanalysis to figure among the natural sciences (Freud, 1940a/2001, p. 158). To secure its place among the natural sciences, Freud formulated explicitly the laws that govern mental life, and addressed rigorously and objectively a concept that in fiction and philosophy had been dealt with only tentatively: the unconscious. Hence, Heidegger does not hesitate to place Freudian psychoanalysis among the sciences that pay a tribute to natural-scientific logic. From this perspective, by making use of terms such as those of

⁶ In the 24 Jan. 1964 seminar, Heidegger stated that Freud observing the psycho-dynamics of clinical phenomena, considers as real and as being, more precisely, as “real and actual” that which “can be explained in terms of psychological, unbroken, causal connections between forces”. This statement immediately led his students to refer to the well-known physicist Max Planck, who claimed that “only that which can be measured is real” (Heidegger, 2001, p. 7).

mental apparatus, drive, homeostatic equilibrium, investment, charge and discharge of energy, and others, Freud would be operating an objectification of the mental.⁷

By speaking of a “modification of the presence of beings in objectivity”, Heidegger refers to the fact that, with Descartes, man achieved the condition of a subject. The Latin word *subiectum*, he says, has not always been synonymous to “thinking I”; rather, it was a wide-ranging term that referred to everything that is at the basis, all that underlies. For this reason, in the book *Nietzsche II*, Heidegger says that we need first to draw apart the term *subiectum* and the concept of man, because *subiectum* could also apply to “stones, plants, and animals no less than to men” (Heidegger, 2007, p. 105). During the Modern era, by becoming *subiectum* par excellence, the “‘I think’ [...] comes to be defined as that which is already present for representation”, the object (Heidegger, 1967, p. 105). In the *Zollikon Seminars* Heidegger states:

Descartes was looking for a *fundamentum absolutum inconcussum*. But this can only be one’s own I. For only I myself am present everywhere, whether I think, whether I doubt, whether I wish, or whether I take a position toward something. Therefore, when searching for an absolutely secure foundation in thinking, the I becomes what “lies-in front” [*Vorliegendes*] in an outstanding sense because it is something indubitable. *From then on, “subject” progressively became the term for I.* Object now became all that stands over against the I and its thinking, by being able to be determined through the principles and categories of this thinking. (Heidegger, 2001, p. 154; emphasis added)

With Descartes, the thinking ego became the ontological basis for all things, which attain the condition of objects that one must grasp through clear and distinct ideas. According to Zimmerman (1990, p. 262), Descartes placed the ego as the ground that

⁷ Loparic (2005) and Fulgencio (2008) point out how Freud grounded his psychoanalysis on a soil seeded by the Kantian project for research on natural sciences and by the epistemology of Ernest Mach. Hence, it is quite difficult to maintain that Freud would have parted ways with the objectifying imperatives that are typical of Modernity.

provided principles with which one measures the presence (or reality) of all things. Hence, “nothing really is unless it can be ‘re-presented’ (*vorgestellt*) to the subject completely by himself according to the rigorous standards of that same subject” (Zimmerman, 1990, p. 262). From this perspective, representation is no mere apprehension of that which presents itself, of what is there. Rather, it is a form of apprehension that captures that which presents itself in a previously secured format. This renders beings as something understood not as that which is there, “simply in front of”, “before us”. Modernity’s great claim consists in this securing, which domesticates being into the rules of clear and objective apprehension, given that “the attack of the rules dominates”.⁸ Those rules govern the way a subject clearly and distinctly (i.e., truly) apprehends “something”. All beings are then equaled to an entity represented by a subject. This attack on the entities is the hallmark of the process of objectification, which consists in subjecting the totality of beings to the objective domain. This entails that nothing can happen, or come to light, which is not determined as an object. (Heidegger, 1982, p. 46)

According to Heidegger (2006), with the process of objectification of beings, the man who thinks gives way to the researcher engaged in research programs, who is assessed by presenting results and who is “driven by efficiency”. The outcome can be detected in the transformation of knowledge into an economic good, in the imposition of productivism as a necessary way of being in the world and in the regulation of the forms of life by the functionalisation of existence. The wonder, which from the beginnings of Western civilization, mobilised thought, became a calculating action that captures all there is, based on rules that objectify. This configuration had Heidegger characterising our age as the “Age of the Technique”. But what does this mean?

The ontological basis for this phenomenon invites us to understand technique as a form of unveiling reality, nature, “all that there is”. Although Heidegger’s remarks on technique are quite complex, we are interested here in highlighting the technical device that reduces everything to the condition of a deposit (*Bestand*), a reservoir available for

⁸ This reasoning is based on footnote 9 of “L’époque des ‘conceptions du monde’”, where Heidegger defines precisely his concept of *Vorstellung* (representation). See Heidegger (2006, pp. 138-145).

the cycle of production.⁹ This is not about understanding technique as a means for producing gadgets and equipment, but as a way of apprehending “all there is” through the condition of deposit (*Bestand*). It is a permanent attack on beings that converts them into objects for use and for calculations. (Loparic, 1996) To elucidate this form of unveiling reality through the logic of unending use and abuse of “all there is”, an emblematic passage from Heidegger’s conference on *The question concerning technology*, delivered in 1953, is helpful:

The hydroelectric plant is set into the current of the Rhine to supplying its hydraulic pressure, which then sets the turbines turning. This turning sets those machines in motion whose thrust sets going the electric current [...]. In the context of the interlocking processes pertaining to the orderly disposition of electric energy, even the Rhine itself appears as something at our command. The hydroelectric plant is not built into the Rhine river as was the old wooden bridge that joined bank with bank for hundreds of years. *Rather the river is dammed up into the power plant.* (Heidegger, 1953/1977, p. 16)

What interests us in this passage is Heidegger not only alerting how much we can transform a river into a mere device for providing electricity for the sake of using natural resources profitably, but also unveiling a way of disposing of nature as something that is there to be used, processed and manipulated. Heidegger says it was the hydroelectric plant that had the river dammed up into it, and not the other way around. But what does this mean? Is this a challenge to the rules of logical thinking or an unsettling and provoking image? By saying something unreasonable, namely, that it was the plant that dammed up the river into it, Heidegger is alerting to the fact that the river has been reduced to the condition of a device for providing energy. It is as if the river could no longer simply be there. The river Rhine becomes a deposit, an energy device for the hydroelectric plant.

⁹ Some authors translate *Bestand* as deposit, others as resource and others still as raw material. Despite these differences, the sense of something available for use, of something seen only with regard to its functionality, remains. We addressed Heidegger’s approach to technique in Ribeiro (2009).

Nature, apprehended as *Bestand*, cannot simply be there without being explored! Hence, the river presented by Hölderlin in the hymn *The Rhine* loses its sense because it no longer affords productive qualities; it cannot be unveiled as a natural resource. The river “evoked by the work of art” is replaced by the river Rhine of the works of engineering and of the tourist industry (Heidegger, 2001, p. 20). The river, deprived of any poetic enchantment, is reduced to a device that can be attached to a hydroelectric plant and its logic of production. The riverbed becomes a device functioning for the plant. After all, if machines do not operate in vain, nature will not be allowed the possibility of simply being there to enchant us. This logic consists in challenging beings to unveil themselves as deposits, resources – whether energy resources, financial resources, even human resources.¹⁰

The unveiling of reality that governs the “Age of the Technique” consists in reducing all beings to the condition of devices for the constant fulfilling of demands. Everything becomes *Bestand* and, as such, must be compelled to answer with maximum profit and minimum spending (Heidegger, 2001, p. 19). Objectification becomes the predominant way of apprehending reality, and from that imperative not even men escape.

Given our brief Heideggerian analysis of the imperatives of objectification present in the “Age of the Technique”, we may now ask whether – and to what extent – this philosophical diagnosis relates to Winnicott’s psychoanalysis. Certainly, we cannot expect a Winnicottian ontological analysis of this process, since philosophical flights are not inherent to psychoanalysis. However, we may ask whether Winnicottian psychoanalysis fits in with the process of objectification of reality; whether Winnicott agrees with or resists to that process when thinking about human phenomena.

2. Winnicott and the refusal to objectify human nature

¹⁰ We explore further this Heideggerian argument in Ribeiro (2009).

In “The psychology of madness: a contribution from psycho-analysis”, Winnicott alerts us to the need to pay attention to the initial stages of human development. He thus declares the need for an “extension of psycho-analytic theory backwards” (Winnicott, 1965/1989, p. 120). Backwards extension of the theory towards a study of the more primitive stages of maturation does not entail using the semantic arsenal of traditional psychoanalysis in order to speak of the more primitive relations between mother and baby. This is not a mere widening of the scope of the phenomena which are to be analysed, but the construction of a language capable of reaching the subtleties of the initial mother-baby relation. This entails addressing those initial stages without the categories of Freudian metapsychology, which describe human phenomena in terms of a play of drives and forces within the mental apparatus. If the analytic horizon is attached to a metapsychological semantics, then the investigation will turn on the question about the satisfaction of the drives; in other words, on how the mental apparatus invests on its objects.¹¹ However, if the language for speaking of human phenomena is not hooked onto the physicalism that is typical of metapsychology, then human nature and the first moments of the baby’s life may be analysed considering environmental reliability, mother’s care, the long journey towards integration, living in his or her body and the capacity to relate to shared objects.¹² From a Winnicottian perspective, the baby is moved by a tendency to mature, and not by drives towards objects of investment. The language for describing the initial exchanges between mother and baby cannot be reduced to the field of libido relations, but must consider the environment that provides care and reliability. The troubles that afflict this initial relation have to do with the continuity of being and the quality of the communication, i.e., they are not restricted to the appeasement of opposing drives. Hence, Winnicott’s focus is on the baby’s maturational processes, and not on the polarity of pleasure and displeasure of drives. Winnicott is

¹¹ See Freud (1915c/2001).

¹² This journey is characterized as follows in environmental terms: “The facilitating environment can be described as *holding*, developing into *handling*, to which is added *object-presenting*. In such a facilitating environment, the individual undergoes development which can be classified as *integrating*, to which is added *indwelling* (or *psycho-somatic collusion*) and then *object-relating*” (Winnicott, 1963b/1989, p. 89).

interested in environmental provision and not in the vicissitudes of the drives, and for that reason, he invites us to pay attention to the mother's adaptability to the baby's needs, i.e., he invites us to consider "[...] the deep waters of mutuality that does not relate directly to drives or to instinct tensions" (Winnicott, 1969/1989, p. 257). On the mother's adaptation, Winnicott states:

In early psycho-analytic days adaptation could only mean one thing, meeting the infant's instinctual needs. A great deal of misconception has arisen out of the slowness of some to understand that an infant's needs are not confined to instinct tensions, important though these may be. [...] *The language here is that the mother "does not let her infant down"*. (Winnicott, 1963a/1965, p. 86)

The author calls attention to the nature of the language needed to analyse the "deep waters of mutuality", i.e. to describe the silent communication and the mother's care for the baby, if he or she is lucky enough to have a sufficiently good mother. By alerting us that such language should not be restricted to the field of instinctual tensions, Winnicott indicates the need for considering the environment and its reliability. This implies that by mitigating the role of the environment and by describing the baby from an inner psychological perspective, traditional psychoanalysis disregarded achievements that may not happen to a baby, such as the capacity to desire, the investment on external or internal objects, the feeling of reality, and integration. Winnicottian psychoanalysis shows us that a careful investigation of environmental provisions is unavoidable.

Winnicott does not presuppose that the baby will enjoy the feeling of being a unity, and explains that "all the processes of a live infant constitute a going-on-being, a kind of blueprint for existentialism". The mother who gives to her baby a good enough care during the stages of its absolute dependence "is able to protect her infant's going-on-being" (Winnicott, 1963a/1965, p. 86). When referring to the initial moments of the baby's life, the author mentions a "blueprint for existentialism" and not a mental apparatus moved by oral drives. By calling into question the use of that metapsychological

semantics, Winnicott attempts to describe the mother-baby relation without falling back onto an objectifying language inspired in the natural sciences. He thus affirms: “The words homeostatic equilibrium again avoid some of the fine points which appear before our eyes if we look at this relationship with the care that it deserves” (Winnicott, 1956/1958, p. 301).

If we observe the mother-baby phenomena carefully, we cannot assume that, initially, the baby has any sort of integration that would enable him or her to feel alive, real, and capable of investing in objects. Hence, it is out of place to speak of discharges and of homeostatic equilibrium instead of going-on-being and environmental provision. One cannot talk about these topics without a language that is free from the constraints of natural science. This is why Winnicott says, “I cannot sacrifice a patient on the altar of science” (Winnicott, 1964/1987, p. 45). Along the same reasoning, in “Psycho-analysis and the sense of guilt”, Winnicott criticises Freudian analysis for centering the sense of guilt on the economics of drives. In that work, Winnicott remarks that we can identify an implicit determinism in Freudian analysis, as well as “an assumption that human nature can be examined objectively and can have applied to it laws that are known to apply in physics” (Winnicott, 1958/1965, p. 16)

In the passage above, we find a criticism of Freud’s debt to the natural-scientific perspective. This allows us to say that Winnicott does not endorse the claims to the effect that all that is real can be reduced to what is objective. In Heideggerian terms, we might say that Winnicott does not fit in with those scientists who work as heralds of the process of objectification. By refusing to talk about human nature using a metapsychological semantics inspired in physics, Winnicott gave us a theory that does not objectify reality. By aiming at approaching human phenomena as they show themselves to us, Winnicott resists the objectifying domestication that sacrifices patients on the altar of science! Those remarks by Winnicott allow us to relate them to Heidegger’s thoughts on the objectification of beings. However, we still need to indicate how Heidegger and Winnicott connect to the main topic of the *20th International Winnicott Colloquium*. How are we to relate the issues discussed above with the future of psychoanalysis? We believe that an

analysis regarding the future of psychoanalytic theory and practice as well as the future of our age cannot leave aside something that troubles us deeply today: the growing medicalisation of all spheres of life. In the next section, we attempt to think about that process in the light of a dialogue between Heidegger and Winnicott.

3. The medicalisation of life and the “altar of science”

For our brief discussion of the process of medicalisation of all spheres of life we shall refer to two books: *New grasps and old diagnostics in the age of disorders*, organised by Cecília Collares, Maria Moyses, and Monica Ribeiro (2013), and *Subsidies for the campaign “no to the medicalisation of life; medicalisation of education”*, organised and edited by the Federal Board of Psychology (2011-2013). In the latter, more precisely in the section on “Medicalisation of life: whose interests?”, the following information is given: in Brazil, consumption of methylphenidate – a substance administered to children and adolescents for treating “attention deficit” – rose from 70,000 boxes sold in the year 2000 to 2,000,000 boxes sold in 2010. This placed our country as the world’s second largest consumer of that substance, after the United States. Distribution¹³ of methylphenidate by government health care facilities in the last five years is up from 43,320 tablets to 1,156,016; an increase of approximately 1,284%.

Although those numbers speak for themselves, it is important to underscore that when speaking of medicalization, we are – according to the definition set by the Federal Psychology Board in the document mentioned above – referring to a process that changes social, political, and cultural issues into “disorders”, attributing to individuals a series of difficulties that place them in the realm of psychiatric pathologies, labels and classifications.

¹³ According to ANVISA, distribution is the act of providing medication, pharmaceutical items and the like to consumers. See <http://www.anvisa.gov.br/medicamentos/conceito.htm>

Given that the huge growth in consumption of the above-mentioned medicament refers to an “alleged” disorder that overwhelms the educational context – the ADHD¹⁴ – we wonder whether those numbers and that logic are not at the service of the objectification of existence and pathologisation of students. We believe that those numbers show that our age has sacrificed students, in Winnicott’s words, at the altar of science, more precisely at the altar of pharmaceutical industry. Many students are swollen by the educational model which somehow inflicts troubles related to reading and writing on them. But the analysis of those difficulties falls squarely on their behaviors and on their bodies, more precisely on their brains. School and its methods, teaching and learning environment and conditions are excused from any blame in this crusade that hurts the educational ideal. Issues regarding the relation between the subject matters taught and student’s lives, teachers’ work conditions and obsolete curricula are simply ignored. Meanwhile, behaviors that pierce the standards set down by goals of success are promptly catalogued and, therefore, medicated.

According to the Federal Psychology Board (2011-2013 administration), a danger lurks: the heralds of the pathologisation of children who cannot learn properly or do not behave well at school have begun to claim that medication is a right. The child who falls behind in schools must have the right to diagnosis, treatment and medication, and the public health care system must bear burden of funding this process.

All this seems quite conscientious, but one must pay attention to the fact that claims for that right do not question the cataloguing process and the pharmacologisation of existence, which are at the service of the domestication of students, in other words, at the service of a violent calculating rationality that objectifies. From that violence no one can escape, not even the characters that inhabit our playful imagination. Hence:

¹⁴ Rohde, Barbosa, Tramontina & Polanczyk (2000) point out that, according to the *Diagnostic and Statistical Manual of Mental Disorders*, edited by the American Psychiatric Association, the classic triad of symptoms for ADHD is inattentiveness, hyperactivity and impulsivity. According to the authors, regardless of the classificatory system used, children with ADHD are easily identified in schools and at home. See: Rohde, Barbosa, Tramontina & Polanczyk, 2000.

The “Menino Maluquinho” no longer exists, he has been labeled and now receives psychotropic for ADHD; Mafalda is treated and her Opposing Defiant Disorder (ODD) has been silenced; Xaveco no longer lives up in the skies, he has landed and his Attention Deficit has been identified; outspoken and impulsive Emília is quiet and contained [...]. The case of Cascão is being analysed and debated in the committee in charge of the DSM-5 and there are divergences as to whether he suffers from OCD (Obsessive Compulsive Disorder for dirt) or from Hydrophobia Disorder... (Collares & Moysés, 2013, p. 44)

Although this has been formulated in a jocose manner, the passage reveals the danger we face: that of no longer being allowed to live with people who fall out to the **dictatorship of “good” behavior** – either in empirical reality or in phantasy. That danger presents itself in the form of Laws and Statutes – in all levels of public administration – that include services, agreements and programs for the diagnosis and treatment of alleged disorders into the public health care system, especially dyslexia and ADHD. The Federal Psychology Board has been calling attention to this change in the public policies for education that convey this “benefit”. If those projects are approved without qualifications, the public policies for education will begin treating and diagnosing all children and adolescents who exhibit difficulties in learning, rather than focusing on improving the quality of the education offered.

This is a rather broad issue, and we do not have the time now to dwell longer on it. Thus, we would like to finish with a few questions:

- 1) Is it true that the proposal for creating diagnostic centers within the public educational system does not entail – as in Heidegger’s example of the river Rhine and the power plant – an inversion of the situation? It is not the diagnostic centers that are to be installed in the school system, but rather the school system that is to be installed in the diagnostic centers. In this case, schools would be, as the river Rhine, in the condition of a device feeding the machine that produces diagnostics and distributes medicine.

2) Is it the case that by agreeing uncritically with law proposals that institutionalise mechanisms for producing diagnostics and large-scale medicine distribution we are not, as Winnicott cautions us, sacrificing students at the altar of science? Or, more precisely, at the altar of the market?

3) Would it not be possible to point out that underlying the imperatives of medicalisation is the understanding that we are *Bestand*, resources for turning the wheel of the market with maximum profit? In other words, just as a hydroelectric plant must force a river into producing electricity, so too must students follow the imperative of reproducing formal knowledge and attain maximum school performance! Those who are slow and present deficits in their performances should, from that perspective, be diagnosed and medicated.

4) Is it not the case that by shifting focus to individual students rather than questioning the educational context as a whole, we are disregarding the fact that an analysis of the environmental conditions is unavoidable when human phenomena are at stake, as Winnicott advocates?

I leave you with an invitation to ponder these issues.

Translation by Rogério Severo

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Anthropoteleological Views from Winnicott's Thought. A Winnicottian Contribution to Philosophy

Loris Notturmi

Perception in no primary phase of consciousness; it's an ulterior function acquired by a dream which has become symbolic of its external conditions, and therefore relevant to its own destiny. Such relevance and symbolism are indirect and slowly acquired ; their status cannot be understood unless we regard them as forms of imagination happily grown significant. In imagination, not in perception, lies the substance of experience, while science and reason are but its chastened and ultimate form.

(Santayana, G., *Little Essays*, 1920)

Philosophus homo est inter homines.

(Baumgarten, A.G., *Æsthetica*, 1750)

The purpose of psychoanalysis must consist, Donald Winnicott once said, in the study of human nature. Now, if one is wondering about the possible future of psychoanalysis, it may seem quite legitimate to inquire about the future of the study of human nature, asking what it should be. This last question would lead us to the next observation: the very point of such a study is now being missed, for philosophers and anthropologists have deserted it for a long time already. The question whether there exists such a human nature is the conspicuous *blind spot* in many contemporary philosophical debates.

From a philosophical point of view, it may seem that the twentieth century was the time Europe eventually succumbed to vast disillusion in this respect. It all happened as if the sham contraptions in attempting to define human nature in either biological, cultural, political, moral, historical or metaphysical terms were nothing but mere yet unavoidable guises of totalitarian ideology, paid for in blood on some occasions. It also appears that totalitarianism was the bottom-line for any such exclusive definition of the human nature. European men, becoming so disillusioned about their own human nature, should have come forward to acknowledge that any possible definition of human nature would reek of

mythological thinking, if not sheer fantasy: from Marx to Sartre, the acknowledgement of such a stern conclusion, i.e. *there is no such a thing as human nature*, should have been the occasion of experiencing a feeling of emancipation and escape from alienation, with the impact of a significant philosophical breakthrough in the path of mankind marching toward understanding itself, as a painful yet healing awakening in the way it thinks, freeing it at last of this powerful and enduring illusion about itself. In this context, for some thinkers, venturing today to redefine human nature may, therefore, appear like embarking into a nostalgic pilgrimage back to the ancient, derelict and deserted dwellings of yesteryear, which already at the time of Donald W. Winnicott, had lost most of their appeal. For other thinkers, heading back down that well-trodden path in order to find a normative and therefore exclusive definition of human nature may just be another way of nursing their own well concealed appetite for prestige and power, to be translated into hierarchical orders of dignity between men, setting apart the happy few and an obscure mass of meaningless underdogs. Against such a backdrop of failed ideological concoctions, Winnicott and his own study of human nature may, at first sight perhaps, smack of obsolescence.

It is my personal opinion that such seemingly irrelevance in the case of Winnicott is only the other side of too subtle a thought to survive current and hasty vulgarisation. True enough, there is now evidence of a definite revival of interest in Winnicott, comparable in that respect to the unexpected comeback of Whitehead's philosophy, as this one was certainly a most eccentric character amidst the gallery of the idiosyncratic emblems of British philosophy, as he undertook to establish nothing less than a rational cosmology at a time where such enterprises were deemed totally antiquated (Whitehead, 1929/1978). Today, the appetite for Winnicott's theories reaches beyond the confines of psychoanalytical and pedopsychiatric clinic. In this contribution, I would like today to showcase the Winnicottian approach differently so as to highlight an original aspect of its methodology while setting it into the intellectual and ideological perspective to which it rightly belongs, i.e. an overall mood of general disillusion which was characteristic of the Post-WWI era, instead of the more restrictive scope of the ordinary history of

psychoanalysis. Whereas the power and originality of Winnicott's theories are increasingly being recognized today, it is more seldom the case that his intellectual personality and positions are properly articulated to the philosophical problems of his time. I would like therefore to contrast the historical originality of Winnicott's thought by linking it to the last major reflexions of the most prominent philosophical endeavours of this time, Husserl's transcendental phenomenology. This, I hope, will allow me to substantiate more clearly the following claim: Winnicott's theory of maturational processes displays a mode of thought which has not yet been recognized for what it is, i.e. an original and powerful heuristics for philosophy at large.

1. The Loss of the Meaning of Life: from Husserlian Disillusion to Winnicottian Illusion

Two generations separate Winnicott and Husserl, the former being a renowned pedopsychiatrist from a well-to-do Devon background and the latter, a Prussian mathematician with Moravian roots, who rapidly and successfully recast himself as a philosopher. Yet, their respective perspective on the momentous events following WWI was in some way convergent. The aging Husserl, in his philosophical testimony the "Krisis des europäischen Menschentums und die Philosophie" (1935/1992) and the much younger Donald Winnicott in his pioneering paper titled "Normality and Anxiety" (1931/1975) share an epistemological postulate which we could state as follows: it is of utmost importance that sciences, and, in particular, psychology, apprehend life as both endowed with finality and capable of producing meaning. In his moving text, which sometimes sounds like a manifesto, Husserl states that there is indeed a "crisis for European mankind" with the marked divorce between scientific research and man's quest for the meaning of life as its salient feature. Husserl denounces the objectivist attitude of the European scientific community of the time, as it adhered very strictly to positivist dictates inherited from the nineteenth century and its industrial revolution and its materialist naturalisation of the sciences of mind and he stigmatizes the ever-increasing

distance between science and any quest for meaning. Science would be content to simply collect facts and data, thus voiding any need for a further metaphysical grasp of the world. Furthermore, for Husserl, there would be a symptom to be read in the positivist fate of science: it would reflect a very deep crisis inside philosophy itself, inasmuch as it had been the original and primary source of the whole scientific enterprise in Europe. It may be recalled in this context that Max Weber had described this situation as the result of a “loss of magic”, i.e. *die Entzauberung der Welt*, making it the direct consequence of Modernity, climaxing in the horrors of World War I. Overwhelmed by the significance of his own conclusions, Husserl summons science to reflect upon its own work and to come back to its original spiritual and historical inspiration. This plea harks back with nostalgia to an ancient type of experience, which the Greeks called *thaumadzein* and which conveys a sense of awe and bewilderment occurring when one fully apprehends the unfathomable beauty of the world. This is a world reduced to objectified and computable facts, a world with a spiritual sense broken into irreconcilable pieces, where the search for meaning has been superseded by a dispirited mechanical system of empirical phenomena, without neither memory nor *telos*.

The naked reality of bulk data and facts reflects no underlying sense. This is because no such sense lies underneath them as if it were a hidden supply of objective meanings. The spiritual configuration that the order of things in the world should display is what only subjective urgency may bring out. In that sense, Husserl undertakes to denounce the oblivion into which scientific activities have dismissed subjectivity. Enthralled by the ideal of pure objectivity of facts, the science of the *Lebenswelt* (the world of life) went into denial. It has forgotten that it is basically a human enterprise, implemented by a large community of scientists, complete with an history and a variety of traditions, that is to say an “affiliation of sense”¹ (Husserl, 1935/1992). Salvation would come from phenomenology, with the urgent task of recovering the intrinsic unity of sense within experience beyond the customary divide between subject and object, while steering

¹ “Filiation du sens” is a term used by Natalie Depraz to make explicit the Husserlian concept of “teleology”. See Husserl, 1935/1992, p. 118.

clear from the twin pitfalls of one-sided subjectivism and objectivism.

So as to amplify the contrast so to speak, one could wonder here whether Husserl's phenomenology could possibly afford us the means for such a recovery of sense and meaning in the *Lebenswelt*. The major obstacle to be overcome in so doing, it seems, would be the enduring problematic of subjectivity, as phenomenology remains unknowingly shackled to one of the major contradictions of disenchanted modernity, torn between the sense unity to which it aspires and the uncontrollable fragmentation it generates (Hentsch, 2003). The fact is that Husserl remains committed to the fundamental options chosen in the *Cartesianische Meditationen* as he sets out to reboot the historical perspective, as this perspective is adequate for rethinking the living human community in its power to generate meaning. More questionable is inter-subjectivity, as it is envisaged as an eidetic community of monads (Husserl, 1931/1953) in a rather straightforward derivation of the primordial sphere of the *ego* and the *intentional consciousness* (*intentionale Bewusstsein*). How may we hope, one could ask, to recover the unity of common sense underneath the subject-object divide if we posit at its very onset the ontological primacy of the *ego cogito*? This *ego cogito* concentrates in itself, under the form of an absolute individuation, what eventually amounts to a whole universe of all possible experiences. The ensuing fallacy consists in trying to retrieve the otherness that was inaugurally and absolutely dismissed.

In thus framing such a question, we are led to shed a stronger light on the advantages of Winnicott's own position. 1) His theory of maturational processes is the exact opposite of Husserl's *ego cogito*, both in historical terms and as regards the general issue of the unity of the meaning of experience. 2) In heuristic terms, Winnicott's theory of maturational processes offers a better explanation to clinical data, while renewing completely the whole problematic.

Winnicott addresses such issues in an altogether different context and setting, that of the clinic of the ontogenesis of human beings. If we may be allowed to give a very sketchy account of his position, we may say that his study consists primarily in the description of normal and abnormal processes of the empirical dehiscence of the

subjective and the objective, together with their various forms of interrelation within the context of human life. Insofar as we go into the trouble of describing what is happening at the very early stages of human life, the individual singularity of any subject under observation is not what comes first in plain sight. The scope of the clinician's investigation must first of all dwell on the individual-environment set-up, which, in other words, is none other than the *mother-baby relationship*. Such a relationship is characterised at the very early stages of life by a double dependency from which the infant's psyche may evolve (Winnicott, 1952/1975). With this generic and empirical approach, Winnicott lets us come easily to the realization that the philosophical totem of the *ego cogito*, as the matrix of individuation, is but a fiction with very little clinical value and relevance. It may not even be useful as a descriptive and expedient starting point for the clinic as its true function and place are only by-products of the subjective constitution of experiencing external reality (Winnicott, 1968b/1986).

However, according to Winnicott, this subjective and personal constitution is not to be taken for granted. It does not happen with automatic necessity and it may even fail at times inasmuch as it is concretely conditioned by the quality of presence and of *holding* which a baby is entitled to expect from his/her environment, wherefrom life establishes itself as being human at the core and humanising in its shaping power by means of an otherness that is both established and structuring. The "inherited tendency to grow and to achieve maturity" and the dependency of the infant towards his/her environment are two major features of human nature, to be understood here as the elaboration of the living *quia* living. The whole objective from the clinical point of view is to describe under what precise conditions may a human being acquire – and sometime it does not – personal unity and meaningful emotional life, as well as a sense of continuity in existence as a person and a feeling that life is worth living inasmuch as it is significant. In this perspective, the elaboration and appropriation of a personal emotional life are not a pursuit confined to the sole territory of an individual consciousness but they are rather a joint venture into which many agents may take part.

Winnicott's clinic shed a new light on the age-old philosophical question of the

unity of sense beyond the obsolete formulations of the subject-object relationships. The Husserlian objective of finding the unity of sense in experience underneath the subject-object divide rests upon the assumption that *sense exists*. For Winnicott, it just might be that there is no such sense to be found in such a native form. This is evidenced in psychopathology where there are so many instances in which such sense is conspicuously missing. In that sense, “the abnormal points to the normal” (Winnicott, 1988).

From the point of view of the theory of maturational processes, sense may not be treated as a reality in itself, but rather as a progressive acquisition, leaving room for defects, hiccups and breakdowns. Only in a progressive co-emergence of a world that is both subjectively conceived and objectively perceived and only in the intertwining interrelationships of these two dimensions, may we speak of the sense of experience as emerging and acquiring compactness, while accepting the fact that these emergence and compactness may simply not happen. There is no such thing as a unitary sense “residing” underneath the subject-object divide. It is dependent upon the manner in which their co-emergence may take place in time and mobilise this individual-environment set-up, in a life-expanding manner.

2. Illusion as an Original Epistemological Operator

In Winnicott’s view, the subjective unitary sense of experience has certainly not lain there to be discovered within the contact one may have with things. It lies in the very illusion of contact. This illusion is the appropriate epistemological operator for describing the modality in which *fantasy*, which reportedly works by *magic*, relates with what the environment has to offer. This illusion, which is irreducible to any kind of perception of form of intentionality, does suppose a two-way adaptation, i.e. adaptation to *fantasy* to fit what is really set forth by the environment and adaptation of the environment itself to the needs of the immature baby. If the adaptation works out in sufficiently good a manner, these two levels overlap and everything falls into place as if the little baby experienced the magical conjuration of something, which, for an external onlooker, had always been there.

This makes it possible for the clinician to describe the ability of conjuring up the presence of what was in fact always available (Winnicott, 1945/1975).

Illusion is therefore, for Winnicott, the very first kind of relationship with reality established by the infant and this conception allows us to accept the paradoxical feature of the generation of sense in subjective experience. Indeed, the very first significant experience for the human being in his/her lifetime, the one through which he/she will be enabled to negotiate smoothly with external reality and thus become a person, is actually an experience lived together with the help of other agents. In other words, the objective relationship to external reality calls for a kind of subjective communion, at least at the onset of one's lease of time on earth. In the ensuing phases of the developing dependency, the magic aura assigned to the creative illusion is meant to dissolve through a progressive de-adaptation of the environment, going through critical phases to result in building up the fundamentals of mental and emotional health.

Through its description of the generation of sense in experience as a process which mobilises both temporality and finality, the theory of maturational processes features a teleological journey for the description of sense as it emerges in subjective experience, that starts in the very young baby's illusion of omnipotence, morphs into a process of growing disenchantment – wherein environment always plays a crucial role – and culminates ultimately in the intermediate areas of cultural experience in the adult life (religion, art, poetry, philosophy and even scientific research) which allow for a subjective feeling of creating and/or discovering meanings that may be shared (Winnicott, 1953/2005). In order to describe clinically the unity of sense in experience, which is the fundamental basis of health making life worth living, Winnicott requires that the relational, paradoxical and teleological dimensions of the production of meaning and sense in experience be fully recognized (Winnicott, 1970/1986). The basis for mental and emotional health does not lie in either the subjective or the objective, but it is to be conceived as the result of their mutually enriching and overlapping relationships as well as in their reciprocal limitations. The value of the subjective may be experienced only in its relationship with the objective, and vice-versa, the objective may prove meaningful only in a subjective apprehension.

The descriptive usefulness and relevance of these concepts of illusion and disillusion go beyond the surface, inasmuch as they let us understand some types of psychopathologies where early disillusion failed to allow for the proper appropriation of the experience of illusion, or, as the case may be, for the total cancellation of illusion, characterised by a subjective world that may be respectively either too poor or too compact, as may be evidenced by some cases of psychosis or of false self personality. While it is one of the prerequisite for a sound existence, this reciprocal subjective-objective relationship when undergoing *splitting* phenomena is at the core of pathology. The subjective all by itself is *alarming* and *magic*, while the objective may just be there as it remains *disclaimed*. The psychopathology of psychoses and of false self provides evidence to show that it is precisely the lack of true relation, which is “almost the whole thing” (1945/1975).

3. Philosophy from the Point of View of the Theory of Maturation Processes

By shifting the focus from the question of the sense in experience to that of the affective and psychological processes through which personal life blossoms, the clinical foundation of Winnicott’s thought provides a powerful set of heuristic patterns which may help devise a philosophy that takes fully into account human nature in a process-based perspective. When it comes to reassessing Husserl’s phenomenological ambitions, Winnicott may help us to account for situations where the question of sense in experience is severely compromised and to reconsider in a critical way the dead end to which any reasoning solely resting on the classical concept of *cogito* may lead when trying to tackle these issues of sense in experience.

In a more general way, Winnicott reminds us that, after all, philosophy is basically the work of men, which means that it reflects human nature at work. Such “human nature” lies neither in the subject nor does it in the object but it is to be found in the various relationships they may entertain in time. Winnicott’s conception of philosophy may appear something of an oddity. As an intermediate area of experience, it is envisaged as a

transitional form of contact between subjective and objective realities and as an intellectual activity, it echoes tasks and challenges to which every human being is faced right from the start of his/her life. Will the world cease to exist as soon as I close my eyes? If a tree falls in a forest and there is nobody to witness it, can we say it made some noise falling? If the world were to come to pass, what would become of me? Fundamental problems in philosophy are very much akin to the questions troubling little Alice in Lewis Carroll's wonderland. They express various phases in the emotional development of the human being, with traces of human nature to be understood in this context as the temporally unfolding constitution of the entwined subjective and objective worlds (Winnicott, 1988).

Insofar as this actualisation of human nature may simply fail, this definition of philosophy may amount to a description of its potential for playing an integrative role in matters of health or for building a defensive line against disease. Philosophical activity, in this perspective, actually depends upon the environment, which makes it possible and desirable. If philosophical spontaneity – i.e. curiosity, the power to marvel at the world and the quest for meaning and sense in life – may be viewed as the proof that such thought is really alive, it could also happen that it is in fact a mark of empty thoughtlessness – *absence de pensée vivante* – which very often takes on the guise of thought raised to the utmost level of purity. This may help understand more precisely what Husserl meant when he expressed the *crisis* in making sense of the world as the symptom of a “diseased mankind” inasmuch as it is haunted by the exclusive concern for objectivity. Our task is to reevaluate the transcendental in terms of its empirical conditions of possibility. It is to repatriate philosophy into the teleology of emerging sense (for which it may bear testimony, which could be either negative or positive). It is to frame philosophical issues in the context of the maturation through which the subjective and the objective acquire their essence by dissociation one from the other, and through which illusion and disillusion merge and diverge along constantly moving lines. Siding dogmatically with any one of these antagonists may bring back the ghosts of *Schwärmerei*, of eerily pure logic or scriptures – wherefrom may stem psychosis and *false self*. In this endeavour, Winnicott's

study of human nature may prove of great help. In particular, his theory of maturational processes may be fruitfully apprehended as the adequate schema for understanding emotional and intellectual life and for envisaging a sound taxonomy of pathologies as well as the adequate methodology to offer therapeutic help. Beyond the clinic, the theory of maturational processes may offer the prospects of an anthropoteological perspective, which is now our work to design and expound.

Translation by Frank Pierobon

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The Modernity of Winnicott

Laura Dethiville

That our world is undergoing a major upheaval is a platitude. Here are just a few examples: new forms of parenting, new assisted reproduction techniques, surrogate mothers, representing a total renewal of what Levi-Strauss called structures of kinship.

If Freud were alive today, would he write the same theory?

Would he assign the same central and structuring place to the Oedipus complex? Probably not. Besides, which Oedipus would we refer to in single-parent families or stepfamilies, not to mention, alas, the ever growing number of barbaric, incestuous or abusive families.

What I would like to discuss is the way the new communication techniques, which have evolved at a breathtaking speed, are impacting relationships with others.

I would argue that these new technological tools are altering man and his relationships with others, who will become more and more virtual. If man is first and foremost a relationship-based being, we cannot pretend that he will always follow the same dynamics and processes and that only different technical means will change his appearance.

A deep change is in progress, altering current structures, which makes us wonder whether we can still use Freud's vocabulary and concepts.

Cyberspace has redefined society and the structure of relationships. Today's young people, who will be tomorrow's adults, are modeling their own identity within a space which 15 years ago did not even exist.

Already in 1971, Winnicott stated: "*I am asking for a kind of revolution in our work, let us reexamine what we do*".¹

It seems to me that we must follow this path urgently if we want psychoanalysis to survive.

¹ Winnicott's own notes for the Vienna Congress of 1971, quoted by Jan Abram (2013).

Not long ago, an analyst working in Rome, told me about an interview she had conducted with a teenager (let's call him Cyril) and his parents.

At the high school which Cyril attends, there is a rule that during exams all mobile phones should be left in a large basket and collected when leaving. In itself, this is a very wise precaution.

That day, Cyril was so busy discussing the content of the exam with one of his friends that he forgot to collect his mobile phone. His friends noticed that, grabbed the phone and as a joke sent his whole list of contacts a coming-out message on his alleged homosexuality.

This message was evidently received by his entire family and it is easy to imagine the reaction of his Italian-born grandparents, his acquaintances and friends, especially the girl with whom he was in love with and had been courting for sometime.

The effect was explosive!!

After considerable turmoil, the culprits admitted their fault and a text message was sent to the entire list of contacts. Public apologies were also made to the whole class.

Yet, the damage was already done. Cyril refused to return to this high-school, lost contact with his former environment and his girlfriend. He will evidently find another school and forge new relationships, but what will be the long-term impact of this betrayal, which may be categorised as trauma?

This was a clearly a joke in poor taste and it may be said that such jokes have always existed, but the difference lies in the scale which it assumed in this particular case or other such cases. A button is pressed and the bad joke is disseminated to a whole series of numbers.

It is as though there were no human beings behind these phone numbers, human beings who can be offended (the grandparents of this teenager, for instance). None of the authors of this bad joke would have told them this story face to face, if only out of respect for the elderly. Above all in Europe, we know where this can lead, once a human being becomes a mere number. He may then be treated as a simple object. The language of the Third Reich used the term *Stücke* to describe prisoners, meaning pieces, bits, while the

industrial sector in France currently terms employees “resources”. They can thus be disposed of mercilessly.

We are witnessing a growing virtualisation of relationships and the other.

This virtualisation of the other is quite convenient. It allows him to be present in a certain way even when he is not. This *in absentio* relationship sometimes becomes even more significant and deeper than the present one.

Indeed, teenagers now reject the relationship with the voice as far as possible. They loathe the telephone part of their mobile phones and feel less exposed when they use text messages, with the impression that they have much more control (of themselves?)

They can send their parents 15 or 20 text messages a day but feel that a phone call is too revealing. With text messages, it is possible to say what one wishes and to conceal the rest. This is also a way of ensuring more control of time and emotions.

In the case of dating websites, sometimes after weeks of *in absentio* conversations, the first encounter can be seriously disappointing. The virtual relationship cannot withstand the reality of the other’s presence, or rather what was of interest was this *in absentio* relationship which avoided any confrontation with the reality of the other, i.e. alterity.

Colwyn Trevarthen claims that the ability of a baby to establish very early relationships is determined before birth through the existence of a kind of anticipation of the other’s existence and that the entire talent of the mother lies in filling this space, this motherly hollow. In my view, this is what Bion calls “an innate preconception” or what Winnicott calls “idea”, when he says the baby has the idea of a breast.

In *Therapeutic Consultations in Child Psychiatry*, Winnicott mentions how surprised he was when asking a child he saw for the first time “Did you dream last night?” and most of the time received the reply “Yes, I dreamed of you”. In this way, for a short and elusive moment, he was tied to an “anticipation” of the child who had been prepared by his parents to “see the doctor” (1971, p. 4).

This is what he calls playing the subjective object.

“What I now feel is that in this role of the subjective object, which rarely outlasts the first or first few interviews, the doctor has a great opportunity for being in touch with the child” (Winnicott, 1971, p. 4).

What does he mean by subjective object, a word which he uses again in “Communicating and not communicating leading to a study of certain opposites”, this subjective object with which communication can be implicit?

We cannot understand what this is about if we overlook what the notion of “illusion” means for Winnicott.

For the period during which there is no difference between the individual and its environment, *oneness*, the child is held physically and psychologically by an environment of which he is not aware, because it is taken for granted. Such an environment will enable the child to experience omnipotence. Indeed, by adapting as closely as possible to the baby’s expectations, the environment – the mother-environment (we are talking here about concepts and not about material entities) – will provide him with what is essential, roughly at the right time and in the right place. In this way, the child feels as if he has just created what he has in fact just found. The object is thus created and found in the same movement. Therefore, the child will have the illusion that a world exists that matches his capacity to create.

Since, as François Roustang (1994) says, the world comes to us as much as we come to the world.

At that point, it is essential for the child to believe that he is the *creator of his world*, a world which he will build with *subjective objects*, which he feels that he controls. Winnicott uses this fine sentence when addressing the baby “Come at the world creatively [...]; it is only what you create that has meaning for you” (Winnicott, 1968/1987, p. 101). When citing the baby’s omnipotence, this is not a *feeling* of being all powerful, what he wishes to describe is an *experienced omnipotence*. In any event, he insists on the fact that this period of *illusion* is essential. He does not confuse hallucination with illusion. In a hallucination, there is almost no difference between the hallucination of the object and the reduction in tension. In illusion, on the contrary, there is a necessary intermediate

space, because the object must be there, waiting to be found. However, it can only be found through this intermediate space, this creative area.

This is one of Winnicott's paradoxes.

This first way of apprehending the world will recur throughout our lives. This will be our singular way of being in the world, of colouring the world, and this is what the expression "found-created" means. On the basis of a successfully experienced omnipotence, the necessary and progressive transition from illusion to disillusionment will happen in a non-disintegrating way. The illusion of adaptation is essential before disillusionment occurs. But the experience of disillusionment is just as fundamental as that of illusion. Provided that it is successful, this adaptation process will anchor the child in an ongoing feeling of being, for which Winnicott uses the expression "going on being".

And the incessant transition from illusion to disillusion will be ceaselessly at work in establishing and maintaining the transitional space.

"From waking to sleeping", says Winnicott, "the child jumps from a perceived world to a self-created world. In between there is a need for all kinds of transitional phenomena – neutral territory" (Winnicott, 1950/2012, p. 186).

It is within this process that the construction occurs of what Winnicott calls the transitional space, the intermediate space, the potential space, the in-between space, which is he was the first to theorise.

This moment in evolution is usually marked by the initial use of what is commonly referred to as "transitional object". However, the immediate association with an object (doudou) has weakened this very notion.

This is nevertheless only the "tip of the iceberg" of a highly delicate and complex process, which corresponds for the child to the moment he splits from his mother and the construction of this "intermediate space", a "space for compromise", the sole purpose of which is to exist as a place of rest for the individual engaged in this never-ending human task, which consists of keeping both separate and together, inner and outer realities.

This intermediate space of experience, which is not questioned regarding its belonging to the internal or external reality, constitutes the major part of a baby's experience.

It is thus a space, a place and also a process which will unfold, will take some time, time and space depicting a specific and singular topography.

This is not a space for illusion, nor is it an imaginary one. It may be the place of our greatest truth, the place of contact closest to our "deep reality", the place where we live.

The relationship between a human being and reality would only exist in the "found-created".

What Winnicott means, and which is overlooked most of the time by psychoanalysis, is that it is essential to take into account of the reality of a space where one can develop this creative "apperception" of the world, a sort of buffer zone we might say between reality and fantasy.

Indeed, he tries to determine the process via which we construct our ability to experience the world in a creative way, a process which lies somewhere between an adherence to reality which is excessively close and the elation of living in a purely imaginary or internal world.

He thus devises a theory of the progressive autonomy of human beings, implying the creation of the transitional space, this potential space, the third space, which, for our entire lives, will be the location where we will be closest to ourselves.

We frequently hear that mobile phones are referred to as "transitional objects". Enter "mobile phone as a transitional object" as a web search and you will generate at least 40 occurrences or quotes.

This is nevertheless a complete "misunderstanding". Mobile phones could even be termed anti-transitional objects.

They are instead fetish objects, which Winnicott had already located in the pathology of the transitional object.

What do I mean by this?

We have just seen the nature of the transitional object and the construction of the transitional space. Unlike the transitional object, the mobile phone does not allow for any detachment but binds us even further, except when switched off and things often become even more complicated, as we will have to provide explanations about this withdrawal, this time off.

In theory, we are always connected, always reachable. Parents know this well, since they are the ones who, according to statistics, give the first mobile phone as a present. They are the ones who try to keep contact as their child lives in a world from which they are absent. In the United States, a new expression has spread: “helicopter parents”, who constantly hover over the lives of their children.

I have in mind a young woman over-involved in her daughter’s school life. She is evidently the one living this school education, spending hours each evening doing her daughter’s homework with her (often through epic tantrums).

Her daughter sends her text messages during class to keep her posted about what’s going on: “Teacher said, I had such and such grade, etc.”

In this way, the mother is at school with her, attending classes, and at no time is her child in direct contact with her own involvement in her education. This is a perverse use of a communication tool which we can no longer do without.

But how frequently it is used! In the same way, children continuously glued to their telephones know their parents are never really far away. A text message or a call, and they can be contacted, thereby erasing separation, the significance of which is thus altered.

The introjection of the other is not even necessary anymore since the other is somehow always reachable.

Since what is a mobile phone for? Partly, we could say, for receiving and emitting signals.

According to statistics, in 96% of the cases, the first sentence is: Where are you now?

This means not “I’m asking where you are located” but “Where are you in relation to me?”

At what geographical and above all psychological distance, are you?

What is this space where you are, this other space where I am not?

Can our two locations, which are spaces for play, join together?

Contact needs to be immediate, either by a call or by text message.

Yet, in the end, if the only relationship with the world takes place through the “found-created”, such an immediacy doesn’t help in any way as regards designing.

Here the object has been found even before it has been created.

Remember how important it is for Winnicott that the mother should allow a small gap in time for the child to feel active in carrying out what is essential.

This is also the point about the “good-enough” mother.

With this immediacy, the risk is precisely that it will be the transitional space which can no longer be created, established or later broken into.

Immediacy alters our relationship with time, with expectation, with the possibility of representing oneself, of imagining the other, of creating and finding it in the same time, since progressive separation from the object is essential for the birth of subjectivity.

This is currently true for all communications media and within social networks with the perpetual staging that it requires and most of all, the virtualisation of the other.

Winnicott has shown us how, from the very beginning, the important thing for the baby is to receive responses from its environment and we know from experience that certain emotional or relational deficits can be devitalising.

We can then understand more easily how eager some are to check their messages or voicemail boxes.

The question is: “Has anyone called?” which means “Was I present for someone during the time I was busy elsewhere?”

It does not have to be from someone close. What is important is to have been present in someone’s mind.

We are perfectly aware of the devastating consequences of “dropping” by a depressed mother, who no longer has her child in mind and the addiction to mobile

phones is a sort of configuration of the return to this experience, since this mobile phone is also a way of soothing our anguish of abandonment and loneliness.

Advertisements for mobile phones remind us “*You will never be alone again*”. This is a two-sided sentence: never alone and never again.

“*You will never be alone again*” = *again*, means this has already occurred, that we have already experienced this primitive agony, this “fear of breakdown” which Winnicott discusses. It is a psychological disaster which has already been lived, experienced but which could not be integrated, since it happened at a very early point, before there was a Subject.

It is this fear that some of our patients describe to us.

Roughly speaking, we are talking about the failure to organise defences, against something unthinkable that happened during a time with no memory.

Something occurred, the experience and feeling of which have remained, at with a failure of integration.

This is not something “non-experienced” but something experienced which demands acknowledgement for the very first time. It is here that Winnicott’s expression has its true meaning. He talks about a “*not yet experienced trauma*”, a trauma that has not yet had the chance to be integrated, to gain any meaning.

“*Ego integration is not able to encompass something. The Ego is too immature to gather all the phenomena into the area of personal omnipotence*” (Winnicott, 1963/1994, pp. 90-91).

“The only way to “remember” in this case is for the patient *to experience this past thing for the first time in the present that is to say, in the transference. This past and future thing then becomes a matter of the here and now, and becomes experienced by the patient for the first time*” (Winnicott, 1963/1994, p. 92).

As Bion would have it, this is by virtue of the analyst’s “thinking machine” that will allow an understanding, a metabolising and putting into words which symbolise.

In this way, something has already occurred, but has not yet found a place for integration, because the Subject was not present.

The threat of this unthinkable state of chaos is nevertheless still crouching, having left a trace, but no usable memory.

By giving us the opportunity to hold on to someone, a mobile phone turns our fear of breakdown into the fear of abandonment, which makes it far more bearable.

This is an immediate benefit.

Anxiety can be felt, shared, put into words, enacted; nothing can be done with the fear of breaking down until it has been recognised, verbalised or even re-experienced during therapy, as the fear of something that has already occurred and which the patient has survived.

This is a fantasy which conceals a memory. Only by restoring these two aspects can it be overcome.

This is an enormous immediate benefit, but one which must be repeated over and over again, since as Winnicott puts it “**alas, there is no end unless the bottom of the trough has been reached, unless the thing feared has been experienced**” (Winnicott, 1963/1994, p. 92).

This is a way of considering a certain type of mobile phone addiction, a way of avoiding the inner void, of existing in what we believe to be a relationship.

But by excessively denying absence, will presence still be valuable?

After her lover broke up with her, a young girl kept sending him text messages in which she would tell him how much she loved him but also pleading him not to answer her. Above all, however, she assigned to him the place of the dead, a dead person who can be spoken to but who will never reply.

At first sight, we might consider that she continued to occupy a place in the other's space.

It was nevertheless something else. Two years previously, this young girl had lost a dearly loved older brother. In the face of her parents' pain, however, she could not allow her own grief. She was considered strong and brave (and perhaps also insensitive).

The love for this young man (her very first love) came into her life in a repairing way soon after her brother's death. The current separation was a way for her to live her mourning in a displaced and staggered way. She could express her grief through text messages to someone she urged not to answer, to be dead.

She ascribed to this fickle lover the place of the dead, who can be talked to but who evidently will never answer back.

This virtualisation is necessary for this double mourning to take place. Any answer would be felt as the intrusion of a shattering reality, which would also reveal what their love encounter had been, the love at first sight, the perfect match and a place that was ready.

This situation continued for a few months and then she stopped writing and was able to experience another love, having lifted this first burden from her shoulders.

What would she have done before mobile phones existed? Long letters, never sent, since there is something physical in paper and ink that would have halted the process. A letter is meant to be sent and delivered. Delivery is a pledge that the other has held it in his hands, even if he has not actually read it.

Many fictions are about letters which reach their recipients several years later. But here again, one must still be able to write, that is to secondarise.

A text message, which is immediate, short and almost instinctual was a much better solution for her, not as actual messenger but more as a path towards the symbolic.

I have chosen the current use of mobile phones as an illustration. I could also have discussed online games and virtual reality, or even the importance that humanoid robots will assume in our lives.

In France, we are already experiencing the interest in these small robots in relationships with autistic children. Within little more than a decade, they will be used to care for the elderly.

The issue is not the criticism of technological progress which will be very useful but that we know/imagine that we are about to witness the birth of relationships which will be different from those of the era when psychoanalysis was invented and that we will

need to use different tools to think. Curiously, Winnicott has already provided us with a number of these.

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Psychoanalysis and the 21st Century

Carlos Plastino

Although Freud completed “The Interpretation of Dreams” in 1889, he decided to date it 1900. He explained his choice by saying he believed his work would leave a deep mark on the new century. The reception of his book, in a sense, the inaugural work of psychoanalysis, was at first very limited,¹ but his prediction proved right in the medium term.² In a few decades, the fundamental affirmation in what would become Freud’s³ most famous work deeply permeated Western cultural life, strongly influencing literature, the arts and the understanding of the general public. This rapid acceptance is quite surprising as the imaginary of the time was still dominated by Cartesian dualistic thinking, in which the body is likened to a machine with no qualities and the psyche is reduced to consciousness. For this reason the sudden acceptance of both the concept of the unconscious as the genuine psyche and of its specific mode of operation, which Freud called primary process, is truly surprising, especially in the context of the imaginary of that time. The ideas have consequences until today, even within orthodox psychoanalysis.⁴ This process, discovered by Freud in his experience with the interpretation of dreams – his own and those of his patients – was astonishingly unique because it worked through the elaboration of images and emotions, and the production of meaning, although logical reason and conscious discourse have nothing to do with this process.

¹ In the first 6 years after its publication, the book sold only 351 copies. Cfr Strachey, James. “Bibliographic-historical note” “The Interpretation of Dreams”, first part, Freud, 1900a/1979, p. 13.

² A second edition of this work had to be published nine years after the first one, whereas the third edition (1911) was necessary only one year after the second one, cfr. Freud, 1900a/1979, p. 21

³ It is also the book Freud considered his most important. “We are only lucky enough to have an insight like this – Freud wrote in 1931 – once in a lifetime” (my translation from Portuguese). Cf. “Third introduction to the English edition of the Interpretation of Dreams”, Freud, 1900a/1979, p. 27.

⁴ Referring to activities of the unconscious, Freud proposed as alternatives two ways of considering these psychic activities, which, in his opinion, could be thought of either as unconscious processes or as unconscious agency. Later on in his work – in the 1914 article “The unconscious,” Freud was forced to differentiate agency from process, recognizing the existence of psychic activities that, being truly unconscious, had a dynamic dominated by the secondary process.

It is true that the revolutionary consequences of these discoveries, which had a major impact on the Cartesian imaginary, were attenuated by Freud's choices for considering them theoretically, which were dominated by dualistic assumptions. An example of the latter is the representation Freud initially imagined for the new concept of psyche,⁵ which gave chronological priority to consciousness. The unconscious agency, supposedly nonexistent in early life, would come to be through the action of consciousness, which would repress any representations carrying any intolerable emotions-affects. Thus, in this first metapsychological construction,⁶ the unconscious would originate from the conscious, which is obviously incompatible with considering the unconscious psyche as a genuine psyche. The influence of diffuse Cartesian dualism that still dominated modern hegemonic thought seems obvious here. None of this, however, prevented Freud from saying that the primary process – the unconscious process – was also the first one, as it was the first – and for some time the only – form of psyche in the history of human kind and of each individual. This is also the case of every psychic act, since all conscious acts are preceded and prepared by an unconscious act, while unconscious acts are less often followed by conscious ones. Moreover, Freud compared the unconscious with the ocean and the conscious with an island, claiming that the ocean sustains the island, not the other way round. Much later in his work, when formulating his second topic on the psychic apparatus, Freud (1923b/1986) would

⁵ The term psychic apparatus, chosen by Freud to name the psyche, alludes explicitly to a modern materialistic view, with all the limits this view placed on understanding “psychic reality”, which Freud states in Chapter VII of the *Interpretation of dreams* is different from material reality despite being “as real as this latter” (Freud, 1900a/1979, second part, vol. 5, chap. VII). The narrow limits of these concepts in dealing theoretically with emotional and psychic processes illustrate the negative impact the theoretical tools Freud used had on his great discovery.

⁶ Metapsychology was the term Freud created to designate theoretical constructions that, not directly stemming from experience, would work as “the ceiling” of psychoanalysis. This “ceiling”, Freud explained in his correspondence with Fliess, would have become necessary upon realizing it is impossible to deduce psychic processes from a material base, as Freud had tried to do in his failed “Project for a scientific psychology” (“the psychology for neurologists”). Cf. Plastino, 1993. Freud always insisted that a metapsychology was a provisional superstructure, based on clinical experience and modifiable every time the latter would point to insufficiencies or mistakes in the metapsychological elaboration. Unfortunately, this repeated warning from Freud was not valued by many of his followers, who transformed metapsychology into a straitjacket that blocked the theoretical development of psychoanalysis.

postulate the existence of an original unconscious agency, deeply rooted in the body. Nonetheless, this instance, which, inspired by Groddeck (1984), Freud would name the “Id”, eventually assumed in his work a strongly biological feature, most likely because he considered the body – the “natural aspect of man” – as “only” the seat of drives. This matter expresses in a particularly forceful way how difficult it was for Freud to think unconscious affects. On the one hand, he denies the latter exist because he follows a dualistic criteria; on the other hand, he is bound to recognize their existence based on his clinical experience.⁷ The very rich unconscious processes he alludes to and studies in different stages of his work are not, at this point of his theorization, considered in any significant fashion. This kind of *domestication* that the theoretical tools used by Freud imposed upon the concept of the unconscious can be analyzed in several important developments of his theory. This is clearly contradictory with other theoretical contents, such as the dynamism of what Freud calls free-floating attention, in which the analyst abandons “*own unconscious mental activity*”, and avoids, as far as possible, reflecting and forming conscious expectations, not intending to register in his memory anything in particular of what he hears. Thus – Freud adds – “*he would capture patients unconscious by means of his own unconscious*” (1923a/1976, p. 235).

In summary, a careful reading of Freud’s work shows that the metapsychological elaboration severely limits the theoretical development of great discoveries Freud made within his clinical experience. This is so because assumptions underpinning Freudian metapsychology, smuggled into the theory hidden behind “loans” Freud declared he had taken from “similar sciences” (Freud, 1915c/1978), by then naturalized even by Freud himself, seriously curtailed his understanding of the scope of his own discoveries. The fact that a great discoverer did not fully realize how far-reaching his own findings were is not

⁷ In the context of the second drive theory, affirming, as Freud does, that in the Id there are only drives is not mean an exclusion of emotions. The “elementary drives” of the second theory have qualities (love and destruction). However, even having proclaimed the “primacy of affectivity”, Freud never studied in depth the metapsychological consequences of this transformation in the conception of affects. Nevertheless, his work contains useful indications in this sense, such as the admission of guilt as an unconscious feeling. Cf. Freud, 1915e/1978, chap. III, p. 174.

unknown in history. Cornelius Castoriadis (1982) points out that this was also the case of other great discoverers, such as Einstein.

Assumed and naturalized by Freud, the fundamental assumptions of the modern imaginary were organized around *dualistic conceptions*. The dualism that is the matrix for this imaginary elaboration that organizes the modern paradigm is the scission that is supposed to exist between man and nature. This belief is an assumption, not the outcome of a knowledge process. It assumed two poles; that of nature, allegedly deprived of qualities, is seen as the lower one. Stressing the extension and movement in it, modern dualism equates nature to a machine whose dynamism is limited to efficient causal relations. Man is also considered from this dualistic perspective; and since the body is part of nature, it is considered destitute of qualities as well and bound to be dominated by the cogito, the dominant pole. This dual scission guided the general organization of civilization, and is largely responsible for its crisis. It also accounts for the main impasses **in Freud's theoretical construction, and that of his orthodox followers. Indeed, by taking** the assumptions of modern imaginary as the basis upon which to build his metapsychology, Freud smuggled into it concepts that were in open conflict with his own clinical findings. The aforementioned example, concerning the relationship between conscious and unconscious, is a clear illustration of this contradiction. Although it is important, it is far from being unique. Once adopted as assumptions of metapsychology, **the assumptions of the modern imaginary domesticated Freud's clinical discoveries,** making these more palatable to the still prevailing modern imaginary. Let us go back to the example of the unconscious: its content was circumscribed to the repressed, and, after Freud, its dynamism was thought of as a structure organized according to the logic of language – thus belittling the important discovery of the primary process.

It is true that throughout his vast theoretical work, Freud gradually drifted away from some of his initial limitations, a movement that should certainly be valued. Hence, in his work on **"The Unconscious"** (1915e/1978), Freud concluded that not all of the

unconscious was repressed,⁸ confirming this and other conclusions in the formulation of his second topic in 1923. While he had a few brilliant intuitions – such as those that allowed him to formulate the concept of “free-floating attention” and of “primary identification” – Freud did not make much progress in understanding the unrepressed unconscious and its profound importance to emotional life. The influence of idealistic assumptions is also apparent in the difficulty Freud had in elaborating other key concepts of his work, such as *affects*, which at first were considered only as processes for the release of forces, as well as what he termed *the pleasure principle*, which had an unequivocal physicalist inspiration. In the case of affects, his clinical lucidness led him to accept the existence of unconscious affects, explicitly mentioning the unconscious sense of guilt. With regard to the pleasure principle, Freud (1924c/1989) recognized in 1924 the need to postulate a qualitative dimension for it, concluding that this could only be the work of Eros. Otherwise, he says, the pleasure principle would have to be considered as subjected to the death drive. While Freud’s aforementioned theoretical movements to break free from boundaries imposed by modern dualistic imaginary ought to be valued, the insufficiency of these movements should also be recognized, and it must be stressed that neither Freud nor orthodox psychoanalysis overcame the dualistic logic that organizes his metapsychological theory. As a result, changes Freud introduced in the notion of the pleasure principle or in his concept of affects are valuable findings in the clinical domain and of theorization that is a “*direct expression of experience*” (Freud, 1925j/1989, p. 31). These changes do not affect the metapsychological conception, built “*through hypotheses that are able to master the material and that relate to matters that are not susceptible of direct observation*” (Freud, 1925j/1989, p. 31).

Metapsychological elaboration “domesticated” discoveries of clinical experience, smoothing the roughest edges they had from the still prevailing modern imaginary perspective, obviously making it easier for Freudian ideas to permeate Western culture. The “scandal” caused by the discovery of child sexuality and the role of sexuality in the

⁸ Thus changing his view from what he wrote in chapter VII of “The interpretation of dreams” (see note 4 above)

etiology of neurosis, which was swiftly overcome, did not affect the fundamental dualistic concept embraced by metapsychology. What overtly challenges the dualistic concept of the still prevailing modern imaginary are the findings that question its fundamental assumptions, i.e. its ontological, epistemological and anthropological conceptions, which were largely silenced or minimized (domesticated) by the conservatism of metapsychological elaboration (Castoriadis, 1982, p. 347). In summary: Throughout his work, Freud sustained the precedence of clinical experience in the epistemology of psychoanalysis and unambiguously stated the provisional and superstructural character of metapsychological development. Nonetheless, Freudian adherence to the fundamental assumptions of modern paradigms everely curtailed theoretical progress in the elaboration of his great discoveries. As to the crucial issue of the role of affects, the weight of the dualistic concept did not allow him to go much beyond stating their primacy and formulating the second theory of anxiety. Upon losing confidence in human reason⁹ and recognizing the crucial role of emotions, Freud considers the latter from within the essentialist and deterministic concept of modernity.¹⁰ Meanwhile, although he is the contemporary of revolutionary discoveries in physics, his vision of external reality and the relationship of human creativity with this reality and how it is known was not affected by these findings. The critique of representational theory of language also did not affect his general concepts. In the few texts he explicitly devoted to epistemology,¹¹ he presented already largely outdated theoretical positions. Indeed, by embracing the machine-body/psyche dualism, Freud is forced to postulate the necessary mediation of representation for apprehending external reality. He thus ignored both the ability of affects and images to be sources of meaning and the consequences of the existence of direct and immediate communication between unconscious, discovered by Freud

⁹ Let us remember that, like all his generation, Freud was bitterly disappointed by the role reason played in arms production and in processes that led to the carnage of WW1.

¹⁰ Freud defines the “elementary drives” that organize the second drive theory – Eros and Death – as “unconquerable nature of our own mental constitution”. Cf. Freud, 1930a/1986.

¹¹ I am referring here to “The Future of an Illusion” (Freud, 1927c/1986), and “The Question of a *Weltanschauung*”, in “*New Introductory Lectures on Psycho-Analysis*” (Freud, 1933a/1986).

himself (1915e/1978, p. 191). This belief, which is tributary to modern dualism and requires the mediation of representation to deal with meaningful phenomena, underpinned the development of orthodox psychoanalysis after Freud. This trend considers the analytic relationship as a triangle, thus ignoring what is the fundamental aspect of clinical psychoanalytic practice since Freud, namely building between two people a relationship laden with affections and intuitions (Bonaminio, 2010). The contemporary demolition of dualisms, including machine-body/psyche, paves the way for the analytic relationship – **essentially a relationship “between two people”** – to be recognized as one of the characteristics that strongly influences psychoanalysis in the 21st century.

One exception to the paradoxical Freudian epistemological conservatism is a statement from his last unfinished, ambitious text (Freud, 1940a/1986). In it, finally **abandoning the “background hypothesis” which subordinated psychic facts to never found material bases**, Freud states he sees knowledge as a construction, and that constructions elaborated by psychoanalysis – which in this text he calls psychology – are no lesser than those elaborated by physics or chemistry on their specific objects. Thus, while, on the one hand, the founder of psychoanalysis made the extent of his genius clear through his great discoveries and his ability to theorize on them using wholly inadequate tools, on the other hand he remained a prisoner of the prevailing beliefs of the nineteenth century. This complex situation was well defined by Nise da Silveira, who said that Freud opened the doors of the twentieth century but never crossed the threshold.

1. Psychoanalysis and the 21st century

To consider the changes that the challenges of the twenty-first century impose on psychoanalysis requires considering important societal transformations and their impact on the constitution of subjectivity. In this paper I highlight the following factors: 1) the evidence of a global crisis of modern civilization and of the imaginary that underpinned its construction, which includes a progressive decline of patriarchal imaginary; 2) the

radicalization, over the past four decades, of the hegemony of individualistic imaginary, with the consequent weakening of solidarity as a basic social value – “**naturalization**” of public policies that prey on basic interests of the poorest population – and progressivedismantling of the so-called “**welfare state**”.

We need to stress the extent, complexity and severity of the contemporary crisis, which has become increasingly clear with every passing year as a distinctive feature of our time, the backdrop to everything else. No aspect of collective life-ecological, economic, social, political, and cultural – can avoid it. This general character and the fact that some processes – such as the degradation of nature – have reached points of no return are why the current crisis cannot be considered only sectorial and/or conjunctural: we are forced to recognize it is a crisis of civilization. The growing awareness of the destructive potential of current social dynamics and the extent to which they threaten not only quality of life but also, in the medium term, the very survival of species, emphasizes the importance and uniqueness of the contemporary crisis.

In his long and profound reflection on paradigm, Boaventura de Sousa Santos concluded that the crisis and replacement of a paradigm – i.e. of the fundamental imaginary concepts, and values formulated upon them and the social relations based on them – occurs when two series of factors converge. The first lies in reality and encompasses all human relations, both intersubjective and those with the external world. When this area reaches impasses or absolute limits due to the prevailing imaginary, the tacit consensus about this imaginary – which had made it dominant – suffers erosion and loses legitimacy. A separate process, this time in the world of knowledge, concurs with the previous one to erode the hegemony of the modern imaginary and allow contemplating its replacement. This process is based on new experiences of knowledge and new knowledge, which challenge the fundamental categories of the imaginary in crisis.¹²

¹²An important example of this is that of the discoveries in relativistic and quantum physics, which shook the hegemony of modern imaginary constructions mistakenly thought to be universally valid. This is the case of the determination principle; discovered in a specific field and from a particular perspective of reality, but which was extended to all that exists due to the imaginary construction that underpins belief in a

2. The imaginary constructions of patriarchy

The core of the imaginary constructions that underpinned the creation of this civilization now in crisis are the fundamental conceptions of the patriarchal model of organization of social life. Driven by the dynamism of conquest and domination, authority, and obedience, enmity and appropriation (Maturana & Verden-Zoler, 2011), modernity behaved as if it did not have to recognize in nature – including our own – any limit to its action. This dynamism obviously generates and multiplies violence in its many forms, from symbolic to physical violence. The alleged scission between humans and nature, from which the dualistic conception stems, expresses this degradation of nature, and, along with it, of all that is natural: intuition, body, and emotions. Considered closer to nature,¹³ **women were also disparaged, and considered part of the “pole” of the dualism** to be dominated.

However, while in orthodox theory patriarchal assumptions and beliefs defined boundaries of theoretical construction, the expansion of clinical experience with patients whose treatments required dealing with primitive aspects, pertaining to narcissistic constitution processes, demonstrated how irrelevant those assumptions were. Initially developed by second-generation psychoanalysts,¹⁴ especially Winnicott and the independent group of the British Psychoanalytic Society, a deeply original theoretical elaboration was gradually built whose most organized expression seems, in my view, to

rationalhomogeneity of what exists. Based upon this change of perspective, determinism does not lose its relevance, but rather its scope, since it is re-located from the perspective of the heterogeneous world as shown by contemporary scientific findings. Another noteworthy example of this substitution of important elements of the modern imaginary with new knowledge experiences – which occur in all dimensions of human relationships – is erosion of the relevance of the concept of a naturally anti-social individual and of the conflict and inevitable repression stemming from it; this erosion is caused by knowledge from psychoanalytic experience. In the light of knowledge developed by psychoanalysis about the most primitive emotional life, i.e., on the processes of constituting subjectivity, assumptions of the modern imaginary about the individual becomes imply untenable.

¹³ We should remember that in “Civilization and its Discontents” (1930a/1986), Freud highlights female hostility to culture.

¹⁴ Preceded or inspired in different ways by Sandor Ferenczi’s work.

be the Theory of Emotional Development. Hence, psychoanalytic theory was born from clinical experience¹⁵; it was reformulated following this broadened experience, which was made possible by the inclusion of small children, the mother-baby pair and age-regressed adults. The condition of possibility for elaborating teachings from this broadened experience within a theoretical framework was the abandonment of important aspects of Freud's metapsychological construction. Winnicott explained his distrust of metapsychological "terms", asking "*Is it because they can give the appearance of a common understanding when such understanding where such understanding does not exist?*" (2005, p. 58), thus rejecting assumptions that "solve" problems through postulates which do not stem from experiences of knowledge, but which condition them. Clinical experience with mothers and infants, small children, borderline and psychotic patients and their regressive processes allows observing the constitution processes of individuals without guiding this observation based on limits imposed by a speculative assumption such as the concept of primary narcissism. Moreover, knowledge of the dynamics and avatars of individuation processes – i.e. of the progressive construction of the individual that these observations allowed to construct, led to abandoning belief in the existence of an individual prior to society and whose natural relationship with it would inevitably be one of conflict. Thus, clinical analysis knocked down two pillars of the anthropological conception developed by the patriarchal imaginary. This paved the way for a deeper theoretical understanding, and allowed this theoretical understanding of what we are and how we are to become a significant contribution to the elaboration of an emerging paradigm.

¹⁵ Strongly influenced by the "consequent empiricism of the English", which he praised in his youth, the founder of psychoanalysis made clinical experience the cornerstone of the process for discovering the unconscious and its processes and the construction of psychoanalytic theory. Accordingly, he repeatedly said that metapsychological speculation played only a modest role as a temporary speculative construction, bound to be modified or even abandoned when conflicting with outcomes of clinical experience. Nonetheless, it was, as we have seen above, his metapsychological construction that neutralized or weakened the impact of his findings on modern ontological, epistemological, and anthropological beliefs, whose source of inspiration was patriarchal prejudice.

It is by deepening and unfolding this unorthodox thinking, I believe, that we can identify the main lines along which the theoretical and clinical development of psychoanalysis will occur in the 21st century. When taken further, this dynamic will strengthen the critical role of psychoanalytic findings in fundamental assumptions of the paradigm in crisis. This movement, I think, can restore psychoanalysis to its subversive potential, making it a plague to the established order.¹⁶ This new clinical experience made apparent the critical importance of environmental behavior to the constitution of subjectivities, highlighting the historicity of human living experience and the inadequacy of deterministic perspectives. Clinical experience with the constitution of the psyche – not only with its functioning – shed light on the crucial importance of emotional processes through which narcissism of the individual is built and, in a second moment, limited by its insertion into social life. This experience found that the fundamental emotion involved in both the constitution of the narcissism of an individual and his limitation and subsequent insertion into society is love. The scenario in which it occurs is a relationship of full trust and acceptance in a bodily, emotional and deeply unconscious encounter with the maternal figure. Trust, love, deep bodily and emotional contact are, thus, key factors in the constitution of narcissism.¹⁷ The absence or severe insufficiency of these early experiences become central elements in the etiology of most radical psychic suffering. By allowing treatment of pathologies whose etiology is pre-Oedipal, the broadened clinical experience showed that the dynamics of these early processes is completely unrelated to emotions that organize this experience; they are inseparable from desire, conflict, guilt and repression.

In this way, by looking into the early stages of emotional life, which shape subjectivity, the broadened psychoanalytic experience forced abandonment of the belief in an individual who precedes civil society and who is naturally hostile to it. It also shed

¹⁶As it is well known, when Freud went to the United States to a series of lectures with Jung and Ferenczi in 1912, he claimed that the Americans did not realize they were importing the plague.

¹⁷As we will see, it is the mother-child matrix that, in Freud's view, the introjection of superego ought to bury. It is in the modalities of the subjectivation process that stems from it that we are to find the sources of aggression and violence that orthodox psychoanalysis contends is naturally determined.

new light on periods of life studied by orthodox psychoanalysis – as in the case of the Oedipal drama -which must now be understood, in each case, from the perspective of primitive emotional development. From this perspective, the fatality and pessimism that pervade orthodox psychoanalysis and the termination of the history of Freudian determinism can be replaced with a theoretical framework that emphasizes creativity and historicity that are part of human individual and social becoming.

The accelerated decline of patriarchal imaginary after World War II,¹⁸ together with the strong shocks to the modern imaginary caused by progress in the natural sciences, created the conditions in which Winnicott's rich clinical experience was able to nurture a radically original reflection about theoretical understanding of psychic life. Freedom to research and think outside established assumptions and beliefs, which he allowed himself, enabled him to overcome the straitjacket of anthropological dualism, developed by philosophical reflection conducted in offices far removed from experience. The fact that he was a practicing paediatrician may have influenced this process, as his repeated experience made it clear that the dualistic conception had no support in reality. This anthropological dualism is the core upon which the modern imaginary is organized, because upon it are defined the perspectives and limits through which man's relations with reality and with one another are perceived. In this way, it inspires the way one thinks of issues such as the role of representation and fantasy in knowledge and construction of reality, the relationship between emotions and representation, the way of considering the dynamic of human relations and of individuals with society. Hence, the abandonment of this dualism created the possibility for thinking about all these fundamental issues from new perspectives, whose slow and gradual elaboration allowed Winnicott to build the theory of emotional development.

The crisis of the modern imaginary and the paradigm it generated, along with the fact that a civilization based on its core beliefs was no longer viable, is accompanied by

¹⁸I think it is interesting to recall that in his last decade of life, in contact with social transformation whose prominent form was the emergence of the so-called counter-culture, Winnicott noticed changes in the way parental couples operated. He even postulated the presence of "primary maternal concern" in a few fathers who now share with mothers the care of their infants.

the emergence of elements of new paradigmatic ideas, new knowledge about being, about knowledge and about ourselves. As to this last aspect, the perspective opened by **Winnicott's work** allowed psychoanalytic theory to make an important contribution, replacing beliefs of the patriarchal, rationalistic, materialistic and individualistic paradigm that was at the foundation of the contemporary crisis with ways of understanding ourselves that are based on an experience of knowledge. The way we interpret this crisis is particularly important because our freedom depends upon it. Social conservatism – adopted by sectors of orthodox psychoanalysis – interprets it as a crisis of paternal function, which means that, ultimately, its causes should be sought in the insufficiency of law or its application. This interpretation evidently reinforces a conservative and authoritarian bias toward social life. Underpinning it is the belief about the anti-social character of the human individual, the inevitability of conflict and the need for repression as a condition for social life. It is certainly relevant to think that one of the deepest reasons for this crisis is the decline of patriarchal authoritarianism and its core beliefs about life and human relations through which it imposed its domination. However, a crisis of a system of domination is a very positive development. On the one hand, it expresses a broadening of experiences with freedom and autonomy, not just for women but for humanity as a whole. On the other hand, by weakening ancient practices of domination, this crisis represents a new understanding of what constitutes a requirement of human nature: which is our inalienable insertion into nature and the equally unrenounceable insertion into the collective. The response to the crisis of the old order that was and still is harmful lies not in reinforcing it, but rather in transforming it; and the way we understand ourselves is a central part of this transformation. This is where **Winnicott's contribution** became crucial. He affirmed that his task was to study human nature and his work reveals the major advances he achieved. I will succinctly address a few aspects of **Winnicott's contribution** that seem important to both inspire a clinical practice that is able to deal with twenty-first century challenges and contribute to a new anthropological conception based on knowledge about ourselves formulated through knowledge experiences.

3. The concept of psychosoma

Winnicott's basic concept is psychosoma, whose wealth and consequences cannot be overstated. It unambiguously characterizes the movement to overcome modern anthropological dualism; which was done in such a radical way that it uprooted the core beliefs of modernity – in the saga of patriarchal imaginary – which was developed to think of the body, the psyche and the relationships between them. In the new perspective, the body – and nature, of which it is part – ceases to be seen as a stupid machine with no qualities and is considered inseparable from the original capacity of imaginary **elaboration of experiences. The body's inseparable ability to feel, understand and preserve** its experiences, is recognized. The body knows, Winnicott (1948/2007, p. 180) writes, making clear with this statement the radical change his conception meant in relation to the modern conception of nature. The human body knows what it is to be born; therefore, the intervention of consciousness or even repressed unconscious is not required to acquire this fundamental knowledge. The site of fundamental emotions, which are responsible for the emergence of equally essential senses – such as the continuity of existence or that life is worth living – the human body has the ability to establish a relationship with thereal world that is one of direct apprehension with no need for mediation of representation, consciousness or repressed unconscious.

None of this, however, means denying that the success of the personalization process – i.e., of integration of the psyche into the body – is the outcome of a process that requires an adequate behavior of the environment to be successful. The personalization process is a natural trend; as all keytrends – toward integration, recognition of otherness, guilt and capacity for concern, empathy, and spontaneous emergence of ethical feeling – it requires enabling participation of the environment.¹⁹ As we know, consequences of environmental failure cripple human existence and can even prevent the emergence of

¹⁹ Events in the life of human infants only become experiences for them if their mother is able to establish immediate contact with them from the start. Cf. Dias, 2014, p. 13.

the “I am” stage, i.e., of individual’s emotionally autonomous existence. On the other hand, when the environment provides the necessary welcoming, body and psyche become integrated, forming a unit. The terms “in health” or “in sickness”, widely used by Winnicott, do not express the mistaken conclusions of a pediatrician feigning to be a psychoanalyst, as certain representatives of orthodox psychoanalysis arrogantly had long thought. These terms make explicit the unsurpassed insertion of man into nature, which, along with his insertion into culture that stems from the natural creativity of the species, defines our uniqueness among the living. This insertion into nature is expressed by our tendencies, which are not natural determinations that restrict our creativity, as are, for example, “elementary drives” of the second Freudian drive theory. Man is “naturally” equipped with life drives and death drives; irrespectively of the actual environmental behavior in each case, as well as of each individual’s concrete response to that environmental behavior, the growing presence of guilt – and, with it, unhappiness – is inevitable and unsurmountable. The critique convincingly proved that the assertion of transcendent normative contents- whether this transcendence stems from the world of ideas or from nature – in fact conveys domination interests. These are imaginary constructions and assumptions, not the outcome of knowledge.²⁰ Empirical confirmation of the existence of aggression in human individual and collective history does not mean we are entitled to conclude it is a characteristic of human nature. What is part of human nature is aggressiveness. Winnicott’s understanding of this issue and the difference and the relationship between aggressiveness and aggression allow us to consider the issue of human aggressiveness without being trapped in the perspective of inevitable conflict. This issue underpins a radical difference between the orthodox conception and the one Winnicott elaborated. The framework of Winnicott’s disagreement with the death drive hypothesis is a much broader perspective opposed to determinism and consequent

²⁰ Winnicott paralleled the essentialist hypothesis, which postulates the unsurpassed existence of the death drive – which Freud attributed to a characteristic of nature, that of always being the same, that is, deprived of historicity – with the belief in original sin. The latter is an expression of both the inevitable conflict, pertaining to patriarchal imaginary, and of women’s responsibility for humankind’s waywardness, also pertaining to patriarchal imaginary.

Freudian pessimism. Winnicott is obviously aware of the aggressive behavior of both individuals and groups throughout the history of human kind; he is equally aware of the important role affective ambivalence plays in the dynamics of human life. However, his understanding of aggressiveness and its – contingent, not necessary – process of transformation into aggression allows him to overcome the essentialism of the Freudian view and place the understanding of the ambivalent dynamics into the unique historical context of each individual history in its own environment. From this perspective, it is important to remember the natural tendency to develop empathy, which Winnicott evoked upon claiming recognition of man's "original goodness". In this context, he thinks that the tendency to experience affective ambivalence leaves each individual the task of elaborating it and managing it throughout life.

4. Fantasy, creativity, and reality

Regarding fantasy and reality, Winnicott's conception also drifts purposefully away from modern beliefs, widely assumed by Freud. Freud dealt with fantasy in the context of neuroses of transference and understood it as a compensation for an imposition from reality. Orthodox psychoanalysis also ignored its decisive participation in the creation processes, which since the consolidation of essentialism in Greek culture, was denied in Western thought as a central feature and a requirement of human nature, which only studied the theme in reference to great artists or writers.²¹ From a radically different perspective, Winnicott thinks the capacity to elaborate experiences imaginarily is the embryo of the human ability not only to grasp reality but also to build it. Moreover, in harmony with findings in quantum physics,²² he considers knowledge as a process in

²¹As Castoriadis shows, the radical – creative – imaginary was banned from Western conceptions upon consolidation of essentialism in Greek culture. The obvious reason for this is its clear incompatibility with essentialist beliefs.

²²In Chapter V of *Playing and reality*, Winnicott writes, "objectivity is a relative term, because what is objectively perceived is, by definition, to some extent, subjectively conceived of". In the footnotes, the author quotes other works that discuss the creative element in science. Cf. Winnicott, 1970/2005, p. 88 and footnote 1.

which the fantasy of those who know is part of what is known. Let us look at this issue with a little more detail: Winnicott's conception of the relationship with external reality underpins a different, much richer conception of creativity than Freud's (Winnicott, 1970/2005, p. 87). The former takes this to mean an *"attitude to external reality"* through which the individual has a sense *"that life is worth living"*. In contrast, he adds, there *"is a relationship to external reality which is one of compliance, the world and its details being recognized but only as something to be fitted in with or demanding adaptation"*. *"This second way of living in the world"*, he adds, *"is recognized as illness in psychiatric terms"* (Winnicott, 1970/2005, p. 87), given that creative living is a healthy state and submission is an unhealthy basis for life. Thus, for Winnicott, being alive and healthy requires enjoying a creative relationship with external reality; this is so because creative impulse is **"naturally necessary" when anyone does anything in a healthy way** (Winnicott, 1970/2005, p. 87). Winnicott attaches great importance to creative impulse, as he does to everything that is an expression of life, accusing orthodox psychoanalytic approaches of having lost sight of what is most important: the impulse that supports human creative dynamics. The creative impulse cannot be explained, Winnicott (1970/2005, p. 87) emphasizes, but we can establish a link between creative living and life itself; hence, *"The creativity that concerns me here is a universal. It belongs to being alive"* (1970/2005, p. 91), because *"to be human is to perceive the world creatively"*. It is thus possible to understand the causes that lead to losing this creative life, which is of great interest to the theory of emotional development and to clinical practice.

Fantasy always mediates the human relationship with external reality; this is why the latter is always in a process of creation. At this point of his reasoning, so far from the modern imaginary and so close to contemporary issues, Winnicott asks good-humouredly what differentiates **"normal"** from psychotic people, since both relate to reality through the mediation of fantasies. He replies that the so-called **"normal"** learn from experience which fantasies work and which do not, maintaining the latter for the realm of religion and art. As we can see, issues such as insertion of man into nature, creativity, fantasy, participation in perceived reality, are, according to Winnicott,

inseparable from human health. In a way that is far removed from deterministic perspective, the insertion of man into nature is understood as a source of demands whose satisfaction also depends on creative insertion into the environment.

5. Insertion of individuals into social life

Fruit and agent of an evolutionary process, man is for Winnicott a living being whose nature consists of trends whose actualization in individual lives is contingent, since it depends on environmental behavior. Health, in this perspective, is the actualization of this natural dynamism, which includes the experience of creating oneself and the world **through the experience of “legitimate omnipotence” enabled by a loving environment that privileges welcoming.** Health has to do with the development of each person’s “true self”, which can only come to be if individuals have the opportunity to live a creative life. On the other hand, compliance is an ill basis for life, precisely because it prevents individuals from living spontaneously and creatively. It should be made clear that this is not to ignore the need for human infants to go through the experience of boundaries, to recognize others as others, hence limiting their narcissism. This experience is also required to constitute and develop the true self. Obviously, Winnicott does not deny the need for these processes or the role Oedipal drama plays in them and their influence on emotional health. Nonetheless, unlike orthodox psychoanalysis, inspired by the patriarchal imaginary, Winnicott recognizes in our species a tendency to a spontaneous emergence of ethical feeling, a tendency whose actualization brings forth a spontaneous superego. In this process, empathy, a tendency of human nature, is actualized through the recognition **of others as others, with the consequent limitation of one’s own narcissism.** Like any trend in our nature, that which leads to the emergence of ethical feeling and spontaneous superego is conditioned by loving care, a non-retaliatory attitude whose agent is the maternal figure. Such process – **which configures the “depressive position”** as Winnicott understands it – does not occur in a context of conflict and threats of mutilation or loss of love, which would lead to compliance, but rather through welcoming that elicits a

dynamic of belief in others and in life, “believe in....” as Winnicott put it. Differences between this approach formulated by Winnicott and the conception of modernity that inspired Freud are enormous. In the construction of the modern imaginary, the figure of the individual²³ is central. Modernity thinks of individuals as being initially separate from society, imagines them as hostile to it; so that their insertion into society can only be based on repression and compliance. The concept of primary narcissism, which incorporates these features, followed, in Freud’s work, a pathway paved with a few contradictions.²⁴ However, orthodox psychoanalysis simplified Freud’s thought about this point, establishing the concept of “primary narcissism” as a description of the initial moment of psychic life. The reason why most of the analytical community accepts this term may be that this concept is perfectly articulate with the assumptions that underpin Freud’s metapsychological conception; these assumptions organize life and social relationships around the idea of conflict and repression. This pessimistic perspective articulates well with some of the metapsychological changes Freud introduced in the last part of his work, particularly the postulation of the death drive and the inevitable and expanding character of guilt, the foundation of an equally inevitable cultural malaise.

6. Freudian superego and the crushing of the mother – child matrix

The patriarchal perspective deeply marked the theoretical elaboration based on which Freud conceived of the Oedipal dynamic he had grasped in his practice. At this point, we should clearly distinguish between knowledge acquired in the field of clinical experiences and the way it is interpreted. On this second level, facts from experience are thought of in a context defined by existing theoretical beliefs, which radically influence how they are understood. In the matter under discussion, experience of the Oedipus complex was interpreted in the framework of a conception that, ignoring the enormous

²³ The modern affirmation of the individual as a positive value undoubtedly is an important step toward recognizing the uniqueness of each human being. Nevertheless, this occurs in the framework of a much older conception at the core of the patriarchal order, for which makes each individual an anti-social being.

²⁴ Cf. my book “*Vida, criatividade e sentido no pensamento de Winnicott*” (Plastino, 2014, p. 38 et seq.).

wealth of the primitive period of emotional development, understood sexuality to be the core factor in the constitution of the psychic life of individuals. This process was inserted in a patriarchal conception of life and society, which is naturalized by the diminishment of the historical perspective. The prevailing beliefs of Freud's time as well as his own patriarchal prejudices strongly influenced the way in which orthodox psychoanalysis considered the Oedipal drama.

Seized by Freud in his clinical experience and studied in myths and literature, the Oedipus complex is undoubtedly one of Freud's great discoveries, irreplaceable for understanding the dynamics of transference neurosis. This does not mean, however, we should not question the patriarchal perspective that supported his theorization. Patients Freud analyzed belonged to families organized, as was all of society of his time, according to patriarchal prejudices and beliefs. Freud's deterministic theoretical conception - also typical of the prevailing conception - prevented him from realizing the historicity of social relations that were the fruit of this conception. It is important here to stress particularly relevant aspects of the influence of patriarchal imaginary upon Freud's thought. The devaluation of the feminine is one of these aspects, exemplarily represented by the role assigned to women in the conflict that, according to Freud, was the origin of law, morality and religion in the experience of primitive humanity. This role is restricted to that of an object of conflict between men, and therefore has no protagonism. As seen, in patriarchy the discreditation of nature contaminated the perception of women, who were considered closer to nature and affects, and farther from reason, and thus thought of as hostile to culture (Freud, 1930a/1986). Patriarchal imaginary situates women at the dominated pole of dualism; thus, they share with external nature, body, and affects the fate of being dominated.

This devalorization of the feminine yields that which Nahman Armony calls the "mother-child matrix";²⁵ which is constituted by the predominance and valorization of intuition and empathy and by the signification of corporal and emotional language. This

²⁵Nahman, 2013. Mother-child matrix is the operator of the early period of emotional development which, when successful, leads to the emergence of the feeling of uniqueness (emergence of the "I am" feeling).

reading, which is so representative of the domination paradigm, considers central and inaugural aspects of the relationship with the other in the experience of the human infant as something to be overcome and crushed under the impact of a cruel and harsh superego, as Freud describes it (1924c/1989). It would be difficult to better explain the role introjection of social superego plays as a crucial moment in the affirmation and conception of patriarchal domination. This devaluation of the affects and processes involved in this crucial period for subjective constitution fall within the framework of the general devaluation of affects, which are reduced in the metapsychological perspective to purely quantitative aspects. They were thus disregarded as original bearers of meanings, reduced to pure force and considered as tributary of the contingent significance assigned by language. Inseparable from emotions, intuition was also devalued as a modality of knowledge, which in this patriarchal conception pertains solely to reason. It should be stressed that both intuition and affects, as well as body and communication between bodies, are crucial for the development of the dual relationship between the infant and its mother. Their devaluation thus characterizes the devaluation of all that which constitutes **each individual's original life experience. It is the wreckage of this original experience** in the dual relationship that the patriarchal imaginary considers as an important part of societal victory – i.e. of social order – over the individual (Freud, 1925j/1989). In the contemporary perspective, however, this wreckage can be considered one of the most significant factors of the crisis of civilization we are experiencing. Overcoming this crisis is a key condition for the assertion of the paradigm of care. In my opinion, the replacement of the paradigm of domination by the paradigm of care is the path towards resolving the contemporary crisis. It should be considered that this replacement bears a radical change, since it involves a deep transformation of the existing imaginary about human beings themselves, as well as their natural characteristics and forms of socialization. The core focus of the care paradigm that is emerging in this process is the recognition of the wealth and diversity of natural life and of our insertion into it, which nurtures and supports our wonderful ability to create. In terms of our human nature, the emerging conception emphasizes and reclaims the evidence and strength of empathy;

which at the same time as it expresses our opening to the other, reveals our need for others to constitute ourselves, develop, and to live a good life. This need for the presence of the other and the fact that our emotional needs are a priority for our being, give new depth to the uniqueness of each individual, which is necessary for the full development of each human being. This attention to singularity is very different from the imprisonment characterized by the affirmation and promotion of a belligerent individualism whose social insertion must be imposed by symbolic violence. For each individual, this insertion signifies being defeated by society. The paradigm of care is based on the recognition of the other in his or her alterity. The deepest root of this recognition is found in our natural empathy. Far from being rationally chosen or stoically supported, this alterity is a central factor in the constitution of each person as a unique subject.

Translation by Sieni Maria Campos

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PART II: Winnicott's Psychoanalysis
Applied to Tackling Contemporary and
Future Challenges

Winnicott: Resistance Against the Gradual Emptying and Objectification of Personal Relations

Elsa Oliveira Dias

1. Introduction

In this conference, we investigate the future of psychoanalysis. It would not be difficult to list here a few good reasons to paint a gloomy future, starting with the growing and ineluctable advance of chemical and behavioural therapies, which are far more punctual and immediate in treating the new pathologies presented to the clinic today, and the fact that psychoanalysis, in its traditional version, which is far too slow to change, lacks the adequate conceptual categories and a method adapted to the treatment of disorders such as psychotic depression, anxiety tending to disorganisation, panic disorder, spontaneous violence disconnected from motivations, profound difficulty in contacting and communicating with another human being, an insurmountable feeling of emptiness in a life that is externally busy and troubled and psychosomatic disorders in general.

But this is not all. Such pathologies seem to be already established extreme degrees of rather current phenomena. I have highlighted three of them here, which may be one and the same or developments of each other and which did not exist, at least not with the **same intensity, in Winnicott's time. I wonder what would he have to say about this?** I am referring to: a) the progressive emptying and alarming shortage of personal relationships, worsened in recent decades by the illusion that they can be replaced with the immediacy and accessibility of electronic communication; b) the gradual disappearance of anything sacred in human life, not in the religious sense, but in the strictly personal sense of what makes life worth living and naturally requires preservation, since it is of value to the individual; c) the overwhelming expansion of esoteric practices, claiming magical powers

of unlimited novelty, the success of which is probably rooted in helplessness and hopelessness regarding the healing power of personal relationships.

The first item on the list, to which the others were added, occurred to me because of a scene that I witnessed at a restaurant and which, I imagine, everyone here has already experienced: a family of four, a father, a mother and two adolescent boys, each one of them immersed (I wonder: absorbed or hiding?) in their mobile throughout the meal, if there was any at all. In addition to the alarming evidence that the described scene was far from being rare, this was followed in the consulting room during the same week, by complaints of discouragement and feelings of impotence on the part of two patients, both married and with children, regarding their family environment, in which they believed they had invested a great deal: a fraying of the bonds and habits of interaction, a feeling that nothing had any value or generated enthusiasm, that there was nothing to celebrate, nothing that would justify the effort to organise or even participate in a family event. **A sort of family disintegration: an air of, whatever it is, "I couldn't care less".** At the same time, a flood of reports reached me regarding the many arduous and enthusiastic quests for several esoteric practices. In other words, if there is nothing to look for in personal human relations, if hopelessness is installed, what remains is the help of magical entities.

It would perhaps not be unreasonable to consider that these phenomena, in view of their proliferation, may be understood as social symptoms of the disorders listed above, as well as malfunctions at homes and in society of relationships and communication among people.

It seems to me that the point of articulation of these three phenomena is the emptying of profound personal relationships; the immediacy and accessibility of electronic relationships run *pari passu* with the absence and even the guarantee of the absence of intimacy. I am not referring to individual cases, which appear here and there, but what may well be the failure of the belief, which can only exist if it is planted, cultivated and preserved, that personal relations are what effectively nourish existence. If each member of the family, especially when it is the parents themselves, prefers to be isolated in a private world of electronic communication which is almost always superficial, if

nothing makes any difference, i.e. if there is no value to be preserved, if there is a permanent call for magic, then we may certainly say that personal and family relationships are precarious and, I would say, ill; in some way, for each member of the family group or for some of them, the belief failed to be formed, or was damaged, that what one needs as nourishment, as balm and as proximity to oneself is found in the relation established with the other, when this other is reliable, of course, and not with objects or procedures, whether chemical or magical. Everything points to an increasing hopelessness regarding the human capacity to hear, to find someone who will hold the situation as it is, who is able to encourage and hence respond to the need expressed by the other.

This is not a question of demonising technology and neither of fighting its inescapable and surely progressive domination; on the contrary, we should celebrate its arrival and use it in the best possible way for our own benefit. This, however, should not prevent us from reflecting on the human needs that are being communicated through its disproportionate and defensive use and from thinking, in the light of the theory of the maturational processes, of measures to rescue what is essential.

What do these phenomena communicate? What do they have to tell us? Are they a new version, more equipped, but already distorted, i.e. requiring less or no imagination, of isolation in the subjective world, so common and necessary during childhood and adolescence? Do they replace real relations at an already alarming level, perhaps because these no longer exist or exist without a clear boundary between reality and fantasy? Are they part of a pathological introversion, of a refuge against a breakdown of family communication, against environmental unreliability and/or instability?

The issue of personal communication is so crucial to Winnicott that I would recall the fact that among the unthinkable agonies described by him, there is one which, in my view, is probably the most far-reaching of them all: the fear of **finding oneself in “complete isolation because of there being no means for communication”** (1968a/1988, p. 99). I remember one of Winnicott’s patients, who lived for long periods of time in a dissociated state, absorbed in fantasising, which is completely different from dreaming (see *Playing*

and Reality, chapter 2). During these hours, she would play Solitaire, which she called “my quagmire” and which Winnicott understood as a “*cul-de-sac*”, an expression which he also used to name subjective communication, which, while necessary in the early stages, goes on for too long and becomes a refuge. The patient reported: “I have been playing patience for hours in my empty room and the room really is empty because while I am playing patience I do not exist” (1970a/2005, p. 49).

2. Relationality

Resorting to Winnicott as the master of personal relationality, according to whom, the very constitution of the individual begins within the first relation, still with the subjective object, I realise that it was his belief in the healing and constituent effectiveness of personal relationship that directed his work. Having formulated what we, in the São Paulo school, understand as a new paradigm for psychoanalysis, he could claim courageously, as in his last article of 1970, left unfinished, that: “I’m asking for a kind of revolution in our work”, a revolution which implied a new way of looking at human phenomena, a new conception of health, illness and cure as well as a new analytical task. With regard to the latter, Winnicott, guided by the primitive needs of psychotic patients and by this same background existing in each of us, affirmed that the most reliable working tool of the psychoanalyst was no longer his/her sophisticated technique of decoding in transference the complex symbolic links formed in the repressed unconscious, but rather the analyst’s very person, the reliable setting which he/she is able to provide and sustain, the capacity for identifying with the patient, the genuine interest in the person of the patient.

For Winnicott, it is the personal, reliable and continuous relation that cures; and it is this personal relation which, when denied, insufficient, chaotic or falsified, causes illness. In a text on child psychiatry referring to the cure in general, the author stated: “The need, in each case, is for someone to meet someone at a deep level” (1962/1990, p. 194). If we follow Winnicott, there are no shortcuts. We may well need medication in

order, for example, to reduce the degree of anxiety or despair which prevents the personal relationship, which is therapeutic, from lasting long enough for the cure to be accomplished. Medication alone does not however alter the underlying feeling of not being able to reach oneself, or of not feeling real, or of not being able to touch or be touched by the other. Chemical therapies and even behavioral ones are something entirely different. They are about taking the machine which is broken and dysfunctional and rendering it operational. On this point, Heidegger had a precious phrase: “In regard to medical help: it has to be considered that it is always about existing and not about something functioning. If only the latter is aimed at, existing is not promoted.” (Heidegger, 1987/2001, 157).

Winnicott was not the only one to make this point. Hubertus Tellenbach, in his classical work *Melancholy* (1979), referring to psychiatric research on schizophrenia, asserted that the hypothesis that certain morbid disorders were, by their very nature, irreversible (degenerative cases) was no longer valid according to more recent studies of the time. In order to prove his point, he cited Ch. Müller (1961) who affirmed (p. 62): “In principle, any ‘symptom’ considered as schizophrenic [...] can be modified or may disappear under the influence of psychotherapy” (Müller apud Tellenbach, 1979, p. 59). Tellenbach also pointed out that there are differences in the nature of reversibility, when we research how recovery took place and study the situations which promoted remission. In the case of schizophrenia, he continued, the situation which favours reversion is rather specific and “is linked to particular conditions of human relations” (Tellenbach, 1979, p. 59).

If Winnicott was not the only one to advocate this idea, he was nevertheless the only one, to my knowledge, to formulate a whole theory to support the thesis that it is within the personal relationship that an individual is constituted, that the fundamental resources are established for a life which, despite any suffering, is worth living, and that it is the personal relationship that heals both the psychic pain, which is profound and sometimes disorganizing, of the healthy individual and the agony or emptiness of the psychotic ones.

According to the author, the statement that everything is forged within and from the personal relationship is true at all stages of life. Two examples suffice: engagement in life occurs via the inaugural contact provided by the mother, when she sees the person that the baby is not yet, but will be, making herself available to guess the needs at each moment because of her identification with the baby. What follows, maintaining essential aloneness as a background, is a state of dependence and silent communication which includes tuning and mutuality and is the basis for all future forms of communication. It is this “magic that arises in intimacy” (1968b/2005, p. 55) which develops between the mother and the baby when all goes well. I sense that it is in the pursuit of this “magic” that all those who avidly throw themselves into a search for magical healing methods are to be found.

This intimate communication is nevertheless only possible because the mother, at the same time as she communicates with the baby, acknowledges and respects in him/her, the area of isolation which exists in each individual, the core of the self, the mark of essential aloneness. Winnicott says: “At the center of each person is an incommunicado element, and this is sacred and most worthy of preservation” (1963/1990, p. 187). For Winnicott, the term sacred does not have a religious meaning, but refers, in particular, to the inviolability of the nucleus of the self, which, in itself, is non-communicable and irreducible to any objectification within the categories of external reality.

A second example, later in the maturational line, relates to a sense of value which is gradually constituted during the initial stages and when everything goes well establishes itself during the elaboration of concern: having been the focus of maternal identification, the infant gradually incorporates the capacity to put him or herself in the place of the other and to know approximately what the other feels. At around the age of two or a little later, the child, who has just integrated mother-environment with mother-object, realises that the mother, just like him, can suffer and yet survive. The child then discovers that the mother has value and must therefore be preserved. This, for Winnicott, is the basis of moral conscience and of the sense of value. It is thus not by introjecting the law that the individual becomes moral, as Freud believed, but through the continuing experience,

within a relationship, of having been taken care of during the time when needs could only be communicated and understood via the mother's **identification with her baby**. It is the experience of this personal relation of care-cure, named by Winnicott as original goodness, which allows for the development in the child of the capacity to believe in... and forms the belief that personal relations and not external things, guard what is essential in a life that is worth living. If not, there is hopelessness, discouragement with regard to personal relationships and a feeling that nothing is worthwhile, which may, at times, lead to a never-ending search for entities and objects with magical powers which will eventually understand the pain and/or fill the great emptiness.

3. The future of psychoanalysis

What is our job as Winnicottian psychoanalysts? What instruments of understanding are available for facing both current pathologies and what is glimpsed in the current social symptoms?

Winnicott certainly opened a window to the future: his theory of the maturational processes, combined with the theory of psychic disorders which derives from it, not only provides conceptual categories, which allow treatment of the new pathologies arriving at the clinic, but also helps us to think of preventive policies in mental health, which is, perhaps, the most valuable thing that we can do concerning health. We can therefore hope that we will continue to be useful. My own expectation is that the dissemination of **Winnicott's theory, with the potential to become a nucleus of resistance against the** trivialisation and objectification of personal relations, will serve more directly to warn parents of the crucial importance of the early relations and of the continuity of this **relationship throughout their children's development, and also that of the parents, despite** all of the problems. To be able to relate to others is a precious gift, an acquisition which nevertheless has a strong generational component, favorable or unfavorable: those who have received it, may have a natural inclination; those who have not may have difficulties which, at times, are insurmountable.

In order for this project to become possible, our knowledge, which is certainly gathered in the clinic, with the daily thorough work with patients, in the light of what we have learned about human nature and the maturational processes, must be urgently disseminated and discussed with mothers, applied to institutions and taken to professionals who deal with babies since birth, to pediatricians, nurses, teachers and social workers. All of them must know that there are means of preventing the loss of personal relations, a risk recently increased by the supremacy of electronic communication. As with breastfeeding, it is the personal relation of the mother with her baby, the intimacy that she allows and cultivates, which creates antibodies, prevents illness and heals.

I suggest that we find in the care-cure aspect of our professional work a setting for the application of principles that we learned at the beginning of our lives, when as immature persons we were given good-enough care, and cure, so to speak, in advance **(the best kind of preventive medicine) by our “good-enough” mothers, and by our parents.** (1970b/1990, p. 120)

The same issue is present when the formation of the false-self defence, with the risk that this poses to spontaneity, is at stake: describing the emergence of the false-self type of defense, during the initial stages, Winnicott refers to the environmental pattern **established by the mother who neglects the baby’s spontaneous gesture, replacing it with her own and thus imposing on the infant.** The question nevertheless always arises: when the baby, whose creative impulse has been respected and met, must subsequently adapt to the environment and begin to learn the rules of social life, is there the risk that he/she loses spontaneity? No, answers Winnicott, **“if first the True Self [...] has become a living reality, because of the mother’s good-enough adaptation to the infant’s living needs”** (1960/1990, p. 149)

Likewise, if children or adolescents have had sufficient experience of personal relationship during their initial development, having experienced the magic of intimacy with their mothers, they will be immunised, they will become involved with electronic

communicability without succumbing to its domination. This will be only instrumental like the false self. I assume that this is the vaccine which may be used against exclusively electronic relationality.

I have chosen to steer the discussion in this direction because it seems to me that we all need some encouragement. We all need to be reminded of the relevance and effectiveness of the theoretical-clinical perspective bequeathed to us by Winnicott, and, equipped with it, to make an effective future for psychoanalysis. This work points in the direction of reawakening faith in the human capacity to understand the other and to identify with the other, of sustaining what is essential and of putting ourselves at the service of the care-cure. There is a statement by Winnicott on the requirements for becoming an analyst, which certainly **serves us all in building this future**: “A belief in human nature and in the development process exists in the analyst if work is to be done at all, and this is quickly sensed by the patient” (1954/1992, p. 292).

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On Winnicott's Revolutionary Paradigm: Clinical Psychoanalysis at its Most Formative Edge

Ofra Eshel

Winnicott and Bion have exerted a profound influence on the theory and practice of clinical psychoanalysis over the last sixty years. Their groundbreaking ideas have been widely investigated by analysts and psychotherapists around the world, and have turned into a vibrant wave in psychoanalysis that challenges traditional theory and practice. It nevertheless seems to me that the revolutionary meaning of their most radical ideas has, in certain ways, been evaded, underestimated, or criticised and rejected, especially with regard to the radical departure of their *clinical ideas* from conventional psychoanalytic work. In this presentation, I will focus on Winnicott's clinical thinking and attempt to examine the evolution of his clinical ideas into what I consider as launching a revolutionary fundamental change in clinical psychoanalysis – a transition from “extension” to “scientific revolution” and “paradigm shift or paradigm change” in psychoanalysis, to use terms derived from Thomas Kuhn's account of the nature of the evolution of science.¹

Let me first introduce the specific significance of these Kuhnian terms. Kuhn, an American physicist who became one of the most influential twentieth century philosophers and historians of science, developed an innovative theory of the evolution of science (mainly in his seminal book *The Structure of Scientific Revolutions*, 1962). Kuhn argues that scientific theory and knowledge undergo alternating “normal” and “revolutionary” phases rather than progressing in a linear, cumulative acquisition of knowledge. During long periods of “normal science,” scientists work to enlarge the central prevailing paradigm by “puzzle solving activity” guided by the paradigm, thus

¹ Over the years, several authors have used Kuhn's terminology to relate to the history of psychoanalytic thinking (Modell, 1986, 1993; Levenson, 1972/2005; Lifton, 1976; Hughes, 1989; McDougall, 1995; Britton, 1998; Govrin, 2016); to study Winnicott's paradigm change (Loparic, 2002, 2010/2013; Abram, 2008, 2013; Eshel, 2013a), and that of Bion (Brown, 2013).

significantly increasing knowledge and accumulating a growing body of puzzle solutions within this paradigm. Over time, however, findings or observations that cannot be explained or solved within the context of the central paradigm accrue and pose a serious problem to the existing paradigm. This leads to a “crisis” that triggers revolutionary research. Eventually, a new paradigm emerges, which opens up new approaches to understanding and practice in that field.

Kuhn writes:

The transition from a paradigm in crisis to a new one from which a new tradition of normal science can emerge is far from a cumulative process, one achieved by an *articulation or extension* of the old paradigm. Rather *it is a reconstruction of the field from new fundamentals, a reconstruction that changes some of the field's most elementary theoretical generalizations as well as many of its paradigm methods and applications*. During the transition period, there will be a large but never complete overlap between the problems that can be solved by the old and by the new paradigm. But there will also be a decisive difference in the modes of solution... *The resulting transition to a new paradigm is scientific revolution*. (Kuhn, 1962, pp. 84-85, 90, my italics)

The emerging new paradigm gains its own followers, and often an “ensuing battle over its acceptance” takes place between the followers of the new paradigm and the hold-outs of the old, normal paradigm. According to Kuhn, this process is followed by a “communication breakdown,” and there is a need for “translation” from the language of one paradigm into that of the other in order to “allow the participants in the communication breakdown to experience vicariously something of the merits and defects of each other's points of view.” This does not guarantee persuasion, “and, if it does, it need not be accompanied or followed by conversion. The two experiences are not the same... For most people translation is a threatening process, and it is entirely foreign to normal science... Nevertheless, as argument piles on argument and as challenge after challenge is successfully met,” this becomes a resource of persuasion and dialogue (Kuhn, 1962, pp. 202-204).

With Kuhn's words in mind, I shall suggest that Winnicott's theoretical and clinical thinking, and particularly the profound significance and implications of his thinking for the foundations of clinical psychoanalysis, for the analytic process and for enlarging the scope of psychoanalytic practice, introduce a revolutionary change in psychoanalysis. This is especially true of his clinical-technical revision of the analytic work with its heavy emphasis on regression in the treatment of more disturbed patients. In addition, to my way of thinking, this revision has become closely connected with Winnicott's posthumous papers on early breakdown or madness (Winnicott, 1963/1986, 1965/1989, 1967/1989). I will expand on this later, after exploring Winnicott's revolutionary clinical ideas more fully.

1. Winnicott: Clinical psychoanalysis at its most formative edge

"I am asking for a kind of revolution in our work. Let us re-examine what we do" (Winnicott, "DWW's notes for the Vienna Congress never given" [because of his untimely death], 1971, p. 1; cited in Abram, 2013, pp. 1, 312)

"In essence, from his early days as a psychoanalyst, Winnicott's quest is to address the stage of human development that precedes object relations," writes Abram (2008, p. 1189). I would suggest that from the outset, and over the years, Winnicott's way of exploring, experiencing and practicing psychoanalysis has consistently offered a revolutionary change in psychoanalysis, based on "essentially natural processes." His core ideas of the development of the self and human subjectivity evolved out of very early infantile psychic processes and environmental mother-infant relatedness that precede object relationships, and these are applied to the treatment process and situation. His fundamental model of psychoanalytic treatment is the mother-infant, mother-child relationship.

Winnicott's important theoretical contributions have been thoroughly and comprehensively described over the last decades (Phillips, 1988; Ogden, 1986, 2001,

2005a; Eigen, 1981, 2009; Abram, 2007, 2008, 2013; Fulgencio, 2007; Girard, 2010; Loparic, 2002, 2010/2013; Caldwell & Joyce, 2011; Goldman, 2012/2013; Spelman, 2013; Spelman & Thomson-Salo, 2015; Dethiville, 2014; Dias, 2016). In this context, Loparic (2002, 2010/2013) claims that Winnicott's theoretical thinking with regard to mother-baby, two-body psychoanalysis constitutes a Kuhnian "paradigm change" in Freud's Oedipal, triangular psychoanalysis, a claim subsequently cited by Fulgencio (2007), Abram (2008, 2013), Minhot (2015), and Dias (2016). Minhot (2015) extends it to the profound change in Winnicott's thinking regarding the core aspects of feeling alive or feeling real, not considered by traditional psychoanalysis, and to the shift from a language of instincts and wishes to a language of needs and environment.

I have instead chosen to focus on and "re-examine" the revolutionary vision of Winnicott's *clinical* thinking, linked to his theory of regression. This essentially means moving experientially *beyond the space-time confines of traditional clinical psychoanalysis* to work with primal processes in the treatment situation and setting, thereby reaching and correcting basic self-processes and unthinkable early breakdown and enlarging the scope of psychoanalytic practice. "There was no class of illness that he considered impossible to analyze, as Freud regarded narcissistic neuroses and psychoses" (Little, 1985, p. 39).

In a previous paper (2013a), I had already described Winnicott's unique clinical thinking in detail as constituting a paradigm shift, drawing primarily on his revision of the foundations of clinical psychoanalysis, and I entitled it "Reading Winnicott into *nano-psychoanalysis*". The title refers to concepts and terminology borrowed from nanoscience and nanotechnology, and in particular to the physicist Richard Feynman's 1959 visionary presentation, hailing nanotechnology and its radical potential: "There's plenty of room at the bottom – An invitation to enter a new field of physics". I paraphrased and applied it to Winnicott and to psychoanalysis, as an invitation to enter and develop a new field of psychoanalysis. For Winnicott's psychoanalytic thinking, and particularly his clinical-technical theory, with its emphasis on regression in the treatment of more disturbed patients, share the fundamental principle proposed by Feynman and nanotechnology –

that of going back to the “bottom”, to the elemental early states and processes, and to early mothering techniques, thereby enabling the initiation of formative developmental processes.

In my view, this is a psychoanalytic revolution that has been in progress since the beginning of Winnicott’s writing, although he tried to view his theory of regression in the analytic situation as an extension of Freud’s work to areas which Freud had not addressed (1954a/1992, pp. 284-285; 1964/1989, p. 96; 1969a/1989, pp. 240-241, 244). Only at the very end of his life did he claim that he was “asking for a kind of revolution in our work” (1971, p. 1; cited in Abram, 2013, pp. 1, 312). Abram (2013) too writes about this:

Perhaps by now, so near to death, Winnicott was able to articulate something that he had been in the process of since 1945 – a psychoanalytic revolution. Thomas Kuhn had only just published his book *The Structure of Scientific Revolutions* (1962), and although Winnicott never refers to this book, his use of this word at the beginning of these notes suggests that he intuited his formulations were moving psychoanalysis toward something new. (p. 313)

In this regard, Phillips (1988) writes that Winnicott introduced important “innovations in psychoanalytic practice and technique followed by explicit assertions of the continuity of his work with a more orthodox psychoanalytic tradition”, which represent “in fact, a certain disingenuousness in the way Winnicott disguises his radical departures from Freud” (p. 5). Mitchell (1993) also contends that

Winnicott had a tendency to introduce his extremely innovative contributions with references to non-neurotic psychopathology and therefore outside psychoanalysis proper. Over time, the contributions broadened in their implications, and it became clear that Winnicott had introduced a novel vision of the analytic process itself. He came to see regression as a central feature of the therapeutic action of analysis, and regression has everything to do with hope. (pp. 206-207)

Home (1966) stated in a lecture at the British Psycho-analytical Society that with regard to

the psycho-analytic theory of regression, in which there are two sorts of regression-ego regression and instinct regression, when Winnicott (1954) presented his clinical experiences of regression in analysis... **he found that it fell** into neither category. This meant that, strictly speaking, it could not exist as regression so far as psycho-analytic theory was concerned. (p. 46)

In effect, over the years, Winnicott explored, described, and struggled, theoretically and clinically, with “any degree” of regression to dependence, especially in the treatment of severely disturbed patients, and also in difficult treatment situations with neurotic patients (1949a/1992, 1949b/1992, 1954a/1992, 1954b/1992, 1955/1992, 1962/1979, 1964/1989, 1967/1989, 1987, 1988; Little, 1985). Winnicott’s thinking clinically underscores the radical experience of patient and analyst be(com)ing merged in primary relatedness within deep therapeutic regressions, akin to early two-in-one of mother-baby, and the object being a subjective object.² He “fully believe[d]” that **regression must be allowed “absolutely full sway”** (1954a/1992, p. 279), even in the earliest stages of prenatal life and rebirth. For within the analytic process, regression carries with it, the hope and a new opportunity for reliving and correcting the original maternal failure and inadequate adaptation-to-need in the patient’s infancy, and the early traumatic unthinkable breakdown that happened at the time of early environmental failure. According to Winnicott,

All this can be very clearly demonstrated in psychoanalytic work provided one is able to follow the patient *right back in emotional development as far as he needs*

² The term *subjective object* is used in Winnicott’s writing “in describing the first object, the object *not yet repudiate as a not-me phenomenon*” (1971, p. 93, italics in original).

to go, by regression to dependence, in order to get behind the period at which impingements became multiple and unmanageable. (1949a/1992, pp. 192-193, my italics)

By providing the needed environmental essentials of holding, adaptation-to-need, and reliability, which should have been provided earlier but were not available, for the first time in the patient's life, he creates a facilitating environment in which development can start anew.

2. Regression in the present tense

In Winnicott's revolutionary clinical model of regression and its healing quality, "the self cannot make new progress unless and until the [frozen] environment failure situation is [unfrozen and] corrected" through the analytic setting and process (1954a/1992, p. 291); unless and until the deeply traumatic origins of the unthinkable, not-yet-experienced breakdown, that is therefore "past and future," never and forever, are relived and experienced "for the first time in the present" in the treatment experience with the analyst (1963/1986, p. 179). It is not a linear return to the past. The regression to dependence and early psychic processes in treatment calls forth *a radical possibility of actually influencing and altering the patient's "past and future" in the present*, by "allow[ing] the past to *be* the present. While, in the transference neurosis the past comes into the consulting-room, in this work it is truer to say that the present goes back into the past, and *is* the past. In this way, the analyst finds himself confronted with the patient's primary process in the setting in which it had its original validity" (1955/1992, pp. 297-298, italics in original).

Furthermore, Winnicott posits: "Let me add that for Freud there are three people, one of them excluded from the analytic room. 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. There is a further state of

regression in which there is only one present, namely the patient, and this is true even if in another sense, from the observer's angle, there are two" (1954a/1992, p. 286).

This allows us to move beyond the space-time confines of traditional clinical psychoanalysis and techniques to encompass and influence primal stages and processes of development, so that the treatment process actualises³ a new experiential possibility within a new psychic environment. The regression creates what has not existed and could not exist before. "In a peculiar way, we can actually alter the patient's past, so that a patient whose maternal environment was not good enough can change into a person who has had a good-enough facilitating environment, and whose personal growth has therefore been able to take place, though late" (1987, p. 102). And through Winnicott's words, which convey and describe this innovative clinical-technical thinking, Winnicott's profound belief, hope, quest and yearning emerges for a psychoanalytic treatment that would enable a new opportunity for correcting past experiences and forward emotional development for all patients, especially severely disturbed patients. This can transpire if the analyst is willing to go back "in emotional development as far as the patient needs to go"; to meet and adapt to the very basic needs of the patient; to contend with the depth of the regression, the profound dependence, the "exacting" specialised early environmental provision which is needed within each treatment of regressed patients; to cope with the terrors involved. Winnicott particularly relates to the need for therapeutic regression in the psychoanalytic treatment of schizoid, false self, borderline and psychotic disorders (which constitute the third, most regressed group⁴ in Winnicott's 1954a/1992 classification), and writes about the psychotic patient: "The regression represents the psychotic individual's hope that certain aspects of the environment which failed originally may be relived, with the environment this time succeeding instead of failing in its function of facilitating the inherited tendency in the individual to develop and to mature" (1959/1965, p. 128).

³ In its two meanings: "In the present and in the process of actualization, that is, trying to bring into existence what didn't happen" (Pontalis, 2003, p. 45).

⁴ From my clinical experience, I would add severe sexual perversions to this list (Eshel, 2005).

3. **“I am asking for a kind of revolution in our work”**

It is most interesting to note how this way of thinking and interpretation finds expression in Winnicott's letter to Bion (October 7, 1955), soon after Bion's lecture on “The differentiation of the psychotic from the non-psychotic personalities” (Bion, published in 1957/1967). Winnicott related to Bion's detailed clinical description and the kind of Kleinian-based interpretations Bion gave in those years (“early Bion”) in an analytic session with a psychotic patient (six years in analysis):

The patient arrived late, lay on the couch, restlessly turning from one side to the other to make himself comfortable. Then he took out a handkerchief, a lighter fell out of his pocket, he bent down and a shower of coins spilled over the couch on to the floor; he said, “I don't suppose I shall do anything today. I ought to have rung up my mother.” And after a pause: “No, I thought it would be like this,” and after another more prolonged pause: “Nothing but filthy things and smells. I think I have lost my sight”. Some twenty-five minutes of our time had now passed, and at this point I made an interpretation... I told him that these filthy things and smells were what he felt he had made me do, and that he felt he had compelled me to defecate them out, including the sight he had put in to me. The patient jerked convulsively and I saw him cautiously scanning what seemed to be the air around him. I accordingly said that he felt surrounded by bad and smelly bits of himself including his eyes which he felt he had expelled from his anus. He replied: “I can't see.” I then told him he felt he had lost his sight and his ability to talk to his mother, or to me, when he had got rid of his abilities so as to avoid pain. (pp. 52-53, 56)

In his letter to Bion, Winnicott responded to and interpreted this session very differently from Bion, offering his interpretation of early analyst/mother-patient/infant primary relatedness and communication, and regression in the transference as his

alternative way of understanding, experiencing, reliving, holding and interpreting the session when working with severely disturbed patients. He wrote directly and frankly:

It does seem to me that the material that you reported cries out for an interpretation about communication.

... I would say that if a patient of mine lay on the couch moving to and fro in the way your patient did and then said: "I ought to have telephoned my mother" I would know that he was talking about his incapacity for making communication. Should it interest you to know, I will say what I would have interpreted: I would have said: "A mother properly oriented to her baby would know from your movements what you need. There would be a communication because of this knowledge which belongs to her devotion and she would do something which would show that the communication had taken place. I am not sensitive enough or oriented in that way to be able to act well enough and therefore I in this present analytic situation fall into the category of the mother who failed to make communication possible. In the present relationship, therefore, there is given a sample of the *original failure from the environment* which contributed to your difficulty in communication. Of course you could always cry and so draw attention to need. In the same way you could telephone your mother and get a reply but this *represents a failure of the more subtle communication which is the only basis for communication that does not violate the fact of the essential isolation of each individual.*

You [Bion] will see that from my point of view you were talking about the environment ... and you were indicating by this clinical material that this man has a relative lack of capacity for communicating because of some experiences in which his mother or whoever was there *failed in the original maternal task at the stage when the mother is closely identified with her baby, i.e. at the very beginning.* (Rodman, 1987, pp. 91-92, my italics)

This is indeed a very different way of understanding, experiencing, reliving, holding and interpreting the session, **concentrating on "the analyst's capacity to meet the**

communicating techniques of early infancy” and the failure of the patient’s early maternal environment (Winnicott, 1969b/1989, p. 258). For Winnicott, in *regression to dependence* the patient is not responding defensively, but “regresses because of a new environmental provision which allows of dependence” (1967/1989, p. 197). *Regression to dependence* is a “new opportunity for dependence” (1967/1989, p. 197). “In [these] cases, I have found that the patient has needed phases of regression to dependence in the transference, these giving experience of the full effect of adaptation to need that is in fact based on the analyst’s (mother’s) ability to identify with the patient (her baby). In the course of this kind of *experience* there is a sufficient quantity of being merged in with the analyst (mother) to enable the patient to live and to relate without the need for projective and introjective identificatory mechanisms” (1971, p. 160, italics in original).

Winnicott was very much aware of the great difficulties encountered during psychoanalytic work with long, deep or “total” regressions and dependence, which around the same time bothered his two contemporaries – Balint in London, and Nacht in Paris. Balint (1968, with regard to “the basic fault” psychopathology) and Nacht (Nacht & Viderman, 1960; Nacht, 1963) also dealt with the place of therapeutic regression in the psychoanalytic situation, but with rather restrained and cautious clinical-theoretical conclusions (Eshel, 2013a). The last twenty years have given rise to several critical reflections on this way of working with more disturbed patients, and its utility and necessity has been questioned (Tyson & Tyson, 1993; Spurling, 2008) and criticised (Segal, 2006). But Winnicott’s clinical thinking insists on the fundamental transformative importance of such regressions for the patient, the analyst, and for clinical psychoanalysis. He therefore emphasizes that the analyst must be experienced at meeting the dependence and managing the regressed patient during this stormy, primal, and needy state. Referring to his severely regressed analytic case that he has “all the time in mind,” he writes:

I cannot help being different from what I was before this analysis started ... this one experience that I have had has tested psycho-analysis in a special way, and has taught me a great deal.

The treatment and management of this case has called on everything that I possess as a human being, as a psycho-analyst, and as a paediatrician. I have had to make personal growth in the course of this treatment which was painful and which I would gladly have avoided. In particular I have had to learn to examine my own technique whenever difficulties arose, and it has always turned out in the dozen or so resistance phases that the cause was in a counter-transference phenomenon which necessitated further self-analysis in the analyst...

The main thing is that in this case, as in many others that have led up to it in my practice, I have needed to re-examine my technique, even that adapted to the more usual case. (1954a/1992, p. 280)

Elsewhere, in a very different tone, Winnicott characteristically addresses this point through the baby:

I am still referring to the very early stages. Certainly there is something that happens to people when they are confronted with the helplessness that is supposed to characterize a baby. It is a terrible thing to do to plant a baby on your doorstep, because your reactions to the baby's helplessness alter your life and perhaps cut across the plans you have made. This is fairly obvious but it needs some kind of restatement in terms of dependence... We could almost say that those who are in the position of caring for a baby are as helpless in relation to the baby's helplessness as the baby can be said to be. Perhaps there can be a battle of helplessness. (1987, pp. 102-103)

In this way, Winnicott's clinical theory of regression, with its invitation to go back and enter the most fundamental, elemental and early states in order to enable new developmental processes (in Winnicott's theory, this relies heavily on mother-infant "natural processes"⁵), offers a living experiential possibility for broadening the reach of

⁵ In my opinion, Winnicott introduced the most extreme theoretical and clinical-technical psychoanalytic thinking, evolving out of earliest human infancy. The shift towards primal forms in clinical psychoanalysis

psychoanalytic practice. In my view, his thinking presents clinical psychoanalysis at its most formative edge.

4. Concluding thoughts: Reading Winnicott into “quantum psychoanalysis”

Having reviewed the main radical clinical ideas in Winnicott’s psychoanalytic thinking and presented a clinical illustration, I would now like to elaborate further on the meaning and implications of my contention that Winnicott’s radical clinical ideas introduces a revolutionary approach to traditional clinical psychoanalysis. In order to support this contention, I shall make use of Vermote’s (2013) integrative model of psychic functioning for dealing with the unknown or the unthought. Vermote identifies three distinct zones or modes of psychic functioning to describe the scope of psychoanalytic work and the range of possible psychic changes, each with varying degrees of differentiation, different major psychoanalytic models, and clinical implications for the analyst:

- 1) The mode of reason (reason as a secondary process) – Oedipal, understanding Ucs system (Freud, Klein)
- 2) Transformation in Knowledge – container-contained, reverie, dream-work, alpha-function (Bion, Marty, de M’Uzan, Bollas, Botella & Botella, Ogden, Ferro)
- 3) Transformation in O, when dealing with the most unthought, unknown, undifferentiated zone of psychic functioning (Winnicott, Milner, late Bion, late Lacan). Real, life-giving psychic change occurs at a level of *radical experience*, unrepresented, unknowable or unthinkable, while the *epistemological exploration* of the traumatic unknown, in mode 2 of “transformation in Knowledge,” remains at the level of representations. As such, the difference between “transformation in Knowledge” and “transformation in O” is that T(K) is a thought for something that was not thought yet,

nevertheless does not have to be limited solely to mother-infant natural processes and states, as can be seen in the writings of Searles (1961/1986, 1986) and Bottella & Botella (2005).

and T(O) is a new experience that happens, that can only “become”. “It can only be experienced” (Vermote, 2013).

In my view, which draws on Kuhn’s terminology, Vermote’s mode 2 – “transformation in Knowledge,” is an *extension* of the existing paradigm, while mode 3 – “transformation in O,” introduces an ontological *paradigm change*, reflecting a fundamental commitment to the principle of being and becoming in the experience rather than an epistemological exploration, in order to transform emotional experience from its initial inscription. My own rendering of “transformation in O” in Winnicott’s thinking emphasizes clinically the radical, undifferentiated experience of patient and analyst be(com)ing merged in primary relatedness within deep therapeutic regressions, akin to early mother-baby being-at-one. This extends the reach of psychoanalytic treatment to more disturbed patients and difficult treatment situations.

In addition, I would connect the unknowable and unthinkable emotional reality with Winnicott’s posthumous important ideas of early breakdown or madness (1963/1986, 1965/1989, 1967/1989). To this aim, I wish to suggest a further categorization of the unknown or **unthought in Vermote’s model**:

Unconscious-Conscious: zone 1, consisting of psychic material that could be repressed.

The unrepressed unknown: zones 2 and 3, ranging from traumatically dissociative processes (zone 2) to primordial, unknown and unknowable unrepresented processes (zone 3) – neither of which could be repressed (cf. Bergstein, 2014, “the unrepressed unconscious”; Levine, Reed & Scarfone, 2013, “Unrepresented states”). The strength of the words “the *unthinkable* states of affairs” of early breakdown (Winnicott) captures the difference in intensity between zone 2 and zone 3. This intensity is related to the extent of the traumatization and of the failure of not being held and contained at the time, and to how early on it occurred, as early trauma breaks the personality that forms at the beginning of the individual’s life. According to Winnicott (1967/1989), the varieties of experience of “unthinkable” or “psychotic” anxiety can be classified “in terms of the amount of integration that survived the disaster” of early environmental failures (p. 198).

Thus, zone 2 is the zone of the “traumatic” unknown that remains at the level of representations or that can be transformed by analytic representations (Vermote, 2013), while zone 3 is the zone of the primordial, unthinkable realm of experience, in particular, of early breakdown and madness. In Winnicott’s posthumous writings, this is the agonizing, unthinkable early breakdown or madness that has already happened but could not be experienced (Winnicott, 1963/1986, 1965/1989), and therefore is “unlived” (Ogden, 2014) and “undreamt” (Ogden, 2005b); it is x+y+z degree of mother deprivation in which the baby has experienced a break in life’s continuity (Winnicott, 1971); an “annihilation” before the person even existed (Little, 1985).

Thus, rather than an epistemological exploration for recovering repressed material (zone 1) and the need for further epistemological exploration and transformation of the unbearable traumatic unknown (TK, zone 2), the depths of the unknowable, unthinkable, and unexperienced zone 3 are beyond the limits of the level of representations and analytic thinking. *The unthinkable cannot be thought, but only relived and gone through with the analyst.* Real psychic transformation happens in zone 3 at the level of the radical ontological undifferentiated experience of patient-and-analyst’s being at a primordial point of origin: For Winnicott, within deep therapeutic regressions, akin to early mother-baby primary relatedness. This offers a crucially new opportunity for correcting past experiences and for forward emotional development (Winnicott, 1954a/1992), which is life-giving (Vermote, 2013). It is therefore essential to the practical work of psychoanalysis. For only the great intensity of reliving and experiencing the early agony – this time in treatment, with the analyst, can reach these innermost *annihilated-annihilating states, and create a new experience* within the depths of disaster, unthinkable breakdown and madness.

In conclusion, I have presented my contention that Winnicott’s radical clinical ideas have created a paradigm change in conventional clinical psychoanalysis. They provide a formative matrix and an ontological experience, that become an experience and language of new possibility, even within states of breakdown, devastation, core deadness and emptiness. According to Kuhn (1962), when a paradigm change is complete, the

prevailing paradigm is replaced in whole (e.g. the Copernican revolution) or in part (e.g. in modern physics – classical physics and quantum mechanics), by the new one. I believe that the fundamental claim of quantum physics finds its quantum-like psychoanalytic counterpart in Winnicott's revolutionary ideas: Whereas classical physics is based on assumptions of linear causality, determinism, and a sharp separation between observer and observed, quantum mechanics introduced into scientific thinking key principles of uncertainty and inseparability of observer and observed, the crucial formative effect of the process of observation, and the fundamental organization of unbroken wholeness that underlies our perceived world of separateness at the particle level (Bohm, 1980; Field, 1996; Mayer, 1996; Kulka, 1997; Botella & Botella, 2005; Eshel, 2002, 2005, 2006, 2010, 2013a, 2013b; Suchet, 2017). Physicist David Bohm (1980) describes “the quantum interconnectedness of distant systems” and the “implicate order” (or “enfolded” order) as a deeper and more fundamental order of reality, in contrast to the “explicate or unfolded” order that humans normally perceive. I would thus propose that the paradigm change introduced by Winnicott's revolutionary thinking, and especially his revision of the foundations of clinical psychoanalysis, is to classical psychoanalysis what quantum physics is to classical physics,⁶ and that the elemental, unified psychoanalytic counterpart he conceptualised may be described as the “implicate order” (Bohm, 1980) of psychoanalysis. I would thus term his revision “*quantum psychoanalysis*” (and more specifically, Winnicott's theoretical and clinical thinking - *nano-psychoanalysis*, with its quantum effects [Eshel, 2013a]), and it may co-exist with classical psychoanalysis in the same way that classical physics co-exists with quantum physics.

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⁶ For a further explanation of what I view as the quantum-like psychoanalytic counterpart, see Eshel, 2002, 2010.

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Psychoanalysis and Life: *Psychoanalysis is no Way of Life*, a Commentary on the Past and Future of Psychoanalysis

Thanassis Hatzopoulos

Margaret Little's testimony of her analysis with Winnicott provides us with certain elements related to the course of transference and countertransference in this analysis. We rely on the basic acceptance that the description, albeit from the analysand's side, tells us something about the truth to this analysis (and not merely because the text, at that point, was written by the patient Margaret Little). The text maintains its level of credibility and tells us something that goes beyond the patient herself and about Winnicott as an analyst. I would like to dwell on one single point, if I have understood the text correctly, when Winnicott slides into the pull of his transference towards the analysand as though failing to discern the countertransference relationship from a relation beyond the framework of the analysis, that is, the limits of these two relations at a given moment.

In the summer of 1952, during her summer vacation, the analysand sprained her ankle, finding herself temporarily immobile. Little described her meeting with the analyst after her vacation as follows:

When I saw D. W. again six weeks later so many things had happened that I was confused and had lost all contact with what had triggered off the accident and so never told him about it. *He assumed that it belonged wholly to the transference, to do with his holiday* (cf. Miss Sharpe's reaction to my mourning), also that it was a serious suicidal attempt. I might have protested, but the fresh loss of mobility had renewed the depression, and I suppose *there was unconscious guilt about my verbal attack on my mother, my refusal of her demand, and the physical attack I had surely wanted to make but had turned against myself*. (Little, 1985, p. 30)

In my underlined extracts, the analytical stance taken by Little at the time when she was writing the text, regarding both herself and her analyst, as well as her subsequent interpretive position become clear. She began to interpret the events at such a distance that she could speak about things clearly.

She referred to the verbal attack on her mother, about which Winnicott was fully aware and, prior to the vacation, had expressed: “You have owed it to yourself for a long time” (Little, 1985, p. 29). She, on the other hand, described her reaction as follows: “*It was an important spontaneous self-assertion which had never been possible before and although I did not see her again until she was dying two years later, I have never regretted it*” (Little, 1985, p. 29). Little continued:

As I understand it now something had to be broken – to free me from my mother’s holding and to destroy, finally, the pattern of repetition. Two childhood memories belong here. One is of her gripping both my wrists, and saying emphatically, “You must control yourself!” But, in fact, she was controlling me. (1985, p. 30)

The second memory, from when Margaret was five years old, was related to an episode of pneumonia, with high fever and periods of delirium, when issues regarding sexual differences and her mother’s holding arose at the same time.

My mother’s account is that I clung to her night and day and would not let her go. D.W.’s understanding was that “She would not let you die” – which was true (as I learned later) but now I would say: “She would not let me choose whether to live or die”. I had to live, for her. (Little, 1985, p. 31)

“So”, continued Little, “*when she reasserted her hold on me after my ‘explosion’, something had to break and it was my own ankle*” (1985, p. 31). “Donald Winnicott too could not let me choose whether to live or die, *and he did not realize that I had already made my choice unconsciously, in falling where I did*” (1985, p. 31). Precisely because she

described the details of an accident which occurred in a safe location, just outside the hotel, where she would be both noticed and nursed back to health, whilst she was known to venture out during the same period for long walks in places both steep and risky. Could this whole transference issue be translated (literally and metaphorically) as: holding resulting in control or holding so as to give continuity to life? Holding of confinement or one for giving life? And holding for whom? For him who holds or for him who is being held? And, ultimately, who is held by this holding?

So when the next summer holiday lay ahead D.W. told me that he wanted me to go into the hospital as a voluntary patient, “to make sure I did not commit suicide”, I went for him, wildly; I think I hit him though I am not certain. He caught my wrists and held me, and was not hurt. Eventually I agreed, on condition that he would ensure that I was not given electro-shock, that I could have a private room, that I could discharge myself if I wished (make my own choice), and that he would take me there himself and bring me back – all of which he agreed and carried out. He made it clear that he would also keep in touch with the hospital. (Little, 1985, p. 31-32)

However things did not go according to the plan. The absence of the hospital director with whom Winnicott had spoken and an incident following Little’s admittance – an episode which again involved the smashing of objects, reminiscent of the broken vase at the beginning of the sessions with Winnicott (to which she herself connected it and about which Winnicott spoke in one of his texts) allowed her to get by possibly because to her great surprise, she began to write poetry and to draw. Finally, she concluded:

Something had again been broken (plates, lamp, etc.) but not me, and I was now in what had become my real “nursery”, where it was safe not to control myself. The boundaries were wide and flexible. It was psychically an extension of D.W.’s consulting-room where, earlier, I had smashed his vase. I could now make clear to myself my choice between life and death (“To be ... or ... not to be” – Hamlet).

His putting me in hospital was a repetition of his reaction to that earlier smashing, but this time the contact was not broken as it had been then, when he left me alone with the wreckage I had made. (Little, 1985, p. 33)

The question arises as to how necessary that hospitalization was, whether it was merely one more and perhaps unnecessary “holding”, the answer to which came in the form of that disengagement – via the “smashing” – by the analysand. Of course, in her explanatory text, she herself interpreted the stance of her analyst, in accordance with his own theoretical position that the smashing, i.e. the destructiveness, was part of the creative process. Smashing which could possibly have been turned into a solution or release, which, in turn, would have brought the separation and the distancing of the analyst within the transference from the first binding object for the analysand. The question, therefore, as to whether that hospitalization was necessary to the analysand or the analyst, remains, despite the fact that the agreement had an entirely different fate and, according to Little, was contained by herself.

A second example comes once again from the dipolar *Holding and Interpretation*, a six-monthly account of the case of the young doctor whose file was bequeathed to us by Winnicott: it concerns an “Extract from an analysis” (Winnicott, 1986/1989). We read the notes, or rather the considerably detailed records kept by the analyst, session by session, for approximately six months, this being the last in the second phase of the analysis. Here, again, see the issue of the countertransference position of the analyst come to surface. Over two periods spaced three weeks apart due to Easter holidays. Prior to the break, and despite the fact that the analysand made clear in a variety of ways his wish for the analyst to take on a paternal role towards him, Winnicott appeared not to receive the message and, for a short period, the analysis process seemed to remain stagnant and lacking in progress. This is followed by the 3-week break and by the resuming of the analysis when the patient’s request was indirectly conveyed once again and this time appears to receive acknowledgement from the analyst. The latter shifted position during the transference, and the analysis once again got going right up to its conclusion two months later, with

the analysand assuming responsibility for taking the final step and, subsequently, for the definitive closure with his analyst, with favorable results. If my reading of the notes of both analysand and analyst is correct, the question arises as to what exactly motivated Winnicott to eventually change his stance, to adopt a kind of paternal transference and steer the analysand towards the end of his analysis. The holiday period appears to have made the difference. And here, once again, it is not the case of being able to stand alone in the presence of another, but of being able to stand alone in the absence of that other. **From the analyst's end, the question is: when does one leave the analysand on his own to face his physical absence?** One might assume that perhaps Winnicott read his notes, just like we ourselves read them here, and found himself face to face with realizations that caused this change in stance. What is certain, however, is that his own vacation provided a distance which up until then he had had difficulty in securing, altering his position within the transference relation.

The two examples spotlight the issue of the analyst's physical absence, his relation to this, the repercussions it has on the clinical work and pose questions as regards the relationship of the analyst beyond the clinic, with his life, with whatever else exists or does not exist in his life, with whatever distinguishes life with his patients (here again we speak **of one facet of the analyst's life, the professional and perhaps not only this**) from life without them. Of course, for the analyst, the question of this boundary is constantly there, where and how it is placed given the well-known fact that in his inner reality the analyst **may find 'extensions' of his professional life, and the boundaries between the personal** and the relationship with the real other who is the patient are in movement. In any case, the analyst works with whatever most subjective he possesses, which, nevertheless, in part and to a certain extent, has become consciously objective, a work constantly in progress, **naturally in differing rhythm, the axis being the analyst's personal analysis/es, but chiefly** the continuous evolving character of the work of the analytical procedure, in the guise of self-analysis, which most definitely is nourished and supported by his work with his analysands.

However, there remains the question concerning the relationship between the analyst's personal life, his inner reality, and his professional life, his outer reality, and the mutual influence of one on the other, the passage from one to the other. Indeed, his professional life is part of his outer reality, but, likewise, is a part of his inner reality. Winnicott is one of the few analysts who have distinctly stated: "Through having personal difficulties I came into psychoanalysis at an early stage of my work as a children's doctor" (1988, p. 2), directly linking personal difficulties and personal analysis, a well-known connection of course, but one rarely confessed as such by psychoanalysts. And this continues with connections that, being invisible to a third party, restrict the analyst in his position as analyst, from the analysand's position which is abandoned in the outer reality for the analyst's, with these positions alternating themselves.¹ However, these connections often remain in interpellation along with certain difficulties which may recur due to pressures of clinical work but also to theory, which has crystallized clinical conclusions that must be opened to review or confirmation according to the clinical work. And if this does not happen, theory ends up being a dead letter, whereas analysis permanently is a living process. Winnicott has repeatedly written about the analyst's position as regards theory as something that every analyst must discover anew, himself becoming an example of this position. The liveliness of his clinical descriptions and his firm attachment to the clinic are two features that illuminate the future of psychoanalysis.

Having said that, returning to the issue of the relation between life inside and outside the psychoanalyst's office, and where one ends and the other begins (a question which affects the analyst's position in his clinical activity) let us go over certain viewpoints

¹ Positions which nonetheless differ for Winnicott, as "it is possible for a psychoanalyst to be reliable for fifty minutes five times a week, and this is of extreme importance in spite of the fact that in his private life he or she is just as unreliable as anyone else" (1970/1990, p. 224), a position which differentiates the psychoanalyst in his professional and personal life. As he notes elsewhere "a therapist is like other professional people in that in his job his behaviour is at a higher standard than it is in his private life. He is punctual, he adapts himself to his patient's needs and he does not live out his own frustrated urges in his contact with his patients" (1961/1990, p. 239) Winnicott clearly distinguishes the two positions, without however stating how the therapist achieves the "higher standards" in his work, while not having reached the same in his personal life. And herein lies a paradox the distinguishing of two areas, his professional and personal life, which however for the psychoanalyst are connected in that he works via his most personal feature, his unconscious.

proposed by Winnicott. We shall start with what connects the internal and the external, life inside and outside the analyst, inside and outside the analyst's office, what, after all, comprises the means and also the tools of the psychoanalytical task: words. Winnicott's aversion to words is considerable, indicating how their position and use have occupied his mind in various forms. "I have no wish to invent names that become stuck and eventually develop a rigidity and an obstructive quality" (Winnicott, 1962/1990, p. 75) he wrote and continued later: "Without straining the language of everyday use I may talk of my behavior in the world of external (or shared) reality" (Winnicott, 1968c/2005, p. 140). We are faced with two positions. On the one hand, the non-contrivance of barriers through language, i.e. the knowledge that language may hamper or act as an obstacle where it should do the exact opposite. And the truth is that psychoanalysis has often come out the loser when resolving or succumbing to the temptation of applying neologisms, since more often than not they obscure rather than clarify things. Naturally, there are also shining exceptions in this process. One such example displaying both negative and positive results was Lacan, whose style often obscured his words, whilst certain of his neologisms seemed to work well and became more or less established. In any case, Winnicott's position lay at opposite ends with Lacan in this respect. In his second position, Winnicott requested the use of language already in existence, without tension, without overstretching it to the point where we risk snapping it. Here emerges a stance having to do with common life, the cultural experience which originate words, a position of pumping from a common tank bearing its own tools, which makes complete sense coming from someone who also wrote: "In any cultural field it is not possible to be original except on a basis of tradition" (Winnicott, 1966/2005, p. 134). However, this position marks his question regarding the place of psychoanalysis within the cultural experience, as an extension of the question regarding life inside and outside the psychoanalyst's office.

I do not think it is customary in psychoanalytic bibliography to make such direct reference to life and to living. A travelling companion of Freud on a train, gives an answer when, discussing erotic life, he noted to Freud that life would not be sustainable without

it. In his writings, Winnicott often referred to life and to what else it is, in contrast to health, since, according to him, life and health do not identify with each other. Certainly, as he noted himself, his relationship with psychotic patients placed him face to face with this contrast and the questions deriving from it.

But we seldom reach the point at which we can start to describe what life is like apart from illness or absence of illness. That is to say, we have yet to tackle the question of what life itself is about. Our psychotic patients force us to give attention to this sort of basic problem. We now see that it is not instinctual satisfaction that makes a baby begin to be, to feel that life is real, to find life worth living. (Winnicott, 1966/2005, p. 131)

The question, therefore, is openly presented as regards the passage through sexual and instinctual life, through life as a whole, its meaning and importance to each of us. What would life resemble apart from illness or the absence of illness?

What I say [this theory] does affect our view of the question: what is life about? You may cure your patient and not know what it is that makes him or her go on living. It is of first importance for us to acknowledge openly that absence of psychoneurotic illness may be health, but it is not life. Psychotic patients who are all the time hovering between living and not living force us to look at this problem, one really belongs not to the psychoneurotics but to all human beings. I am claiming that these same phenomena that are life and death to our schizoid or borderline patients appear in our cultural experiences. It is these cultural experiences that provide the continuity in the human race that transcends personal existence. (Winnicott, 1966/2005, pp. 134-135)

Thus, Winnicott raises the question as to where the boundary between living and not living lies, between life and death, in the oscillation between these two which places the value of life in interpellation, phenomena we come across also in cultural life, an issue

of crucial importance since mental illness is either a more serious or lighter form of **mental death**. “We find either that the individuals live creatively and feel that life is worth living or else that they cannot live creatively and are doubtful about the **value of living**” (Winnicott, 1971/2005, pp. 95-96). Often of course, as Little very clearly stated in her own case, this discovery must have a personal character, just as, according to Winnicott, should have interpretation. Then, I wonder if, at a later stage in his life, he would have **handled Little’s case in a similar way as he did those cases where it was necessary to take** space and time from the patients so that they could reach their interpretation accompanied by him but on their own strength?

Thus, for Winnicott, life may not be the absence of illness. Health and life may not necessarily identify with each other completely, not in the sense that there is both health and illness in life, but that life, in the complete positive sense of the word, may also include illness. Essentially, Winnicott declares that illness, too, may belong to the creative living within a **specific period of one’s life, for, what else would symptoms be if not survival** skills, non-functional from a certain point onwards, which have entered life, albeit at a point very near death, to such an extent that the symptom may recall and leave the horizon open in both ways. Likewise, psychoanalysis is called to take a position with respect to life itself: “Psychoanalysis”, Winnicott observed, “**is no way of life**. We all hope that our patients will finish with us and forget us, and they will find living itself to be the **therapy that makes sense**” (1968b/2005, p. 117). Living is, therefore, the meaningful therapy. In this way, living and therapy function metonymically, one comprising the full meaning of the other. The content of this phrase often runs through his writings, either **when, via sparse counseling sessions, he assigns to parents the therapist’s role, with him** undertaking the role of supervisor of sorts; or when he allows development to complete **the children’s therapy, a fact which comprises a great truth**, with him championing the process, either by declaring outright that he does not conduct psychoanalysis when this is not needed, or when there is no possibility for it, choosing an alternative. Thus, his intervention, from a psychoanalytical point or from any other, aims at a therapy which is meaningful, with life as the most outstanding example. Psychoanalysis takes on an

eccentric, peripheral position in life, as does illness. A peripheral and creative position, as does the symptom. A symptomatic position, a position of symptom for the psychoanalyst, of his symptom, as noted by Lacan, albeit following a different course. Here, life may be that which is beyond health and illness.

According to Winnicott, the “orthodox [psychoanalytic] approach” is “a complete statement of the human being and of living experience” (1968d/1989, p. 203), which leaves no room to the statement of human presence as a cultural experience. To this cultural experience, however, he attempts to incorporate psychoanalysis, thus paralleling it with playing, despite simultaneously incorporating it to the experience of living: “Psychoanalysis has been developed as a highly specialized form of playing in the service of communication with oneself and others. The natural thing is playing, and the highly sophisticated twentieth-century phenomenon is psychoanalysis” (1968a/2005, p. 56). “Psychoanalysis, burdened with the search for the attribute and motive of every biological and mental procedure [...]” is another attempt at defining the psychoanalytical procedure by Ferenczi (1989, p. 105). No matter how much we try to define psychoanalysis, and one can find a vast range of definitions, they all attribute to it the search for the functioning of psychic life to its most ontological dimension, including its mutual effect on biology, desire and intention, with the ambition to solve the enigma of the sphinx beyond Oedipus’ answer. We know that Winnicott’s *Human nature* is his attempt to set up in theory all his discoveries until then – and those of his predecessors – in his own terms, something which confirms that he too has not swayed from the demon that is holistic approach, in the sense of a theory which could comprehend the human being and living, in short, becoming human as a whole. Nevertheless, psychoanalysis never ceases to be a platform, a field which seeks to cover a vast area of science and knowledge, to bring to mind the Greek word “epistito” (the field of a science), the etymological root of the word “epistimi” (science). However, here we come to the framework within which the founder of psychoanalysis placed it as a science: “For sociology too, dealing as it does with the behavior of people in society, cannot be anything but applied psychology. Strictly speaking there are only two sciences: psychology, pure and applied, and natural science”

(Freud, 1933a/1995, p. 179). And while he may leave room for natural science, he seems not to unburden psychoanalysis very much, being one of only two forms of science he recognizes.

Thus, we must once again ask ourselves about the place allotted by psychoanalysts, from Freud to the present, from Winnicott to the present, to psychoanalysis and its theory, to psychoanalysis as *Weltanschauung*. Freud indirectly solves the problem by leaving it open:

A *Weltanschauung* is an intellectual construction which solves all the problems of our existence uniformly on the basis of the overriding hypothesis, which, accordingly leaves no question unanswered and in which everything that interests us finds its fixed place. It will easily be understood that the possession of a *Weltanschauung* of this kind is among the ideal wishes of human beings. [...] If that is the nature of a *Weltanschauung*, the answer as regards psychoanalysis is made easy. As a specialist science, a branch of psychology – a depth-psychology or psychology of the unconscious – it is quite unfit to construct a *Weltanschauung* of its own: it must accept the scientific one. (Freud, 1933a/1995, p. 158)

Essentially, he accepts, if he does not expect, that through the scientific *Weltanschauung* psychoanalysis will provide a coherent and cumulative response, construct a coherent single system. Indeed, as he notes: “Psychoanalysis has a special right to speak for the scientific *Weltanschauung* at this point, since it cannot be reproached with having extended research to the mental field. And, incidentally, without such a psychology science would be incomplete” (Freud, 1933a/1995, p. 159). He is himself deluded and albeit being aware of this illusion, his theoretical ambition will not allow him to give in.

Psychoanalysis, in my opinion, is incapable of creating a *Weltanschauung* of its own. It does not need one; it is a part of science and can adhere to the scientific

Weltanschauung. This, however, scarcely deserves such a grandiloquent title, for is not all-comprehensive, it is too incomplete and makes no claim to being self-contained and to the construction of systems. Scientific thought is still very young among human beings; there are too many of the great problems which it has not yet been able to solve. (Freud, 1933a/1995, pp. 181-182)

The fact that, according to Freud, in his time, scientific thought remained far from becoming a *Weltanschauung*, rendered it difficult to him to take a distance. However, today, having understood the genome and with such technological advancement, can we take a similar position? Is it feasible to close our eyes to knowledge which is being implemented to solve problems, but also to control? Do we find ourselves, as in the time of the founder of psychoanalysis, having to face a period of mutation of the anthropological specimen? How much have people of today changed in light of the consolidation of technology and bio-technology in life? How far are we from creating life in ways which, up until recently, seemed unthinkable, when the “real” races at a pace which people can hardly coordinate with their abilities in terms of the mental metabolism? The question crosses both science and philosophy. In the midst of this crossroad, psychoanalysis holds its own place.

Philosophy is not opposed to science, it behaves like a science and works in part by the same methods; it departs from it, however, by clinging to the illusion of being able to present a picture of the universe which is without gaps and is coherent. (Freud, 1933a/1995, p. 160)

Here, the founder of psychoanalysis flanks philosophy as he elsewhere did religion. The illusions of human existence accumulate behind the prospect of a coherent explanation of the unknown which surrounds it and the unknown it contains. Is it possible, however, for the unknown to become more distinct, leaving behind the illusion of the systems of knowledge, both scientific and philosophical, at the same time as other illusions become reality? Once again Freud states:

I must confess that I am not at all partial to the fabrication of Weltanschauung. Such activities may be left to philosophers, who avowedly find it impossible to make their journey through life without a Baedeker of that kind to give them information on every subject. Let us humbly accept the contempt with which they look down on us from the vantage-ground of their superior needs. But since we cannot forego our narcissistic pride either, we will draw comfort from the reflection that such “Handbooks to Life” soon grow out of date and that it is precisely our short-sighted, narrow and finicky work which obliges them to appear in new editions, and that even the most up-to-date of them are nothing but attempts to find a substitute for the ancient, useful and all-sufficient Church Catechism. We know well enough how little light science has so far been able to throw on the problems that surround us. But however much ado the philosophers may make, they cannot alter the situation. Only patient, preserving research, in which everything is subordinated to the one requirement of certainty, can gradually bring about a change. The benighted traveler may sing aloud in the dark to deny his own fears; but, for all that, he will not see an inch further beyond his nose. (Freud, 1926d/1995, p. 96)

This, of course, in no way stops him from attempting to comprehend the workings of the human being, nor to analyze it where he deems it necessary. The essence lies in the fact that no theory can replace a conductor or a tourist guide to the journey of life. Precisely because there can never be a similar guide. The importance lies precisely in the search, without necessarily expecting the global assessment, especially when so many integrals of the past recur again and again, while others blossom with the assistance of scientific knowledge.

The differences between Freud and Winnicott, in case we want to examine a few, are evident in their position and intention towards a systematic theoretical mapping out. Towards the end of his life, with *Human nature*, Winnicott appears to have moved closer to the founder of psychoanalysis in this respect, albeit via a different course.

Psychoanalysis, at times obviously as in the case of Winnicott, at times via latently, seeks ways to open the road to life, not considering that it knows how one should live, nor becoming itself a way of life, but rather as a highly-refined playing within the game of life. And at this point, for Winnicott, contrary to Freud, cultural experience takes on a positive and only positive aspect, resulting in a major chapter for research. Obviously, both men viewed life and its workings from a differing historical angle. And in this respect, Winnicott perhaps indicates a path, highlighting the creative side of the world, but nonetheless including in it the negative aspect in the form of the prerequisite of destructiveness, absence, potential loss. Nowadays, however, destructiveness, beyond its classic forms and representations, from war to genocide, may also take on modern uncanny forms where the real mutates with great speed not merely accumulating debris but also alien forms, alien forces, equal to nuclear ones, the repercussions of which we completely ignore. Psychoanalysis is once again called on to stand and to remain firmly in place, with the question raised by Winnicott, as by so many others before and after him, **“what is life” and “what is human”**. According to their respective time frame, these questions take on a different dimension and, consequently, different contents, while the environment, in the sense introduced resolutely by Winnicott, changes in form and relevance from simply natural and human to technological and planetary. Within this **new framework, psychoanalysts are requested to draw the line between their patients’ lives and their own, between life and death, between the human and the inhuman, between the liveliness of the clinic and that of theory, between culture and its alteration towards barbarianism**. In this respect, Goethe’s words may have some bearing on this moral imperative:

“Grey is, friend, every theory
And green the golden tree of life.”
(Goethe, 1806, Mephistopheles’line)

Translation from modern greek by Sophia Catris

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Imaginative Elaboration¹

Vincenzo Bonaminio

“To smell,” “to hear,” “to see,” “to remember” – to *portray, represent, and elaborate the bodily experience of the child in analysis.*

In this paper, I intend to conduct a detailed examination of Winnicott’s concept of *imaginative elaboration*, which seems to me to be rather neglected. I will try to reexamine its significance from a subjective point of view through the presentation of clinical material of a seven-year-old boy; this child was in psychoanalytic psychotherapy with me at a frequency of three times a week.

I intend to highlight that, in my opinion, the concept of imaginative elaboration – differently from other Winnicottian concepts – possesses a certain uniqueness that does not seem to me to have been specifically emphasized. That is, this is a concept that I would define as having “two mirroring lobes,” so to speak, with “two symmetrical wings,” colored and striped in an identical way and yet different from each other.

On the one hand, imaginative elaboration is the internal activity of the child, and, more in general, of the individual, that *makes him alive*. It allows him to grasp, to perceive, and to *interpret* both the internal world and the external one in a creative and entirely individual, subjective way. As such, it is nothing other than a *uniquely Winnicottian version of the concept of the self*.

On the other hand, imaginative elaboration is a specific emotional and psychic activity of the analyst at work. It comes close to, but does not coincide with, the concept of countertransference. And so we have a concept that, on its own, covers two different areas, that of the individual and the dual, relational one; and as such it is an exquisitely *transitional concept* with a particular Winnicottian stamp.

¹ This paper was presented at the November 2008 at the FRANCES TUSTIN PRICE AND TRUST in Los Angeles. A different abridged version is published in Italian (Turin, Antigone, 2010) in a book in honor of Professor Giannotti who was the chief of my University Department, a psychiatrist and a practicing analyst, who died prematurely.

What I have defined as the concept's dialectical mirroring nature gives it a position quite specific to the inner part of Winnicott's thinking, and only the creative self-confidence of this author, so inalienably original, I believe, enables it to pass from one "lobe" to another, from one wing to another, from one side of the mirror to the other – without the need to worry about a more definitive approach, precisely because the interest here is transitional, intermediate.

1. A Technical Issue: "A Point in Technique"

In the essay cited in the above heading – a work that is a real gem of Winnicottian clinical intuition (and a work to which the editors of the posthumous volume *Psychoanalytic Explorations* [1989] were not able to attribute a precise date) – the author writes:

I have learned recently to adopt the following procedure in analytic practice. When the fantasy that is represented in the transference material is revealed I ask myself: what and where is the accompanying orgasmic bodily functioning? And, per contra, when in the analytic situation there is orgasmic bodily functioning, I ask myself: what fantasy material is the patient telling me about by this functioning? (1989, p. 26)

From a clinical point of view, I have not found in Winnicott a more convincing definition of his concept of imaginative elaboration. This definition falls directly into the heart of clinical technique, into the very texture of the psychoanalytic relationship.

The interested reader will be able to locate the philology of this term in the useful book *The Language of Winnicott* (1996), by Jan Abram, as well as the points and meanings with which Winnicott uses it. It is a term, however, that is not widely used in his writings, even though, as I have already emphasized, it is of fundamental importance. Here I can only touch on its relationship to the concept of countertransference, and also

the specificity which distinguishes it from that concept. The area of overlap, but also of differentiation, between imaginative elaboration and countertransference would require a deeper discussion that lies outside the scope of this paper.

Since Abram's dictionary can provide the reader with the necessary information on the Winnicottian use of this concept, I consider it more useful – and without a doubt, more interesting – to travel through some challenging clinical situations and give them a personal dimension, but one in agreement with Winnicott's formulation, given that I have already made reference to the various meanings in which this concept came to be used by him.

Overall, however, I would like to show how I understand the concept of imaginative elaboration, and so I ask the reader to become attuned to a subjective point of view, rather than to expect a systematic, scholastic discussion of the concept.

2. An Initial Fragment from a Session with Marco

When Marco, age seven, enters the room on a Tuesday, accompanied by an assistant in the Day Hospital of the “Istituto di Neuropsichiatria Infantile”² – where I see him in psychotherapy three times a week, on Mondays, Tuesdays, and Thursdays – I immediately note a behavioral style that diverges from the preceding one, his usual one, which by now has been unquestioned and taken for granted for some months. Usually, Marco immediately runs to the table where his box of toys is arranged and begins to improvise a very simple way of playing, which in my write-ups of that time, those that I found in my folders, I described as “animating the little figures,” to indicate that the game was beginning.

Earlier it wasn't like that. At least three or four months of patient waiting and infrequent, cautious verbal interventions were necessary in order for the child, inhibited in his movements and his language – to a degree that I had perhaps never before observed

² The Institute of Child Neuropsychiatry is now known as the Department of Pediatrics and Child Neuropsychiatry at the University of Rome (“Sapienza”).

in a latency-age child – to *very slowly* abandon the pattern of a total immobilization that could last for an entire session. He would abandon this stance, one could say, through very small, nearly imperceptible changes: he first approached the toys, then began to touch them, and finally to manipulate them – to *animate* them, in fact. Sporadic interpretations of his fear of coming into contact with Vincenzo, and a few rare comments of facilitation and encouragement, plus a very great deal of patience and the capacity to wait – these had been the ingredients of what I considered a small therapeutic success, a “work in progress.”

3. The Capacity for...

When we see signs in analysis of a capacity for change, and in particular the first stirrings of a capacity for play, we know from experience that the prognosis is generally good, and that in psychotherapy – the *touch* (the *tatto*, in Italian) and the *contact* (*contatto*) (Carlioni, 1984), which must proceed at the same rate – will, without a doubt, bear good therapeutic fruit for the child. If the child is not capable of playing, Winnicott (1967/1971) writes, then there is a need to do something so that he may become capable of playing, after which the psychotherapy can begin.

Becoming capable of playing. What peculiar language, unique in psychoanalysis, that has now almost become jargon, and is so enlivened with a semantic spark that it breaks with classical metapsychology. The capacity for playing, the capacity for being alone: who more than Winnicott, or other than Winnicott, described these phenomena in terms of *capacities*? Perhaps Khan (1962/1974, 1972/1974) is the only author who elaborated on this conceptual dimension – possibly thanks to his closeness with Winnicott – to the point of adding the *capacity for dreaming* as well, distinct from *dreaming* itself and *dream*, the latter considered as a product, as a dream that is dreamed, as text.

Let's think for a moment about the revolution that introduces this peculiar Winnicottian term into psychoanalysis: the capacity for playing, dreaming, the capacity

for being alone, the capacity for entering into a relationship. I have long maintained – and I have also written along these lines (Bonaminio & Di Renzo, 1996) – that this Winnicottian vision of the capacity for playing, dreaming, and *becoming capable of* was already outlined in a precursory way in his revolutionary article, “Primitive Emotional Development” (1945/1965). Here the author says many surprising things, but it is already totally clear that he is completely skipping over the A. Freudian/Kleinian diatribe about the “birth date” of the object, for the child – whether this occurs after the age of eight months (as postulated by Anna Freud), or from the beginning (as Melanie Klein maintained). Instead, Winnicott deliberately explores the preconditions for which the object can be discovered/found – that is, *the “capacities” for integration, for personalization, and for the acquisition of space/time*, as well as maturational capacities or processes. These are all joined with the maternal capacities of *holding, handling, and object presenting*, making possible the formation of the self, which in turn sets in motion the capacity for entering into a relationship with the object, discovering/finding it.

Capacities are all to the good. Where, then, is the pejorative, “pathomorphological” tendency of psychoanalysis? Certainly not in Winnicott, who is in search of development, of change, not regression or repetition. He writes: “It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self” (1967/1971, p. 54).

4. The Session with Marco Continues: An Additional Fragment

“What the heck is happening to Marco today?” I ask myself, surprised and almost irritated, at any rate unprepared to see him stopped, immobile on the threshold of the room after the assistant had closed the door behind him. I had greeted him with the usual cordiality, or at least so I thought. “What has happened?” I ask myself.

I wait for some seconds, trying to grasp at something; I am thinking that it couldn’t be Monday’s session, in which Marco generally shows some “hesitation” after the long

interruption of the weekend. In my mind, I run over that thought and what happened in the session of the day before. I think: it was a great session! I had even been struck by the fact that Marco, more quickly than usual (quickly in a manner of speaking, that is; everything is relative), had approached the toys and proceeded to “animate” them.

“Then what on earth happened – what did I do? What did I do *to him*? Why is he going back to this behavior?” I ask myself anxiously. “Why has he regressed so quickly?”

During Marco’s treatment, months and months have been dedicated to the cardinal virtue of patience – a virtue that Eleonora Fe d’Ostiani (a strong Catholic, but also an extraordinarily “lay” analyst of children), one of my first child analytic supervisors, used to tell me was one of the analyst’s *negative capabilities* (at the time she was not acquainted with the work of Bion, so her statement was original – her own discovery, so to speak). All those months and all that patience seem to be shattered in that infinitely long moment, the moment in which Marco remains motionless, stunned.

I try an encouraging remark, my tone slightly manic: “Come on, Marco, Vincenzo is here – we’ll play, like yesterday.” I am aware of having only very rarely used the first-person plural form of speech with this child. My lengthy wait for him to come out of his inhibition has always respected his spontaneity; to say “we play,” in the plural, would have seemed to me like an exploitation, a swindle, a muddying of the waters – a takeover of his spontaneity, suffocating it.

Now, by contrast, I have done it. I realize the error that has perhaps made things worse, or perhaps not. I’m not sure; I become confused for a moment. I feel a certain anxiety rise up in me that I must keep at bay; it seems to me that I’m being excessive with my worried reaction that the child may be regressing. “Let’s give him some time,” I think.

But my anxiety does not abate. The strong temptation, held at bay, is to draw close to Marco, to urge him on, to be more “affectionate” – in short, to engage in a small instance of acting out. “What can you expect but a little acting out!” I think to myself in exasperation. Nevertheless, I hold myself back.

I cannot deny, however, feeling irritated at the unfortunate turn the session risked taking. But only a few minutes have passed! Regression is just around the corner; indeed,

it has already happened, and I haven't even noticed, being the "happy soul" of a therapist that I am! I've been resting on my laurels since the child's release from his severe inhibition.

In a flash, I review in my mind the previous session, but already that is distracting me from the here and now. I notice that Marco is in some way "hearing" that my mind is not there with him.

I notice his bodily rigidity. Slowly, he moves his hand to his penis and pinches it, through his pants, at its tip, perhaps the foreskin. This seems to reassure him. It reassures *him*, not me; I, on the other hand, am seeing the gesture of an earlier time when the pinching of the penis was a sign of the child's closing in on himself more and more.

Then, as I am feeling almost desperate, a very trivial detail of the previous session comes to mind – a detail to which, quite frankly, I had assigned no importance, which I had in fact neglected. It occurs to me that, in Monday's session – about a quarter of an hour after its beginning, let us say – while Marco was "animating" the toys, there was a loud fracas in the corridor. The child did not seem to pay attention, while I pricked up my ears. After a few minutes, the loud noise seemed to become sounds of a scuffle; I didn't really know what it was about. It was only when the door to the room in which the session was taking place was loudly banged from the outside, such that it vibrated and almost appeared to bow inwards, as though it were in danger of being thrust open by a gust of wind, did I realize that there were some highly agitated children in the corridor, and that a fight was taking place there.

"It doesn't concern us," I think to myself, and after the jolt at the door, the storm seems to pass; nothing more is heard. I think, "We are safe here inside."

Mentally running through yesterday's episode in today's session makes me see it in a different light, however: in brief, yesterday was "danger averted." Marco didn't notice anything, luckily; but today I understand that *I* thought this – *he* did not. I become aware of not knowing anything about how the child experienced the episode. I deluded myself that he had not even registered it. I think of having concentrated on "my 'detail'" – to use the expression of Guicciardini, a fourteenth-century author – immediately afterward, but

of not having devoted any attention to how Marco could have experienced it.

An omission is evident in my behavior, in my conduct of yesterday. Only now am I able to realize it. “Is there time to make amends?” I ask myself, “and what if this wasn’t the problem? If I tell him something about my thinking today and it wasn’t like that, I risk losing the child even more – a risk even greater than regression.” I seem to be on the edge of a cliff, and furthermore I am there alone. All of this imaginative elaboration of the possible event occurring in that moment is mine alone; it seems to have nothing to do with the child.

I take the risk. And I tell him in a tone of discovery:

Oh, I see! You are still shaken up by that terrible blow on the door yesterday; it seemed to be a thunderbolt, a very loud and scary noise. And furthermore, Vincenzo didn’t say anything to you; he left you alone. You didn’t understand what was happening, while maybe he did. So *why* didn’t he say anything? Darn it – sometimes Vincenzo forgets to say things! Come over here, and now I’ll explain it to you... Right, Marco wants to know... and Vincenzo was all intent on understanding himself what was happening, and he left Marco alone with his fear of what had happened, of what he didn’t understand. “It’s okay, nothing serious happened” – that’s what I should have told you! It was only a child who was a little angry, who didn’t want to go somewhere with the doctor – maybe he was “afraid of the doctor”³ – and then, in order to escape, he banged against the door and made that loud noise. Vincenzo, too, was worried when he heard those noises, but when he understood what they were about, he calmed down, and when the child knocked against the door, Vincenzo’s fear had already passed. But not Marco’s – and Vincenzo said nothing to Marco, who was left alone with his fear, not knowing what was happening.

³ I am referring to the fact that in the day hospital, neurological exams were routinely carried out, and some of the children feared the neurologist’s visit, even though the exams were done in the least intrusive way possible. Marco himself, though not showing it openly, had been “frozen” during his neurological visit a few months earlier, at the beginning of the consultation; I remember that the child neurologist indicated in her notes that Marco “seemed to tremble with fear,” and only passively performed the steps of the neuromotor evaluation.

Be that as it may, correct or not, imaginative elaboration or “delusion” of my countertransference, this comment – rather long, in fact, but very “affectionate” – seems to have a magical effect. Several seconds after I finish speaking, the “pliers” of Marco’s thumb and index finger that are squeezing the end of his penis through his pants begin to slow down. Some seconds later, and without saying a word, Marco moves toward the table where his box of toys is, as though the session were beginning at that moment – exactly as it had begun, by now routinely, for weeks if not months. The child’s sudden break with his customary behavior, unquestioned at this point, had upset me, disoriented me.

The boy begins to “animate” the little figures, and play resumes because I have “reanimated the child,” so to speak – the child who had scarcely been able to breathe, overcome by that very loud noise. My imaginative elaboration now allows me to understand more about the reason for the inhibition displayed by Marco, a child who – as we shall see – had been sent for diagnostic consultation and then directed to psychotherapy precisely because of unusual inhibition.

I had “failed” – to use Winnicott’s (1955/1965) expression – exactly in the area in which the primary environment had failed. I now understood that too much had been assumed about this child, that his very good behavior had brought about a sort of resignation, a settling into an acceptance of his apparently good functioning. “Wherever you put him, there he is” was the general feeling. No one spoke to him more than was necessary, than was absolutely necessary, in fact – exactly as I had done.

5. “Traumatic” Reality and the Capacity to Transform It with the Capacity to Play

For Winnicott, *playing and reality* exist in a vague dialectical relationship, not in opposition; the capacity to play includes “pieces” of reality. Reality can be tolerated only if it is *played* by the child, *creatively transformed*, rendered *me/not me* – as a transitional object that is, in fact, the “first not-me possession.”

Modern-day life, the postmodern world, almost philosophically crushes playing,

making it a “must,” one could say – setting up playing against reality, which takes space away from playing, suffocating it. This is why it falls to the therapist, Winnicott seems to say, to take on the task of putting the child (and the adult) in a position to play, restoring to play and fantasy the space that is its due.

The crash of reality against fantasy (isn't this one of the factors that have led to the striking expansion of the virtual universe as a compensatory escape from the oppressive *reality of reality?*) takes the breath away from creativity, removing the spontaneity of play and of feeling alive. This crash⁴ of reality which attempts to stifle fantasy, as well as related themes, are admirably expressed in a beautiful closing passage by “REM” (the name of this musical group seems to express their way of making music). In “Überlin” (2011), the group seems to have taken up various Winnicottian concepts, almost word for word. This subject had in fact already been dealt with by the Beatles, who were almost contemporary with Winnicott's later period, in their masterpiece “A Day in the Life” (1967). Here the frenetic rhythms of a working reality are modulated and juxtaposed with *dreaming* as a unique form of *life alive* – which, however, because of a sort of hallucinosis of daytime vestiges, becomes almost a nightmare, and then returns to being a dream in the final, improvised sequence of piano notes.

The first lines of the first musical passage in this Beatles song are significant. The song was written by John Lennon and Paul McCartney, and was sung by both of them. One of them, McCartney, represents the cold, ritualized, and repetitive daily life of a petty clerk who goes to work in an almost robotic way. Then, however, having climbed up to the second level of a London bus, he loses himself in fantasizing, which “extracts” him from the constrictions of a boxed-in life and projects him into an oneiric mode, which is

⁴ A well-made film by Paul Haggis, entitled *Crash* (2004), portrays this dimension of contemporary postmodern society from still another perspective, in part complementary to that I am alluding to here. Human relationships are no longer possible, and if they are, it is only through physical *crashes* between people, sometimes in the form of traffic jams or collisions, at other times in casual knocks against others in a crowded city, and at still other times, in deliberate intrusions, subtly violent in the intimacy of the other, or in witnessing the mangled body of someone who is terminally ill. Emotional contact is missing, and only a crash is possible. In these crashes, however, the need for human contact persists as a symptom of hope, almost oozing from the cracks of every crash.

“sung” in Lennon’s dreamy voice, portraying the self’s *other*.

An analogous, more recent passage was sung by the group REM. (“Rapid eye movements,” the very quick ocular shifting that indicates dream activity, is in itself a revealing name for the group, as already mentioned.) This song portrays the repetitiveness – it, too, robotic – of postmodern man, who has lost himself in a faceless crowd of others who are the same as himself, as well as the capacity to withdraw from this dehumanization through the production of an almost hallucinatory fantasy. Let’s follow the first lines, leaving aside the original version, and read them in parallel with the Beatles’ song in order to appreciate similarities and differences. The latter is undoubtedly more striking for the nonsense contained in its oneiric section.

The Beatles, “A Day in the Life” (1967),
by John Lennon and Paul McCartney
(italics indicate the oneiric parts)

REM, “Überlin” (2011)
(normal text indicates “robotic” daily life)

I read the news today oh boy
About a lucky man who made the grade
And though the news was rather sad
Well I just had to laugh
I saw the photograph
He blew his mind out in a car
He didn’t notice that the lights had changed
A crowd of people stood and stared
They’d seen his face before
Nobody was really sure
If he was from the House of Lords
I saw a film today oh boy
The English Army had just won the war

Hey now
take your pills
and
hey now
make your breakfast
hey now
comb your hair and off to work
crash land
no illusions
no collision
no intrusion
my imagination run away [the oneiric
fantasizing begins, which “extracts” one from

<i>A crowd of people turned away</i>	reality]
<i>but I just had to look</i>	<i>I know, I know, I know what I am chasing</i>
<i>Having read the book</i>	<i>I know, I know, I know that this is changing</i>
<i>I'd love to turn you on</i>	<i>me</i>
[Normal text indicates the waking-up part]	<i>I am flying on a star into a meteor tonight</i>
Woke up, fell out of bed	<i>I am flying on a star, a star, a star</i>
Dragged a comb across my head	<i>I will make it through the day</i>
Found my way downstairs and drank a cup	<i>and then the day becomes the night</i>
And looking up I noticed I was late	<i>I will make it through the night</i>
Found my coat and grabbed my hat	ah hey now
Made the bus in seconds flat	take the u-bahn
Found my way upstairs and had a smoke	five stops, change the station
[The dream begins – the oneiric state]	hey now
<i>Somebody spoke and I went into a dream</i>	don't forget: the change will save you
<i>I read the news today oh boy</i>	hey now
<i>Four thousand holes in Blackburn, Lancashire</i>	count a thousand million people
<i>And though the holes were rather small</i>	that's astounding
<i>They had to count them all</i>	chasing through the city with their stars so
<i>Now they know how many holes it takes to fill the</i>	bright
<i>Albert Hall</i>	
<i>I'd love to turn you on.</i>	

6. Some Anamnestic Notes about the Clinical Fragment: A Basis for Imaginative Elaboration

Marco had been sent to consultation with the University Institute of Child Psychiatry by an organized treatment team working in the community suburban territory of Rome, that collaborates with our social worker. An accurate diagnosis is necessary,

according to their request; the child is very inhibited and barely speaks, even though his vocabulary and linguistic expression are appropriate to his age, though he makes use of them only rarely.

It seems as though, his teachers say, the “bare necessities” are enough for Marco. In saying this, the social worker explains to me, they are explicitly referring to *The Jungle Book*, the animated Disney cartoon that, according to his parents, Marco eagerly watches every day. He hangs on the lips of Baloo, the kind, big, and easygoing bear who sings about the “bare necessities, the simple bare necessities.” Moreover, Marco seems to identify with Mowgli, who is as thin as a stick in the animated cartoon, just as Marco is. His parents say that he identifies with Mowgli because, in the living room where the TV is, as he attentively follows the action in each scene, Marco imitates Mowgli’s movements, though only with vague, incomplete gestures – the “bare necessities,” in fact, of the behavior of *the little boy who was abandoned in the jungle*.

I note that this situation, the quality of the narration, immediately brings about in me a sort of mental image of the child, even before I have seen him in person. The memory of evenings spent watching this same cartoon on videocassette with my own children when they were four or five years old, and even younger – first the older one and then the second one, younger than seven – certainly plays a role in my nostalgic memory. At that time I was a young father, and later certainly less young, but my children continued to welcome me with such joy and anticipation when I returned to watch the cartoon with them that I felt I was the center of the world.

“Daddy, can we watch Baloo?” was their very sweet demand, a somewhat imperative one. Naturally, it wasn’t only Baloo that first one and then the other of my children wanted to watch, but all the Disney cartoons that I bought for them. Baloo, however, and the lively song about the “bare necessities,” and Mowgli the abandoned boy – all these represent and *condense* within themselves the memory of all the cartoons I had watched and re-watched with my children. (After all, the work of the unconscious is accomplished through displacement and condensations.)

The first meeting that has not yet taken place between me and Marco – the little

boy abandoned in the jungle – figuratively represents a key point in my imaginative elaboration about this child, essentially based on *remembering* and on *representing*. I feel a sense of tenderness, and the wish to get to know him immediately comes over me. I am tempted to “pass over” another child, Andrea, brought to me as a “psychotic” patient, who has also been entrusted to me for a diagnosis that week.

Who feels he can see a psychotic child “lightheartedly”? This child is almost the same age as Marco, and is one about whom I have little information, the “bare necessities” for the moment – the initial anamnestic data that one receives when a case is assigned. The data make me think that Frances Tustin (with whom I had a number of supervisory sessions in the past) would define him as *confusional*: Andrea licks everything that happens to come into his hands, and the saliva and its acidic odor, which after a while emanate from all the objects and licked surfaces, seem to be what Tustin calls these children’s *auto-sensual autistic forms*. Tustin believes that only confusional children make use of these forms, while *shell-type* children, by contrast, *auto-sensually* perceive forms as hard objects; for example, feces are held back in the rectum, teeth are clenched in the mouth, or a narrow piece of wood is clasped in the palm of the hand.

For this reason, at the beginning of this paper, I mentioned “to smell,” “to hear,” “to imagine,” “to represent”; and indeed, where would we start off from if not from the bodily fantasies of the child who is in psychotherapy or who is undergoing diagnostic evaluation? The body – the body itself – unavoidably impacts our internal world. We create a mental image of it with our imaginative elaboration – certainly the result of our expectations, of our projects, but also of those little pieces of reality that are transmitted to us when we are told about a child to be diagnosed, but whom we still do not know as a “physical person,” as a body.

In this case, my imaginative elaboration about Andrea caused me to paint him in my mind as a “case” to be treated *after* I had experienced some gratification with another young patient, one who was “supposed to be” easier, simpler, and – let’s be frank – nicer. In any event, here is the confusional child, whom I am calling Andrea, and whom I still don’t know to be truly confusional, if he is psychotic. The diagnosis will be useful, in fact,

to evaluate the nature of the psychopathological disturbance; he has already evoked a fragment of imaginative elaboration in me. While I am in the ward meeting in which cases are assigned to various workers, I “smell” – almost delusionally – the stench of acid in the saliva left around where Andrea has been. By contrast, what is resounding in my ears is Baloo’s lively song: “the bare necessities, the simple bare necessities.” I “see” Mowgli, the abandoned boy of the jungle, who happily imitates the bear’s movements and sings softly with him – in a “sing-along” version, as it is called in English.

I will allow myself here to focus on these sensorial elements for a moment: I *smell* the acidic saliva, I *hear* the lively song, and I *see* before my eyes Mowgli, the little stick of a boy, and then Marco whom I still don’t know. At least three sensorial channels are activated; we are talking of the body and of a psychic activity *in statu nascendi*, still unformulated. It is my psychic activity that is engaged here – my self’s activity. One of the meanings that Winnicott assigns to the concept of imaginative elaboration has been pressed into service, so to speak, in this case – that of the apperception of reality, and especially the bodily reality, of my young patients, toward whom there is a clearly disproportionate level of investment. This frame of reference, as I have already emphasized, touches on countertransference, which it overlaps in some areas, but it is not the same; let us say that it is a *precondition*, to use a peculiar Winnicottian expression.

I think that here it may be evident to the reader (or at least I hope so) that the concept of imaginative elaboration has a dual core: it is actually the activity of the analyst’s self that is directed toward the patient and “invests” him, but it is not yet countertransference; and, simultaneously, in a mirrorlike way, one could say that, through primary identification, it is the self of the patient that in this way is presented to the analyst. It is in this sense that the concept of imaginative elaboration is an *individual/dual* one, with two lobes – a bridging concept that connects, but at the same time maintains its uniqueness for the individual to whom it is directed. It is not a co-construction; it is a meeting – if it happens between two individualities. Paraphrasing Winnicott (1945/1965), one could say that there are two phenomena: the imaginative elaboration of the analyst and that of the patient. These two do not enter into a

relationship with each other until there is a common experience, until there is a certain psychic intensity (Bollas, 1995/1996), and until they meet and are drawn toward each other – or, conversely, until they move away from each other or are removed from each other (attraction/repulsion).

7. The Concept of Imaginative Elaboration

For Winnicott, imaginative elaboration corresponds to the psyche, to the activity of psychic life. The evocative power of these two words – the noun totally Freudian, and the adjective Freudian as well – is nonetheless already on the way toward establishing an autonomous independence from representational, Freudian metapsychology. In my opinion, these words, *imaginative* and *elaboration*, have a developmental potential yet to be fully considered. Certainly, the adjective – radical in relation to the simple “elaboration” of the Freudian genre – is itself Freudian. It pairs with *deutung*, with the activity of *guessing*, and especially with the psychic figurability that Freud speaks of in *The Interpretation of Dreams*, which was taken up again and admirably reexamined and reevaluated by the Botellas (2001).

It is not true that psychism, as Freud portrays it, hinges on representation. The foregoing remark is directed toward detractors of psychoanalysis, to the enthusiastic supporters of implicit memory – supposed to be absent from Freudian theorization – and to critics of the representational as the center of everything in Freud. One could say that, in Freud himself, there is a long ontogenetic history before representation (and certainly before imaginative elaboration), as I have partially outlined up to this point, which is part of it and yet a new development at the same time. In other words, the *pre-representational* and the *representational* actually exist along a continuum, and as such they must be seen jointly, as a unit.

Let's return to the clinical material, to Marco and Andrea. In fact, it is in daily clinical practice that I have begun to truly understand the meaning of this expression and the concept of imaginative elaboration; for as much as it is deeply, intrinsically

Winnicottian, it is not often used in his own vocabulary, nor is it as frequently utilized as his other clinical concepts, and it is not uncommonly twisted or “jargonized.”

But the destiny of other psychoanalytic idioms is no different; we might recall, for example, some of Bion’s equally authoritative and creative contributions: “*a quantum of alpha functioning is necessary in order to transform beta elements*”, “*a little bit of containment here*”, “*small transformations grow*, etc.”

These expressions often crop up in clinical discussions, with a greater or lesser degree of relevance – like jets of water in an Italian fountain, ingeniously conceived but by now somewhat worn out. In the same way, parts of presumed “*transitional experiences*” spring up, as well as pieces of “*good enough mothering*,” fragments of “*subjective objects*,” evocations of “*fear of breakdown*” – as though one were dealing with adhesive labels to affix here or there, and not, on the contrary, with concepts. After all, these concepts grew out of the blood and sweat of the relationship with the patient, and ultimately came into being through the patient’s associations, his inhibitions and anxieties – *imaginatively elaborated* by the analyst at work.

The practice of inappropriate labeling as a “psycho-analyse” abuse calls for the irony of the cinematographer Moretti, as with the “deficit of caretaking” in his *Habemus papam* (2011), in which the psychoanalyst is even ridiculed, though good-naturedly, for his incurable narcissism. But does Moretti accurately represent the analyst’s character? Is it possible that psychoanalysts do not have within themselves the antibodies with which to defend themselves against this jargonistic decline of psychoanalysis?

Here is a point to strongly emphasize, to throw into relief: imaginative elaboration is always born out of a clinical basis; one could say that it is born of the *pulsating body* of the analytic framework, of the concrete relationship between analysand and analyst, of the anxious or spitting or inhibited child and the analyst who tries to understand. But in order to understand, and possibly to go on to interpret, one must first *take in, participate, and support*.

Not by chance do I use the expression *pulsating body*, for two reasons: the first is because I have insisted on the subject of the body in regard to the particular meaning that

Winnicott gives to the term *imaginative elaboration*. The second is to emphasize through the adjective *pulsating* that it is not imaginative elaboration that gives life – through the presumably enlivening mental activity of the analyst – to something that is devitalized (or at any rate stuck, imprisoned). On the contrary, it is imaginative elaboration that takes life and develops it, engulfs it in order to multiply it from the existing level of vitality, which is often hidden, encapsulated, even in the closest of analytic relationships.

With the illustrative cases of Marco and Andrea (which have wandered a bit, perhaps, and the latter case was only hinted at), I have wanted to refer precisely to this: the child is the carrier – even before being physically seen, even when we have only a little information, before the actual consultation – of fragments of his own psychic life, of an idiom, Bollas (1992/1995) would say. These fragments must become the target of the analyst's listening, of his attention; he must prove himself capable of fitting in with the patient and of gathering signals, like those from a radio beacon. He must orient himself to the patient, like an airplane in search of a vector point that defines its route, in order to come closer and understand a little more. In the meantime, the *psychic intensities* (again, to use Bollas's [1995/1996] term) emanating from the patient will have activated the analyst's own psychic intensities within him, and these can be joined or not with those of the patient. But the enormous, incessant process of *cracking up*, the dissemination of the unconscious, which originates in the patient like a fragment, a *lapilli*, will be intercepted by the analyst. "Baloo," the "bare necessities," and "Mowgli, the abandoned boy of the jungle," for example, give form to an image and permit the analyst to take in something and connect it with his own experience.

Marco, a little stick of a boy like Mowgli, brings to mind my own children, and I understand his experience a little better through the sweet, nostalgic memory of when I was a young father. Perhaps, in looking at myself again, I see myself for the first time as the easygoing Baloo – carefree in a way that I no longer am – and as someone whom my children clung to, practically climbing on top of me, forcing me to watch the cartoon with them (and then perhaps our play would begin). Marco may be the abandoned, neglected child, like Mowgli lost in the jungle, but I, too, am Mowgli – and Marco may be

“abandoned” by my children, because they are now grown up. How else can I explain the powerful identification that I immediately felt for him?

All these elements – especially the sensorial ones, but also the ideational, figurative ones – contribute to the imaginative elaboration that we are talking about, which in some way brings me in tune, *ante litteram*, with my young patient even before I have met him. In the first clinical fragment I reported, taken from the seventh month of analysis, I demonstrated how this element persisted and how it was transformed.

Imaginative elaboration, then, is that psychic activity which develops out of the analytic relationship, from the meeting between two subjects. I am making statements here that I consider to have a certain polemical tone because they have to do with the necessity of rethinking what we could define as the *drift of countertransference*. That is, **it is the analyst’s mental activity, the analyst’s mental framework** – sometimes pompously evoked – that could give a meaning to something when in reality that meaning does not exist. If the analyst bases his understanding of the patient primarily on what he supposes **himself to “feel” in the countertransference**, more than on the clinical material of the **patient’s transference, then the analyst assumes the role of having the knowledge, the answer, and it is he who gives these to the patient.**

In my opinion, this creates an authoritarian analyst (the *subject who is supposed to know*, as Lacan said) and puts the patient in a dependent position, that of *the one who does not know*. In contrast, both analyst and patient contribute in bestowing meaning to the analytic situation, in my view. The analyst does not delude himself into thinking that his imaginative elaboration resolves the situation, but rather that it helps the patient, in the analytic setting, to extract the meaning that is already there within the patient. Thus, Marco was already behaving like Mowgli, in a certain sense, but without his awareness of this; I was able through my imaginative elaboration to extract this meaning from inside Marco.

Here I am reminded of my individual and group supervision in the late 1970s with Frances Tustin, who visited us twice a year in the Department of Child Psychiatry of Rome University for over twenty years. She warned us about the danger of abusing

countertransference feelings in the treatment of autistic children. The temptation to rely on countertransference, she pointed out, is even stronger in such cases due to the absence of a clear two-way communication between analyst and child. She wisely cautioned against the inadvertent creation of a “false” autistic child, a “ghost twin” of the real autistic one – i.e., a ghost with whom the analyst was relating in order to protect himself from the frustration and isolation of being unable to communicate with the child. In this scenario, the two children could end up in competition with each other in the consulting room: one real, and definitely and desperately autistic, and the other a ghost twin created by the analyst’s countertransference feelings. This could result in making the real autistic child even more incomprehensible, isolated, and non-communicative, while the analyst has the delusional feeling of breaking into the autistic defense of the ghost he has created.

Imaginative elaboration, like other levels of countertransference (but here I would have to make too long a digression), actually draws its strength from the relationship with the patient, from participation in the encounter with him. On another level, Mariassunta Di Renzo (2011) has effectively demonstrated this dimension with clinical evidence in her description of the imaginative elaboration arising from the close observation of an infant, which directly involved the infant, the mother, the father and the observer.

An important point in the way I see things: imaginative elaboration is that psychic activity that *adds meaning*, but does not *give meaning*, because meaning is already there, though unexpressed, in the meeting between analyst and patient. It is a much more craftsman-like activity, and a much more humble one, than we might want to believe in **ennobling the analyst’s work**. It is a little like the work of a carpenter who must use a rasp and planer to make a decorative spiral on the front of a drawer, and in order to do so, he exploits the grain of the wood, the natural curvature it has, adding to what is preexisting but not in the wood. In encountering the wood, he looks at it, scrutinizes it, touches it **with his artisan’s hands, and understands both its roughness and the parts with a smooth consistency**. From these, the basis is formed for beginning to imagine how the spiral might come out, and then perhaps he will have to change its form in the course of the work. He will be satisfied if the spiral he has imagined, starting from what the wood itself

is like, corresponds sufficiently to what he had glimpsed, what he had “guessed at” from that curvature.

Isn't this a form of “found-created”? Doesn't the “creative” analyst deceive himself? Imaginative elaboration is not a creation of his, *ex novo*, from the patient's inert body or from the analytic relationship, but it is an addition, certainly a significant one, that enriches the meaning of the experience undergone by the patient and by the analyst together with the patient. Mariassunta Di Renzo (2011) convincingly demonstrates, in my opinion, this aspect of *experiencing*. Many times in her paper, she delineates in rereading Winnicott, the uniqueness of his adjectival usage. Winnicott seems to write casually, but on the contrary, he chooses his adjectives with great care when he speaks of *experiencing* as the “possibility of *living* the experience” itself – both that with the child and that with the patient in analysis. It is an enlivening process, a revival of something (see “Clinical Varieties of Transference,” 1955/1965).

Melanie Klein describes the importance of “taking in the transference first,” that is, first of all accepting it before understanding or interpreting it. Winnicott speaks of the necessity for the analyst to preserve his psychosomatic integrity – a more difficult task than it seems at first glance – and to remain alive, awake, and well (1962/1965), in order that he may take in the patient's “need to be known in all his parts” (1945/1965).

For me, imaginative elaboration is furthermore all the psychic activity that is set in motion in order to fill this gap, and that never fills it. I am referring to the gap between the patient's need for his transference to be “taken in first,” and the analyst's attempt to take it in – between the “patient's need to be known in all his parts,” and the obstacles that intervene for the analyst in staying alive, awake, and well so that this can happen.

It is this “space” into which imaginative elaboration penetrates – between body and mind, we could say, between the clinical and the theoretical. It is this restricted space that it slips into in order to open it up. I think that we are here in the area of a sketchy form of *countertransference before transference* – a topic about which I have recently written (Bonaminio, 2010).

Returning to Marco, I think that a kind of imaginative elaboration is mobilized in

me that gives a soul to this little body, to this small heap of bones, pale and sad, as I represent Marco to myself – even before I see him, as mentioned. What has set in motion in me this type of “primary paternal preoccupation”? I think it may have been the description of his body, of his slow and inhibited movements, that made me feel the presence of a “child without a soul”, one who functioned at a minimal level, with only the “bare necessities.”

Clinically, I think that here, as far as Marco is concerned, we are in the area of that phenomenon, of that concept, of that area of experience that Winnicott calls – with a terminology all his own, and very complex in its content compared to how it might appear at first sight – *imaginative elaboration*. As I have said, this concept forms part of the phenomena of countertransference, but in my opinion, it cannot be totally identified with those. Imaginative elaboration was positioned by Winnicott both as a function of the analyst who thinks, imagines, and *dreams* his patient, we could say, and, more specifically, as an equivalent of psychism, the self – which always begins from the body, however, and from endopsychic perceptions.

Marco’s parents have a daughter, Giorgia, who is younger by three years, to whom they seem to devote a great deal of attention, “neglecting” Marco a little. They consider him more able to “manage on his own,” while on the contrary it is evident that the boy’s behavior is impoverished, as though he has been numbed. I am struck by this neglect by the parents. My negligence in not explaining the origin of the noise in the hall to Marco – for him a traumatic experience – represents precisely that environmental failure that I can recognize in the *here and now* through imaginative elaboration, “bodily” animating that elaboration before the lifeless image of a neglected child.

Translation by Gina Atkinson, M.A.

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The Propagation of Social Media Networks and the Phenomenon of Daily Life Turned Spectacle: in Defence of the Isolated Core of the Self

Alfredo Naffah Neto

In one of his most paradoxical texts, Winnicott says:

I suggest that in health there is a core to the personality that corresponds to the true self of the split personality; I suggest that this core never communicates with the world of perceived objects, and that the individual person knows that it must never be communicated with or be influenced by the external reality. (...) Although healthy persons communicate and enjoy communicating, the other fact is equally true, *each individual is an isolate, permanently non-communicating, permanently unknown, in fact unfound*. (Winnicott, 1963]/1990, p. 187)

The first thing that calls our attention is the term “split personality”, which may seem strange to some people, since Winnicott generally speaks of split personality when describing psychotic defences. However, in this case, Winnicott is not talking about psychotic defences. He is trying to describe a necessary and healthy “split” between the true and the false self, which protects the core of the true self from being influenced by the external world. Perhaps the best word to describe this phenomenon would have been *dissociation* and not *split*, but at that time (1963), Winnicott had not yet distinguished between these two concepts. When he does so, in a later text (Winnicott, 1988, p. 137), we learn that the original splits of personality are welded by the process of self-integration and, in healthy people, only some dissociations that are considered “normal” remain between the two selves.¹

¹ In this text, Winnicott distinguishes *split* from *dissociation*, reserving the latter for relatively healthy and well developed personalities. He writes: “Gradually, as development proceeds, the individual can encompass the splitting that exists in the personality, and then lack of wholeness is called dissociation (...) Dissociation is a term describing the condition of the relatively well developed personality, in which there is a rather exaggerated lack of communication between various elements. For instance there may be an absence of communication between the sleeping and waking states by remembered dreams” (Winnicott, 1988, p. 137).

However, the text from 1963 also states that, in that “split” personality – in its internal part –, one can find an isolated, non-communicating core, that must not be influenced by external reality, that is “permanently unknown, in fact unfound”. It also states that that core corresponds to the true self.

This statement is correct; however, one could ask where is the potential space located, since it is formed by the overlap between the subjective and the objective worlds, between fantasy and reality? Could it be that space and its location that justifies the paradox of a personality that communicates and does not communicate at the same time?

One can detail this question a little more, saying that in healthy people communication and contact with external reality always occur mediated by the third zone, the potential space.² So, where can one suppose the potential space is located, taking into account that division of the personality between the true and false selves?

Hypothetically, one can consider that the third zone encompasses areas of the true and false selves – and that it functions as a transitional zone between both so that any communication with the external world always comes dyed by the subjective colours, by the creativity which emanates from that isolated and non-communicative core of the self. It is necessary for the individual to continue to create the world all the time, in order to maintain life true and real.

That hypothesis also contemplates the idea that the third zone, being located between the two selves, can intercept or filter influences from the external world, preventing them from reaching the core of the true self.

However, in borderline pathologies, the constitution of the third zone is interrupted by traumatic events causing a pathological false self to appear in its place in order to protect the true self. It is that false self which then becomes *completely* responsible for the communication with the external world; that is, without the mediation

² The third zone is formed in the phase of the *transitional phenomena*, in a period in which the child is mid-way along from the subjective and the constitution of the objective world, making use of teddy bears, nappies, the imitation of maternal sounds, etc. to substitute the mother's absence. These substitutive objects open the way to the constitution of symbols, which will culminate, in the future, in the acquisition of language,

of the potential space, which could not be formed (or was constituted in an insipid form). Since that false self is split-off from the rest of the personality – in order to protect the true self from the environmental and instinctual threats – and, as a result, has no access to the isolated core's creativity, its communication with the external world will necessarily be compliant, artificial, false. In other words: different from the spontaneous and creative communication of healthy people.

The healthy functioning of the personality also requires periods of non-communication, of withdrawal to the internal world, when one is tired and needs to rest or when one needs to experience a *normal depression*. This constitutes a state of retirement from the external world in order to reorganize internal objects, to change the dominance of bad objects and aggressive-destructive impulses over good objects and love impulses. During those periods of withdrawal, one accesses one's memories to compensate the dominant hate and destructivity that reign in the inner world by means of good flash-backs and harmonious past experiences to reorganize it, giving back dominance to good objects and love impulses. But, to be able to do that, one needs to stay non-communicating, isolated, until one feels that the danger has passed and one can return, once again, to the social world.

In adolescence, that isolation can become crucial. Winnicott says:

At adolescence when the individual is undergoing pubertal changes and is not quite ready to become one of the adult community there is a strengthening of the defences against being found, that is to say being found before being there to be found. (Winnicott, 1963/1990, p. 190)

In that case, what is happening is the development of an identity that is thrown into a process of change and needs isolation in order to prevent compliance to environmental demands, so that the changes achieved can bear the colours of the subjective world and the formed identity becomes one's own, unique, personal.

Withdrawal and isolation are also necessary in any process of creation – whether artistic or not – in order to access our sources of creativity and be able to populate our potential space with ideas, images, suggestions; all of which emanate from that primordial silence that characterizes the isolated core of the self. To write a text, to paint a portrait, to learn a new song, these are all activities that require isolation and communication, in simultaneous centripetal and centrifugal movements. However, to appreciate a beautiful landscape also requires some kind of withdrawal, as I stated in a previous article:

(Some time ago) my wife and I spent some days in Rio de Janeiro and settled down in Ipanema, near Arpoador, in an apartment that my wife inherited from an aunt. Since the weather was very hot, we could only go to the beach very late, as night fell, when the sun was setting. Then, every day a marvellous spectacle took place: the sea and the sky began to change, turned into different colours, like a palette of a painter: many shades of blue giving way from sky blue to navy blue –, mixed with translucent shades of green and foams in lilac tones. And, suddenly everything was inundated by golden tones, from the yellow ones to the reddish orange ones, when the ball of fire hid beyond the horizon. And, in Morro dos Dois Irmãos, the Vidigal slum appeared like a diamond brooch, as the lights were turned on, one by one, while the night fell.

However, to access all that beauty, a certain isolation was necessary: it was as if a part of me remained in contact with nature while another one simultaneously withdrew to the core of myself, in a kind of contemplative silence, that isolated me from all the people on the beach, except from my wife, who experienced a similar process, hand in hand with me. So, it was as if our hands joined in a pact of a private spectacle, which was only ours, and of which we were a part, engulfed by all that beauty. (Naffah Neto, 2015, p. 14)

Every time I returned to the real world, for brief moments, I observed that most of the people present either photographed the sunset with their mobile phones, or took selfies, probably to share them in social media networks.

Then, I felt as a being from another world: were those my fellow creatures? People who, in front of that spectacle, continue to think of Facebook and Instagram? Worried about how many people were following them in social networks, looking at their photos and admiring them, reading their infantilized texts that transform daily life into public spectacle? Is it possible that human beings are becoming that empty casing, who need to be constantly seen and admired to exist?

It is not only at Ipanema beach that subjective life is being substituted by the social network life. When I was returning to São Paulo, as I flicked through the pages of an aircraft magazine, I was shocked. There was a report about some different kinds of professionals and all of them were presented like this: name, age, profession, number of followers on Instagram! That is: the principal characteristic of their identity was their number of followers on Instagram. That means that the essence of their identity is not seen as referring to what they think and do in life, but is projected outside, onto other people's eyes.

I had even observed a similar phenomenon at home. I have a 13-year-old great niece who, every time she visits us, immediately after saying "hello", plunges into the Internet on her cell phone and stays there for a long time, sometimes the entire afternoon. Are virtual communications more interesting for her, than real ones? Why? Because we are adults and she, as a teenager, prefers to communicate with teenagers? Because contact on Facebook and Instagram, is – perhaps – more glamorous, and stimulates fantasies more? Or because virtual relationships imply less responsibility than real ones, being more ethereal, evanescent and translucent? Or, further: could it be a contemporaneous form of isolation, the Internet functioning as an autistic bubble? It is difficult to answer.

What worries me, in all that, is not the existence of social networks; I am not against the technological progress, and I do not dream, nostalgically, of a return to the past. I recognize the utility of these networks, because I know that a lot of people who have lost contact with one another, have reunited because of them. But, I am worried about the subjectivation forms that derive from all that, especially when I realize that a lot of people are no longer capable of appreciating a sunset.

The wife of a friend of mine, although already thin and elegant, goes to the gym for two hours every day, diets all the time, and her main occupation is to take selfies and post them on Instagram. She now has about 35.000 followers. If I had to define her main concern, I would say: to look beautiful, to look beautiful, to look beautiful... But, what is happening, nowadays, that living comes down to polishing one's own image? And that the complexity of our selves are being reduced to that flash of the selfie?

My impression is that, nowadays, *to see* and *to be seen* constitutes the fundamental priority for a lot of people, in a kind of accentuated narcissism in which social networks play the role of transforming each person into an imaginary little king (or queen), surrounded by imaginary vassals who follow them in every little gesture of daily life, turned public spectacle. Are we living a collective *mania*, as a kind of alternative to depression, with the purpose of disguising the human misery present in the contemporary world?

The truth is that never before have people swallowed so many anti-depressives than now and even so, the depressive pathologies pullulate in psychiatric and psychotherapeutic consulting rooms. This is a sign that the possibility of *normal depression* is becoming rare in our contemporary world. Each person who withdraws to the subjective world to elaborate a feeling of hate or a mourning, and stays in that state a little longer than usual, is classified as a depressive person by the world around us and is advised to seek a psychiatrist and medication. And, the worst of all is that physicians have, in fact, been prescribing anti-depressive medication in an indiscriminate manner, encouraging the pharmaceutical industry and becoming a kind of a partner to it, since they receive all kinds of gifts: all-expenses-paid trip to psychotropic congresses, and so on.

Considering this alarming situation, what position should psychoanalysis take? The first point is that it is in decline in public opinion. An expensive treatment, needing many sessions a week and achieving results over the medium and long terms is completely against the values in vogue. Some time ago, I received a woman for the first interview, and she entered my consulting room, sat down and said: "I came here, but I'm warning you

that I'm not interested in either revisiting the past or to go to deep into stuff, see?" And I answered her: "Perhaps you knocked on the wrong door?"

Following this trend, psychiatrists currently prefer to direct their patients to cognitive-behavioural therapies, which are more rapid and efficient. Questions involving the subjective constitution, the intimacy and the isolated core of the self are absolutely not matters of interest to them.

However, although it is, now, in a low position, psychoanalysis can function as a contra-culture when it pores over crucial problems, as in Winnicott's case. It can remind us that life is not a permanent spectacle; that normal depressions are necessary to elaborate mourning and hate; that to exist does not come down to caring about external aspects, possessing expensive clothes and passing all one's time on social networks, seeing and being seen. Or – still more important – that, if one cannot preserve one's isolated core of the self, nothing else will have value. Because it is from its non-communicability that any valid communication must originate; it is from its silence that any full word must emanate; it is from its creative source that any contribution to culture can emerge.

Is psychoanalysis up to this task?

Translation by the author and revised by Henrik Carbonnier

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The Theory of Maturation and New Family Settings

Conceição Aparecida Serralha

The theory of the maturational processes, constructed by Winnicott, points out the importance of an enabling environment for the development of the individual's inherited tendencies. This environment, which expands according to the needs of the being who has just come into the world, is initially constituted by the mother, who is supported by the father, and takes on broader contours throughout development.

In this way, if we follow Winnicott in all of his work, we see that this enabling environment is, *stricto sensu*, a set of conditions offered and promoted by a human being to an individual under his/her care, required for the maturational process. These conditions originate from the caregiver's capacity for identification, his/her way of being and handling, and they make it possible for the needs characteristic of the maturational stage of the individual to be sufficiently met. They refer to the regularity of offered care as well as the stability, simplicity, reliability, sustainability, predictability, adaptability, safety and love which are essential to this process.

As mentioned before, at the beginning, the enabling environment is the mother or her substitute, who is one with the baby – the “two-in-one” or environment-individual context – emerging from the state of *primary maternal preoccupation*, when she has a heightened sensitivity (Winnicott, 1956/1992). This environment is conceived by the baby subjectively. As the processes of establishing the I-AM – integration, personalisation and realisation – develop, as a consequence of the care offered, the individual separates from the environment and starts to relate to it objectively (Winnicott, 1988). In this way, the facilitating environment

[...] enables the infant to begin to exist, to have experience, to build a personal ego, to ride instincts, and to meet with all the difficulties inherent in life. All this feels real to the infant who becomes able to have a self that can eventually even afford to sacrifice spontaneity, even to die. (Winnicott, 1956/1992, p. 304)

In his text “The concept of healthy **individual**”, Winnicott affirms that the facilitating environment include

[...] the paternal functions supplementing the mother’s functions, and the function of the family, with its more and more complex manner (as the child becomes older) of introducing the Reality Principle, while at the same time giving back the child to the child. (1967/1986, p. 23)

If the environment cannot facilitate, “the individual is engaged in reactions to impingement, and the self processes are **interrupted**” (Winnicott, 1954/1992, p. 291).

Thus, we see that, for Winnicott, this enabling environment comes from a traditional setting: the mother (woman) fulfilling the maternal role, the father (man) fulfilling the paternal function, in a family composed of father, mother and children, in a society consisting of families with this conformation. However, as we study the family in the twenty first century, we observe that traditional family structure, although still dominant, appears alongside other settings – blended families, extended families, homoparental families, single parents, among others – which, despite having always existed marginally and fewer in number, recognised by Winnicott, are expected to present a significant increase in number in the future, due to recent social and legal recognition, becoming a surely irreversible process.

How could we conceive the future of Winnicott’s psychoanalysis, if it is grounded in a theory which has a traditional parental and family configuration as a base? Perhaps the following statement made by Winnicott when he was studying trauma situation, in which there is a **break in the individual’s continuity** of being, can help us think about it:

[...] the family can be studied not only as a structured attitude of parents, near relatives and siblings, but also as *something* that is in part produced by the urgent needs of the children themselves, needs arising out of dependence, and out of the

fact that the individual maturational process only becomes realised in a facilitating environment. (1965/1989, p. 148; italics mine)

I thus believe that, for Winnicott, the family must be seen as *something* which recognises the urgent needs of the individual and on this basis, provides the conditions for meeting those needs. Parental functions thus provide such recognition and provision.

Regarding the maternal function, Winnicott observed that the baby initially requires “**the actual mother’s** subtlety of understanding” (1988, p. 113), it requires someone with a “maternal interest.” It must nevertheless be noted that **women’s** tendency to pursue the maternal role is not enough for everything to happen satisfactorily. Winnicott (1969a/1989) knew that the mother might not be healthy enough to achieve a state where it she could identify with the baby and at the same time, provide the care it needed. The mother who, because of hereditary factors, did not have enough potential pure female element to perform this task could be regarded as being in an analogous condition (cf. 1966b/1989).

Winnicott’s conviction regarding the exercise of mothering is that it is vital for the baby that another person may exercise it in case the biological mother is unable or absent. In 1956, he wrote that “(...) an adoptive mother, or any woman who can be ill in the sense of ‘**primary maternal preoccupation**’, **may be in a position to adapt well enough, on account of having some capacity for identification with the baby**” (Winnicott, 1956/1992, p. 304) which, for him, meant owning enough integrated pure female element to be able to be and to let the baby be.

Seeking a better understanding of these elements, we find **in his text** “On the split-off male and female elements”, **from** the late 1960s, that we must accept the existence of “a male and a female element **in boys and men as in girls and women**” (Winnicott, 1966b/1989, p. 176), which has nothing to do with the biological sex of these individuals. In his words,

[...] in health, there is a variable amount of girl element in a girl, or a boy. Also, hereditary-factor elements enter in, so that it would be easily possible to find a boy with a stronger girl element than the girl standing next to him, who may have less pure-female-element potential. (Winnicott, 1966b/1989, p. 180)

In contrast to the capacity for identification present in the pure female element, Winnicott referred to the “object-relating of the male element to the **object**,” which presupposes that the baby already feels the Me separated from the Not-me (1966b/1989, p. 178). This relationship is based on instinctual impulses and **the baby’s need to DO**, which will be facilitated by the paternal function of the environment. In this way, the integrating imaginative elaboration made possible by the capacity for BEING, which is in turn developed with the support of the integrated pure female element of the parental member, should be followed by DOING, made possible by the integrated pure male element, which, in **Winnicott’s theory** of sexuality, consists of the “enforcement actions that result in instinctual satisfaction, and ensure the maintenance in the context of interpersonal relationships - not just sexual fantasies” (Loparic, 2005, p. 335).

When it comes to hereditary factors, it is important to remember three propositions from **Winnicott’s** text. The first, already mentioned earlier, states: “In our theory, it is necessary to allow both a male and a female element in boys and men and **girls and women**.” (Winnicott, 1966b/1989, p. 176) The second refers to the variable amount of these elements in a girl or boy, of which he noted: “Also, hereditary-factor elements enter in, [...]” (p. 180). The third and last proposition considers **Winnicott’s** proposal that it is possible that **the experience of** “tantalising failure of the breast as **something that IS**” produces a child “**whose “pure female” self is envious of the breast**” (p. 179), indicating the existence of a hereditary potential pure female element in the baby, which can be developed, blocked or distorted by the form of the care which the baby receives. Despite the fact that Winnicott refers to hereditary factors, hereditary for him is not always related to biology, as is the case with “**the experience of being**”, “**which is passed**

on from one generation to another, via the female element of men and women and of **male and female infants**” (pp. 177-178).

In another text, where he discusses the **mother’s** function as a mirror, Winnicott states that parents and family cannot be used as a mirror by the baby, “unless there is this principle of *permissiveness* to be whatever he or she is, to be himself or herself, accepted **completely without evaluation or pressure to change.**” (1969b/1989, pp. 497-498, italics mine). In this sense, we can understand that an adoptive mother or a grandmother or aunt, or the caretaker of an institution engaged in the mother function could be an enabling environment for the baby and, later, for the child and the teenager that it will become. If we understand what Winnicott has given to us, biological motherhood or the traditional family structure would simply be no guarantee.

Winnicott does not exclude the father when referring to the mother, since during the initial stage of absolute dependence of the baby, the father is either holding the mother or has a maternal aspect which is of interest (1988). In cases when the mother has many children, is sick, goes to work, or even dies, the father may be a good mother substitute. In such cases, he becomes a duplication of the maternal figure, preventing that the continuity of being of the baby from suffering any interruption. At a later stage, the father will enter the **baby’s life** as “an aspect of the mother which is hard and strict and unrelenting, intransigent, indestructible, and which, under favorable circumstances, gradually becomes that man who turns out to be a human being, someone who can be feared and hated and loved and respected” (1966a/1986, p. 131).

What thus appears to be essential in **Winnicott’s theory** and suggests the possibility of creating an enabling environment in other family settings and not only in the traditional one, is the ability to perform functions (whether it is a man or a woman and in any social role) which meet the needs of the child in his/her maturational process. For this purpose, his theory of the pure female and male elements present in each one of us is essential.

The homoparental configuration, for example, cannot in itself be a problem for the constitution of an integrated and mature self in an individual, since this process

basically depends on the potential of pure female and pure male elements developed and integrated in the self, as well as on the reliability features and capacity for support and handling that the members of this setting may present. It should be remembered that these potentials have nothing to do with the gender or sex of the person, what makes the indispensability of the traditional configuration collapse.

According to Roudinesco (2003), the first parenting experiences by homosexual people in the US, aiming to prove that they could raise a child just like heterosexual people, were disastrous. Not due to the homosexuality in itself, but because it was camouflaged. In fact, nothing healthy could arise from a false context. The conflicts originating from this distortion nevertheless seem to indicate the real problem.

Today, regardless of the new family configuration which is established – monoparental, homoparental, recomposed, expanded, among others – it seems more likely that they will have recognition and legitimacy from the law and from social policy than from within each individual or from each member of that configuration. What I would like to point out is that the feeling that something is wrong somewhere seems to persist in each person, and the resulting guilt seems to be the real reason for countless failures.

If we understand culture, as proposed by Winnicott (1966c/1975, p. 133), as “inherited **tradition**”, as **humanity’s** common pool to which individuals and groups of people may contribute and from which we may draw if we have a place to put what we find, we may understand a little better the origin of that guilt. The feeling of taking something, of receiving a place and not putting anything in it, or not putting what tradition expects may be prevalent. Detaching the paternal role from the figure of the man, or biological father, and the maternal role from the figure of the woman, or biological mother, seems to remain shrouded in guilt and far from an outcome without great suffering. It is something that still requires personal and social maturity. For Winnicott (1957/1995), the constitution of the family and the contribution that parents can give to family rely heavily on how they feel and relate to the social environment in which they live.

In this way, the great contribution that Winnicott's clinic can offer, both now and in the future may be to provide a setting for the elaboration of these issues, as a result of its basic foundation: the theory of personal maturation. This presupposes the presence of an enabling environment in order for the hereditary tendencies of the individual to integrate, with the exercise of parental functions, which, I believe, should be viewed independently of the established family configuration, since what is essential is the degree of maturity of those who exercise these functions.

In Winnicott's theory, fatherhood and motherhood are not given, imposed or postulated to the man and the woman and much less distorted. The maternal and paternal functions develop gradually in the relationship with the children and in fostering certain conditions around them. For this purpose, what is essential is the presence, in this context, of someone who is very much *real* and *alive*, with potential of female and male pure elements developed that can be expressed, so that there is effectively a father or a mother. It is the relationship of the child with parents who are *real* and *alive* that allow for other objects to take their place when they are absent. For Winnicott, parents to whom children relate and of whom they can make use are not symbols. They are precisely what other objects may symbolise. As such, no new family configuration may be constituted as a symbol, or be considered as a family symbol; it must be an actual family within which one may come to BE.

Translation by Paula Serralha Araújo

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Amidst Freud and Winnicott: Dialogues with the Future

Maria do Rosário Belo

Too frequently, we hear phrases such as: “**things** are getting **worse**”, “**back** then things were much **better**”, “**how** I miss those **days**”... I reject this. An excessive attachment to the past has always irritated me. It has always seemed to me to be a loose experience of the present and a lost hope in a dimly perceived future. It also conveys a way of seeing the world that is not clear and obscures important aspects of reality...

Let us ponder two or three examples. During the time of the Marquês de Pombal there were an average of one or two murders per day in the city of Lisbon. At that time, armed robberies occurred every night on a journey from Lisbon to Porto... Political decrees were also dreadful: D. Afonso Henriques, for example, ordered the incarceration of women who had fell for members of the clergy; and D. Afonso III ordered the hanging of anyone caught stealing. D. Pedro – the justice maker – sentenced the amputation of hands and feet of all those found guilty of forging coins and precious objects. Numerous other examples come to mind: Hitler, Salazar, Franco, Mussolini, etc. So, the question whether we are actually worse off today eventually comes about. Are there good reasons for longing for the past?

It seems to me that a quite logical conclusion follows: contrary to what we might think in times of despair, the past was not much better than the present; rather, today we know a great deal more about aspects of reality which were obscure or accessible to only a few in the past. And this is so, even if we admit that this process is far from straightforward and even if we witness now and then periods of retrocession similar to involutions.

Furthermore, we must remember that we always tend to aim at a better future, which leads us to highlight the shortcomings of the present. In other words, it is because we want more that we tend to single out what is not well; only in this way do we manage to solve the problems which come about, and to keep evolving and improving.

Throughout this process, we often idealize the past, forgetting that back then other people faced (like we do today) the problems of their time.

Yet, one cannot deny the evident relevance of the legacy of past generations, without which evolution itself would be impossible. I believe this is generally so in history and more particularly in psychoanalysis.

Born out of the Enlightenment and embedded in the Kantian innovation and Judeo-Christian tradition, psychoanalysis emerged from medicine with the purpose of promoting human liberation. It posited itself as a therapeutic method centered on the patient's communications and breaking away from the magical discourse connected to religious beliefs prevailing at the time. This was Freud's great discovery and also his great invention, and – whether we like it or not – his genius.

Grounding his views on pure concepts and unconditional causes, Freud's approach to mankind was entrenched in a philosophical model. This led him (in the second part of his work) to construct a science based on speculative groundings. Nevertheless, the wealthiest portion of his contributions lies in his clinical viewpoint (in the first part of his work, before the equinox letter¹) from which, in my opinion, he should never have deviated.

This trajectory caused him to focus on the inner psychology, on the theory of child sexuality and on causal mechanisms. This, by no means, takes away the merit of having highlighted human illnesses relating to the censoring of desires – even if, now, we know that this is not the main issue and refers only to one aspect of reality. In other words, if it is true that Freud's system does not quite get to the basic human issue (this would only become sufficiently clear with Winnicott) it is also true that he was the first one to make sense of the verbal manifestations of those matters, and during a period marked by sexual repression.

I think that it is not difficult to associate the consequences of this new approach

¹The so-called “equinox letter”, that Freud directs to Wilhem Fliess in 21st September 1897, marks the begging of the theoretical turn of Freud's theory and of his distancing of the phenomena observed at the clinic, in function of the abstraction of the concepts – watch Jeffrey Moussaieff Masson (1986).

with the sexual liberation movements that emerged with the hippies in the 1960s, which had significant cultural, social and even political implications. However, we must not lose sight of the fact that, albeit beautiful and liberating, the idea of sexual freedom and the “philosophy” of “love and peace” leave human aggressiveness out, or see it as a nuisance (an adversity) to be avoided... Hence, this basic idea of freedom remains conditioned from the outset, and the wellbeing of civilization comes by through the repression of that nuisance, as well as of child sexuality (namely, Oedipal sexuality). Creative life would then be conceived around a complicated process of sublimation, also dependent on the success attained by repression.

Today we can look at Freudian theory (and its Kleinian and post-Kleinian derivations) through the eyes of authors interested in the study of the environment and of early infancy, identifying a gap left open by Freud which was hard to apprehend at the time. We must not forget that Ferenczi (we must pay him this homage) was the first to take issue with some of Freud’s basic principles, accepting as patients even the so-called “hard cases” rejected by Freud.

The question we can now raise is precisely whether sexual liberation eventually leads to the liberation of mankind. In other words, whether it solves the basic issue of the meaning of life: whether the cornerstones of desire and of human beings conditioned by their passions are enough for understanding human basic issues... No. Of course that is not the case. Today this much is evident. But for Freud, it **wasn’t** ... That is, we cannot deny that reality shows itself as whole every time and that evolution happens only insofar as each portion of reality is apt to be discovered. In 1930, Heidegger wrote in “On the essence of **truth**” that once certain traits of reality show up, others necessarily remain hidden. Or, if one wishes to **use Winnicott’s** terminology, access to reality is only possible if we take it in small doses because of our capacity to integrate our area of omnipotence. New discoveries open up for yet newer discoveries, successively widening the space for experience and knowledge.

Let us now look at Freud’s five famous cases, for example, and try to find in them some memory of the future... What can we say at first glance? Is it hard to find in each

one of them a more primitive core which might not be seen in light of Freud's understanding? Something beyond the sexual coloration highlighted by Freud?

The theory of human maturational processes, detailed by Elsa Oliveira Dias (Dias, 2012), effectively allows us a new reading of current as well as past clinical practice. Indeed, although there are issues of sexuality not well integrated in the global personality (as we would say today), in each of those cases, the observation of phenomena which remain beyond Oedipal sexual dynamics is undeniable...

This is no news: it was Winnicott who brought to psychoanalysis the possibility of an understanding beyond Oedipus in a more coherent way. This requires, as Loparic has underscored, a radical shift from Freudian metapsychology, directing the focus of attention towards issues connected with being and with the meaning of being; thus coming closer to the foundations of the analytics of existence proposed by Heidegger in *Being and Time* (Loparic, 1995).

With this change, Winnicott put psychoanalysis on new philosophical grounds, repositioning it as a therapeutic method. The language that supports it – the concepts it uses – is all reinterpreted in the light of this new way of thinking about human beings.

If, however, we consider contemporary clinical practice, would it be too difficult to find Doras, little Hans, Rat Men, Woolf Men or even Schrebers Presidents? In other words, have the pathologies changed that much?

Although visible social and cultural changes did happen bearing on family and social dynamics in general, would it be too hard to find current versions of **Dora's** mother, suffering not from “**housewife psychoses**”, but rather from “professional perfectionism psychoses”, with the corresponding rigid and non-empathetic relation with their children? Would it be hard to find today in our offices what Freud classified as hysteria, obsessive neuroses and phobic neuroses? And would Freud have a hard time finding Oedipus in our psychotic patients?

Perhaps we cannot say without dwelling on the matter for a while, whether today there are more psychotics and borderliners than in **Freud's** time... Perhaps, we may have to disagree a little with Winnicott, who said that unfortunately the era of neurotic patients

was almost over...And is it the case that this era actually existed?

I do not think that there is reason to believe that our current mothers are worse than those in **Freud's** time... On the contrary, I believe that because of the sound influence of contemporary authors, Winnicott, in particular, with his radio talks that reached millions on the caring for babies and the relevance of the **couple's** relation as a support for an **infant's** growth, perhaps we must also posit the hypothesis that **today's** parents are better than ever.

Never has so much importance been given to infancy as a basis for wellbeing or for the illnesses of adult societies. Infancy, we all know it today, is the true wellbeing of civilization.

On the other hand, those contributions made possible more adequate therapeutic solution, which leads us to think on the higher likelihood of there being healthier individuals today than during **Freud's** time.

Yet, as the historical examples described above show, greater visibility of “aberrant” phenomena seems to give it greater existence. Therefore, as I see it, perhaps we do not have more psychoses or borderline cases today than in **Freud's** time. Perhaps these cases have different colors and shapes today, besides being manifestly more visible.

Furthermore, Freud did maintain a lucid, open minded and scientifically humble attitude enough to point the way forward. Addressing young analysts, he said, referring to **Hans's** case: “**do** not try to understand everything all at once, but give it the kind of non-biased attention to everything that comes up and wait for future **developments**” (Freud, 1909b/1969, p. 64). Also Winnicott, in 1952, in a letter to Melanie Klein, suggests something similar:

I personally think that it is very important that your work should be restated by people discovering in their own way and presenting what they discover in their own language. It is only in this way that the language will be kept alive. If you make the stipulation that in future only your language shall be used for the statement of other **people's** discoveries then the language becomes a dead

language [...]. Your ideas will only live in so far as they are rediscovered and reformulated by original people in the psycho-analytic movement and outside it. (Winnicott, 1999, pp. 34-35)

Indeed, if humans tend to mature and integrate (even if for that end, they need a facilitating environment) and if collective evolution depends mostly on individual evolution, then we have reason to believe that we have positively evolved and that the negative aspects we observe at each time are but the spontaneous emergence of nuclei that could not manifest themselves before: the psychotic only becomes delusional when he or she can, just as Freud's hysteric patients would only become so when they could... Furthermore, in knowledge, we proceed towards deeper layers, and this justifies that we have first understood hysteria and only later on, psychosis.

In this sense, Winnicott brings to psychoanalysis the hope for a future that is alive, that has new realities yet to be discovered, beyond what is now perceivable and understandable... The future will be, then, the discovery of these new realities, integrated and complementing the ones of the past.

From this perspective, far from being a fixed entity dependent on recollection, historical past is, as in Heidegger, a time that pulsates because it was once present, ready to be experienced in the present as something unfinished, a source of realization of what could have happened but did not, always in search for the new.

The future for the analytic process, as well as for the psychoanalytic movement, will then be the resuming of the halted development, not only by recovering memories through free association, but mostly because of the opportunity to experience the past, living it here and now.

More than a small relational laboratory through which a patient experiences different ways of living and relating, the analysis we want is the possibility for renewed openness to the world and to new ways of relating to it. More than new instruments for thinking and for thinking about oneself, analysis is the opportunity for opening creative possibilities, allowing each individual to find his or her own path.

Winnicott's contributions also show us that this new way of seeing psychoanalysis is valid for psychotics, neurotics, depressed and borderliners. Whatever halts the maturational process, only a relational experience can make possible new openings to the external world and new possibilities for growing out of the suspended past. Hence, more than a diagnosis, we need to know, for each patient, what aspects of the maturational process have not yet happened so as to allow them to take place in the therapeutic relation. Therefore, more than a turning to the past, psychoanalysis will be mostly enthusiasm for the future.

The analytic “cure”, if one may say so, undergoes a radical change in what it seeks: more than “good psychological functioning”, it seeks human realization; it knows that if the human maturational process is freed from obstacles, everything else will happen on its own. More than curing through words and thoughts, psychoanalysis “cures” through a New Relation, in Coimbra de Matos's words.

Words and thoughts will continue to be instruments of psychoanalysis, but not as mere facilitators of re-compositions of lost historical fragments. They are instruments that facilitate new experiences, new openings. Interpretation is still valid, but before that the conditions must be set out for the occurrence of spontaneous gestures.

It is, therefore, in classical psychoanalysis that we find the halted developments which Winnicott brought out. The “un-happened” in Freud “happened” in Winnicott. Therefore, the future of psychoanalysis and history in general will always be a return to the beginnings, to the pulsating sources of life, allowing for suspended developments to take place with new possibilities.

Our focus today is no longer Man as “desiring machine”, fulfilled or repressed, but Man searching for meaning, driven not by an all-determining inner force, but by an enthusiasm for what is to come. Analysis “cures” when it allows for the flourishing of the human condition.

Psychoanalysis, therefore, can only be moved by the future, integrating the past: integrating different perspectives that allow for different aspects of reality to be seen.

Being a psychoanalyst, therefore, entails adopting a way of thinking about

mankind. It also entails drinking from various sources, integrating the historical legacy adequately. From experience, new concepts will come about, and they will allow for new aspects of reality to be grasped, and new structures to be constructed that allow for interpreting and integrating what is disintegrated.

I think, therefore, that the future of psychoanalysis, as we now conceive it, will open itself up for dialogue within and outside the psychoanalytic movement. This idea is far from being new, but I think it still needs to grow quite a bit... Winnicott's innovations (handling, holding, trust, etc.) allow us to conceive resistances, blocks and difficulties, which were understood as psychoanalytic limitations before, as the beginning of its possibilities (inside and outside the setting).

Why not, then, think, within our societies, of the possibility of rehabilitating Ferenczi's old idea of founding a *Society for the Friends of Psychoanalysis*? Who knows whether this would not bring about more openness to dialogue, out of which “unhappened” nuclei might manifest (unmet needs), thus expanding psychoanalysis into the future, within and outside psychoanalytic offices... Therefore, for the future, I leave you an invitation – to be read along a melody by Pedro Abrunhosa (a well-known Portuguese musician): *let's do what has not yet been done*.

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