

*One way and another we compromise in tiny steps until, we come to realize—perhaps with a shock—we are standing on alien ground. To make such discoveries, and to retrace our steps, it is essential not to be wilfully caught up in sustaining an illusion of truth-telling. It is hard enough without it.*

—LESLIE H. FARBBER, "On Jealousy"

J. R. Greenberg, Ed. S.A. Michele II,  
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D. W. Winnicott and  
Harry Guntrip

lein and Fairbairn were system-builders. Each constructed a broad and novel vision of human experience and difficulties: Klein, in her slowly evolving, piece-by-piece redefinition and refocusing of Freudian theory; Fairbairn, in his dramatic refutation of Freud's work. Winnicott and Guntrip, by contrast, were concerned with single issues. Both declared allegiance to prior traditions: for Winnicott, his own personal blend of Freudian and Kleinian thought; for Guntrip, Fairbairn's recently fashioned object relations theory. Yet each felt that the tradition he emulated had omitted one crucial area of concern and attempted to correct that oversight.

Winnicott and Guntrip present their own contributions as circumscribed and limited, mere emendations of earlier theoretical traditions. Winnicott's formulations concerning the emergence of the self, however, provide a foundation for developmental theory radically different from that of his Freudian and Kleinian predecessors. Guntrip's formulations concerning ego regression move Fairbairn's object relations theory in a direction which diverges from some of its most basic premises.

D. W. Winnicott

Winnicott, an extremely innovative and influential contributor to the development of psychoanalytic theory and practice, has provided an intricate, subtle, and often powerfully poetic account of the development

of the self out of its relational matrix. The form and manner of his work parallels some of his central thematic concerns in two striking ways. First, Winnicott's prose has an elusive quality. Almost all of his papers were originally presented as talks, and their style reflects an informality more suitable to the spoken than the written word. Each is short, with often scintillating clinical observations loosely strung together with pithy, almost epigrammatic theoretical formulations. The central themes are generally presented in the form of evocative paradoxes that entice the reader playfully. The arguments are more discursive than tightly reasoned; Winnicott follows his presentations where they take him. Because of this elusiveness, Masud Khan, his editor and foremost disciple, has aptly characterized his style as "cryptic."

A second striking feature of Winnicott's presentation is his curious manner of locating himself with regard to psychoanalytic tradition. Winnicott claims great allegiance to his theoretical forebears, particularly Freud and, to a lesser extent, Klein. He presents his own contributions as a continuation of their work, which he describes in reverential terms. In fact, the central thrust of a rather scathing review by Winnicott and Khan (1953) of Fairbairn's work is a criticism of the latter's rejection of Freud's metapsychological formulations. However, Winnicott preserves tradition in a curious fashion, largely by distorting it. His interpretation of Freudian and Kleinian concepts is so idiosyncratic and so unrepresentative of their original formulation and intent as to make them at times unrecognizable. He recounts the history of psychoanalytic ideas not so much as it developed, but as he would like it to have been, rewriting Freud to make him a clearer and smoother predecessor of Winnicott's own vision. This tendency to absorb and rework the concepts of others is reflected in Khan's description of Winnicott's impatience with reading: "It is no use, Masud, asking me to read anything! If it bores me I shall fall asleep in the middle of the first page, and if it interests me I will start re-writing it by the end of that page" (1975, p. xvi). Harold Bloom (1973) has suggested that each major poet within the Western tradition distorts the vision of his most prominent predecessors to make room for his own personal vision. Winnicott's manner of positioning his own innovative and important contributions vis-à-vis the psychoanalytic tradition suggests such a process more than any of the other theorists considered in this volume. He could have been describing his own approach to psychoanalytic tradition when he says: "Mature adults bring vitality to that which is ancient, old and orthodox by re-creating it after destroying it" (1965b, p. 94).

These formal characteristics of Winnicott's writing—his elusive mode of presentation and his absorption yet transformation of theoretical predecessors—parallel his central thematic interest: the delicate and in-

icate dialectic between contact and differentiation. Almost all his contributions center around what he depicts as the continually hazardous struggle of the self for an individuated existence which at the same time allows for intimate contact with others. Winnicott's depiction of the healthy self rests upon one of his many paradoxes—through separation, nothing is lost, but rather something is gained and preserved: "This is the place that I have set out to examine, the separation that is not a separation but a form of union" (1971, p. 115; italics in original). The achievement of such a state is by no means easy; the development of the self is fraught with dangers. How does the child discover himself within his mother's care without losing himself to her? How can the child differentiate himself yet retain maternal resources? How can one communicate without being depleted, be seen without being appropriated, be touched without being exploited? How can one preserve a personal core without becoming isolated? The formal and stylistic characteristics of Winnicott's presentation reflect these issues. He entices, baffles, and provokes his readers, valuing them highly but never confronting them directly. He reverses his theoretical forebears, prizing continuity with them; yet, he refashions and reshapes their work radically according to his own imagery and vision. Lack of contact with others as well as total accessibility to others pose, for Winnicott, grave dangers to the survival of the self. ✓

Winnicott was a prominent pediatrician prior to and throughout his career as a psychoanalyst, and his deep familiarity with babies and mothers pervades and informs his approach to psychoanalytic issues. He began his ten-year analysis with Strachey in 1923, three years before Melanie Klein's move to England; like Fairbairn, he was deeply influenced by her work. His second analyst, Joan Riviere, was among Klein's closest collaborators, and he was in supervision with Klein herself between 1936 and 1940. Winnicott felt that Klein's work overlapped some of his own early observations and helped him resolve issues with which he was struggling. He had worked with children who seemed never to have reached a stable and differentiated oedipal stage; in his early work on feeding disorders he had been struck by the predominance of greed in infants and the centrality of fantasies in young children concerning their own "insides" and the "insides" of the mother (1936, p. 34). Klein's depiction of early phantasies, anxieties, and primitive object relations spoke directly to Winnicott's earliest concerns.

In 1945, following an incubation period involving considerable clinical work both with children and with psychotics, Winnicott began a series of papers which marked his departure from Freudian and Kleinian

prior psychoanalytic concepts to the relatively uncharted area of manifest psychoses. This diagnostic distinction was to lose meaning as the approach Winnicott developed broadened into a general theory of development and psychopathology markedly at variance with the formulations of Freud and Klein. The processes leading to the development or the inhibition of the self are depicted and understood solely in the context of the interaction between the child and the environmental provisions supplied by significant others. Thus, despite his protestations of continuity and allegiance, Winnicott's work constitutes an approach to human experience which rests solidly within the relational/structure model.

#### *The Emergence of the Person*

Winnicott's most important contributions to psychoanalysis begin with his observation that classical theory and the psychoanalytic treatment of neurosis take something very basic for granted: that the patient is a person. By this he means it is assumed that the patient has a unified and stable personality available for interactions with others. Freud, Winnicott suggests, presupposed the "separateness of the self and a structuring of the ego" (1960a, p. 41). Because of this presumption, two major problems have been overlooked: patients who are not "persons," either because of manifest psychosis or because they only appear to interact with others; and those features of the analytic situation which bear most directly on early developmental processes facilitating the emergence of personhood. These were precisely the areas Winnicott set out to explore. Almost all of his major contributions concerned the conditions making possible the child's awareness of himself as a being separate from other people, and he approaches this problem from different angles, through different formulations, and in different contexts.

The mother provides experiences which enable the incipient self of the infant to emerge. The latter begins life in a state of "unintegration," with scattered and diffuse bits and pieces of experience. The infant's organization of his own experience is preceded by and draws upon the mother's organized perceptions of him. The mother provides a "holding environment" within which the infant is contained and experienced: "an infant who has had no one person to gather his bits together starts with a handicap in his own self-integrating task" (1945, p. 150). Winnicott termed the state of devotion that characterizes the mother, enabling her willingly to offer herself as an attentive medium for her baby's growth, the state of "primary maternal preoccupation." He regards the mother's absorption in fantasies of and experiences with her

trimester of pregnancy and the first several months of the baby's life. In addition to "holding," the mother "brings the world to the child" and, in Winnicott's view, this function plays a crucial and intricate role in development. The infant when excited conjures up, or, more precisely, is on the verge of conjuring up, an object suitable to his needs. Ideally it is precisely at that moment that the devoted mother presents him with just such a suitable object—the breast, for example. This is the "moment of illusion." The infant believes he has created the object. Over and over the infant hallucinates, the mother presents, and the content of the conjuring approximates more and more closely to the real world.

the infant comes to the breast when excited, and ready to hallucinate something fit to be attacked. At that moment the actual nipple appears and he is able to feel it was that nipple that he hallucinated. So his ideas are enriched by actual details of sight, feel, smell, and next time this material is used in the hallucination. In this way he starts to build up a capacity to conjure up what is actually available. The mother has to go on giving the infant this type of experience. (1945, pp. 152-153)

In the "moment of illusion" the infant's hallucination and the object presented by the mother are taken to be identical. The infant experiences himself as omnipotent, the source of all creation: this omnipotence, Winnicott suggests, becomes the basis for the healthy development and solidity of the self. (Kohut was later also to argue that the basis for a healthy self lies in the opportunity for a prolonged experience of infantile omnipotence.) The necessity for maternal devotion in this process is apparent. The mother's empathic anticipations of the baby's needs and her precise timing are crucial. To make illusion possible, "a human being has to be taking the trouble all the time to bring the world to the baby in understandable form" (p. 154). The simultaneity of infantile hallucination and maternal presentation provide the repetitive experiential basis for the child's sense of contact with and power over external reality.

Healthy development requires a perfect environment, but only briefly. By perfect, Winnicott means a mother whose maternal preoccupation makes possible a very close and accurate sensitivity to her infant's needs and gestures. As Winnicott describes it in his later writing, the mother functions as a mirror, providing the infant with a precise reflection of his own experience and gestures, despite their fragmented and formless qualities. "When I look I am seen, so I exist" (1971, p. 134). Imperfections in the reflected rendition mar and inhibit the child's

capacity for self-experience and integration and interfere with the process of "personalization." When the mother is able to resonate with the baby's wants and needs, the latter becomes attuned to his own bodily functions and impulses, which become the basis for his slowly evolving sense of self. The failure of the mother to actualize the child's gestures, and needs undercuts the child's sense of hallucinatory omnipotence, constricting his belief in his own creativity and powers and driving a wedge between the evolution of the psyche and its somatic underpinnings. "The mind has a root, perhaps its most important root, in the need of the individual, at the core of the self, for a perfect environment" (1949a, p. 246).

Another approach Winnicott takes to the same issues is his consideration of the conditions necessary for the development of the capacity to be alone. He suggests that it is extremely important for the mother not only to shape the world to the infant's demands but also to provide a non-demanding presence when the infant is not making demands or experiencing needs. This makes it possible for the infant to experience needlessness and complete unintegration, a state of "going-on-being" out of which needs and spontaneous gestures emerge. The mother's nondemanding presence makes this experience of formlessness and comfortable solitude possible, and this capacity becomes a central feature in the development of a stable and personal self. "It is only when alone (that is to say, in the presence of someone) that the infant can discover his own personal life" (1958b, p. 34).

Fortunately for everyone involved, the mother's exquisite responsiveness is not necessary for very long. Once hallucinatory omnipotence is firmly established, it is necessary for the child to learn the reality of the world outside his control and to experience the limits of his powers. What makes this learning possible is the mother's failure, little by little, to shape the world according to the infant's demands. As the mother recovers from her maternal preoccupation and becomes interested once again in other areas of her life, the child is forced to come to terms with what he cannot do, cannot create, cannot make happen. These harsh realities are assuaged by a push within the child toward separateness. Thus, the mother's ego coverage and responsiveness decrease in fine synchrony with an increase in the exercise of active ego functions on the part of the infant. As the infant matures, the mother does not actualize his wishes so much as receive and respond to his gestures. An increasingly greater differentiation and interaction characterizes their relationship. The early mother who materializes the infant's passive hallucinatory wish gradually gives way to the mother who responds to needs which are

now actually expressed through gestures and signals. The mother's "graduated failure of adaptation" (1949a, p. 246) is essential to the development of separation, differentiation, and realization.

Winnicott suggests that deficiencies in maternal care, more specifically the failure to provide a perfect environment and its graduated withdrawal, have a debilitating impact on the emotional development of the child. Maternal failures are of two kinds: inability to actualize the hallucinatory creations and needs of the infant when he is in excited states; and interference with the infant's formlessness and unintegration when he is in quiescent states. Both kinds of maternal deficiencies are experienced by the child as a terrifying interference with the continuity of his own personal existence, and both result in the experience of the "annihilation of the infant's self" (1956a, p. 304). The infant's personal existence is rooted both in his formless states and in his omnipotent creative gestures. Ideally, the mother is the medium for formlessness and the instrument of omnipotence. Any interference with these functions is experienced by the infant as an "impingement." Something from the outside is making claims on him, demanding a response. He is wrenched from his quiescent state and forced to respond, or he is compelled to abandon his own wishes, to accept prematurely the feeble and unrealistic nature of his own demands, and to mold himself to what is provided for him.

The major consequence of prolonged impingement is fragmentation of the infant's experience. Out of necessity he becomes prematurely and compulsively attuned to the claims and requests of others. He cannot allow himself the experience of formless quiescence, since he must be prepared to respond to what is asked of and provided for him. He loses touch with his own spontaneous needs and gestures, as these bear no relation to the way his mother experiences him and what she offers him. Winnicott characterizes the resulting fragmentation as a split between a "true self," which becomes detached and atrophied, and a "false self on a compliant basis." The "true self," the source of spontaneous needs, images, and gestures, goes into hiding, avoiding at all costs the possibility of expression without being seen or responded to, the equivalence of complete psychic annihilation. The "false self" provides an illusion of personal existence whose content is fashioned out of maternal expectations and claims. The child becomes the mother's image of him. The "false self" comes to take over in some sense the caretaking functions which the environment has failed to provide. The "false self" covertly protects the integrity of the "true self"; it functions "to hide the true self, which it does by compliance with environmental demands" (1960b, p. 147). The false self draws on cognitive functions in its an-

teipations of and reactions to environmental impingements, resulting in an overactivity of mind and a separation of cognitive processes from any affective or somatic grounding (1949b, pp. 191-192).

Winnicott regards the formation of "transitional objects" as another aspect of this larger process entailing the development of the person. The most important dimension of transitional phenomena is not the objects themselves, but the nature of the relationship to the objects, representing a developmental way station between hallucinatory omnipotence and the recognition of objective reality. The emergence of the person entails a movement from a state of illusory omnipotence, in which the infant, through the mother's facilitation, feels he creates and controls all features of the world he lives in, to a state of objective perception, in which the infant accepts the limits of his powers and becomes aware of the independent existence of others. The move between these states is not a one-way, linear progression; both children and adults continually vacillate between them. Winnicott contrasts these two different states starkly with each other: solipsistic subjectivity with objective perception; the inner world with the world of outer reality; the world of "subjective objects" over which one has total control with the world of separate and independent others. Relations with transitional objects constitute a third, intermediary, and transitional realm between these two worlds.

How is it possible for an object to be neither under illusory, omnipotent control nor part of objective reality? Herein lies the paradox which is the essence of transitional experiencing. Winnicott suggests that what is necessary for the establishment of a transitional object (such as a blanket or teddy bear) is a tacit agreement between the adults and the baby not to question the origin and nature of that object. The parent proceeds as if the baby had created the object and maintains control over it, yet also acknowledges its objective existence in the world of other people. Thus, the parent who understands this paradox allocates the object to neither of the two realms, and the agreement not to challenge the baby's special rights and privileges over his object creates the transitional realm. The transitional object is neither under magical control (like hallucinations and fantasies) nor outside control (like the real mother). Transitional experience lies somewhere between "primary creativity and objective perception based on reality-testing" (1951, p. 239). Because of this ambiguous and paradoxical status, transitional objects help the baby negotiate the gradual shift from the experience of himself as the center of a totally subjective world to the sense of himself as a person among other persons. Transitional experiencing is not merely a developmental interlude, but remains a cherished and highly valuable realm within

healthy adult experience. It is here we can let our thoughts wander, concerned neither with their logic and validity in the real world nor with the threat that our musings will lead us into a totally subjective, solipsistic realm, causing us to lose the real world altogether. Transitional experience is rooted in the capacity of the child to play in adult form it is expressed as a capacity to play with one's fantasies, ideas, and the world's possibilities in a way that continually allows for the surprising, the original, and the new. In transitional experience, we maintain access to the most private wellspring of our thoughts and imagery, without being held accountable for them in the clear and harsh light of objective reality.

In later writings Winnicott depicts yet another feature of the emergence of the person, based on the distinction between "object-relating" and "object usage." These formulations highlight his understanding of the function of aggression and destruction in the process of separation. "Object-relating" is defined as subjective, projective experiencing in which the other is under the infant's illusory control. "Object-usage" is the perception of and interaction with the other as independent and real, outside the infant's omnipotent control. Once again, Winnicott tries to focus our attention on the precise mechanisms which make this transition possible, and once again they revolve around a paradox. The child "destroys" the object because he has begun to experience it as separate and outside his subjective control; the child "places" the object outside his omnipotent control because he is aware of having destroyed it. Thus, the child "uses" and "destroys" the object because it has become real, and the object becomes real because it has been "used" and "destroyed." The survival of the object is crucial. The mother's nonretaliatory durability allows the infant the experience of unconcerned "usage," which in turn aids him in establishing a belief in resilient others outside his omnipotent control.

For Winnicott the emergence of a healthy, creative self is contingent upon the specific environmental provisions he has grouped under the term "good-enough-mothering." These provisions make it possible for the infant to start "by existing and not by reacting" (1960b, p. 148). They make possible the affective shift from infantile dependence to independence and the cognitive shift from omnipotent conception to realistic perception. They determine the structure, coherence, and vitality of the person's sense of self: "individuals live creatively and feel that life is worth living or else . . . they cannot live creatively and are doubtful about the value of living. This variable in human beings is directly related to the quality and quantity of environmental provision at the beginning of the early phases of each baby's living experience" (1971, p. 83).

Ideally, the true self, nurtured in a nonimpinging environment, represents "the inherited potential which is experiencing a continuity of being, and acquiring in its own way and at its own speed a personal psychic reality and a personal body-scheme" (1965b, p. 46). Ideally, human experience entails the generation of spontaneous impulses and expressions, while the true self "does no more than collect together the details of the experience of aliveness" (1960b, p. 148). Yet, even under the best of circumstances, Winnicott suggests, personhood is a fragile and tenuous phenomenon, and there is always tension between subjective experience and objective reality. We all begin life completely dependent on our caretaker's recognition and facilitation of our wishes and gestures to provide even the chance for us to know and become ourselves. This total dependence necessitates a total vulnerability, to nonresponsiveness and intrusions, which are experienced as annihilations of personal continuity. The inevitable residue of this vulnerability is a private citadel of subjective reality held forever inaccessible to public, objective light. "At the centre of each person is an incommunicado element, and this is sacred and most worthy of preservation" (1963, p. 187). No matter how firmly anchored in objective reality the person is, no matter how fluidly and resiliently one negotiates the gap between subjective creativity and objective externality, the fear of the exploitation of the true self persists as the deepest dread and therefore there remains a "noncommunicating self, or the personal core of the self that is truly isolate." "The question is: how to be isolated without having to be insulted" (1963, pp. 182, 187). Winnicott's answer to this question is reflected in the substance as well as the stylistic qualities of his contributions to psychoanalytic ideas, in the tension in his own work between openness and elusiveness, directness and cryptic ambiguity, loyalty to tradition and the destruction and rearrangement of that tradition.

#### *Winnicott and the Models*

Winnicott's innovative contributions to psychoanalytic thought operate within the relational/structure model. There is no such thing as a baby, he insists, only a nursing couple. The concept of the mother-infant unit brought along from his experience in pediatrics, led him to establish his frame of reference not in processes taking place solely within the child, but in the relational field between the child and the caretakers: "The centre of gravity of the being does not start off in the individual. It is in the total set-up" (1952, p. 99). With an emphasis greatly reminiscent of Sullivan, Winnicott declares the uselessness "in describing babies in the earliest stages except in relation to the mother's functioning" (1962a,

p. 57) and the impossibility of understanding psychopathology by viewing the individual as an "isolate" (1971, pp. 83-84). Although physical holding and ministrations are of tremendous importance in the holding environment, in Winnicott's view the relationship between mother and infant consists of complex and mutual emotional needs and is not essentially physical. In fact, he explicitly rejects Mahler's term "symbiosis" as too well rooted in biology to be acceptable" (1971, p. 152), stressing instead the interactional, emotional nature of the exchange between mother and child. In his system various aspects of the early relationship between the infant and the mother serve as the foundation for the differentiation and structuralization of the self.

Winnicott's strategy for positioning himself vis-à-vis the drive/structure tradition, given his relational/structure framework, might be characterized as one of benign neglect. He did not, like Fairbairn, abandon the use of the drive theory altogether. Nor did he, like Jacobson, Kernberg, and other figures within American ego psychology, attempt to blend relational concepts with the older drive/structure framework. Rather, he establishes object relations on a footing that is autonomous and separate from instinctual processes. In classical drive theory, object relations are derivatives of the vehicles for drive gratification and defense. In Winnicott's theory, the earliest object relations consist of interactions between developmental needs within the child and maternal provisions offered by the mother, entirely separate from drive gratification. He does not challenge the drive concept directly, but he crowds it out, relegating it to a peripheral and secondary status.

According to Winnicott, the child *needs* relatedness with the mother. This need for contact consists of a built-in orientation and anticipation rather than a set of specific a-priori images of the kind Klein had suggested: there is a readiness and expectancy rather than an object itself. Play "enables the baby to find the mother" (1948a, p. 165), and, despite his reluctance to align himself with Fairbairn's work, Winnicott speaks of a "drive that could be called object-seeking" (1956b, p. 314). The infant needs the maternal provisions which define good-enough mothering including: an initial perfectly responsive facilitation of his needs and gestures; a nonintrusive "holding" and mirroring environment throughout quiescent states; the collusive agreement to respect transitional objects; survival, despite the intensity of the infant's needs; and the failure to retaliate against the destructive features of object-usage. Winnicott differentiates the need for these maternal provisions from instinctual wishes: "a need is either met or not met, and the effect is not the same as that of satisfaction and frustration of an id impulse" (1956a, p. 301).

These relational needs are a developmental imperative; if they are not met, no further meaningful growth can take place.

Winnicott emphasizes the separation between key relational processes and the drives. "There is a relationship between the baby and the mother . . . it is not a derivation of instinctual experience, nor of object relationship arising out of instinctual experience. It antedates instinctual experience, as well as running concurrently with it, and getting mixed up with it" (1952a, p. 98). In classical drive theory the capacity to enjoy life is rooted in the possibility for drive gratification and sublimation. Winnicott emphasizes the priority of relational processes leading to the emergence of the self.

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. In fact, instinctual gratifications start off as part-functions and they become *seductions* unless based on a well-established capacity in the individual person for total experience, and for experience in the area of transitional phenomena. It is the self that must precede the self's use of instinct; the rider must ride the horse, not be run away with. (1971, p. 116)

How can drive gratification provide a seductive distraction from more basic developmental needs? Here the distance Winnicott has come from the drive/structure model is apparent. In the latter, drive gratification constitutes the underlying foundation for, and the latent, essential nature of, object relations. Even within Klein's work, gratification is essential to the development of object relations. The mother becomes "good" through a good feed; the infant loves the mother by swallowing and internalizing her. The mother becomes "bad" by frustrating the infant. Winnicott has separated these two realms. The self emerges and becomes structuralized through relational experiences with specific maternal provisions. What is crucial in these provisions is the *position* of the object, the mother's function in "holding" the infant, actualizing his gestures, surviving his attacks, and so on. According to Winnicott, gratification by itself does little to affect the position of the object; maternal provisions are independent of the mother's function in satisfying instinctual needs. "A baby can be fed without love, but lovelessness or impersonal management cannot succeed in producing a new autonomous human child" (1971, p. 127). The satisfaction of instinctual needs can, in fact, be offered as a substitutive distraction. The infant can be "fobbed off" by a satisfactory feed" (1963, p. 181).

It must be understood that when reference is made to the mother's adaptive capacity this has only a little to do with her ability to satisfy the in-

fant's oral drives, as by giving a satisfactory feed. What is being discussed here runs parallel with such a consideration as this. It is indeed possible to gratify an oral drive and by so doing to *violate* the infant's ego-function, or that which will later on be jealously guarded as the self, the core of the personality. A feeding satisfaction can be a seduction and can be traumatic if it comes to a baby without coverage by ego-functioning. (1962a, p. 57)

Thus, although Winnicott preserves the concept of instincts, they are relegated to a secondary and peripheral status in development. His greatest concern vis-à-vis physically based instinctual wishes is that they can become a means for interference with more basic developmental needs (1952b, p. 225).

Winnicott's approach to psychopathology and treatment reflects relational/structure premises. Mental health in his view is constituted by the relative integrity and spontaneity of the self. Psychopathology (apart from a politically aimed diagnostic slight of hand to be considered shortly) entails corruption and constriction in the movement and expression of the self. The necessary and sufficient factor responsible for mental health is appropriate parental provisions—good-enough mothering. Winnicott defines psychopathology within his system involves impairment in the functioning of the self and is thus, by definition, a product of parental deficiency. The parents' personalities, Winnicott demonstrates over and over throughout his clinical illustrations, have an enormous impact on the development of the child, and parental pathology, when it interferes with the provision of nurturance and proper infant care, reverberates clearly in the psychopathology of the child: "the child lives within the circle of the parent's personality and . . . this circle has pathological features" (1948b, p. 93).

Winnicott's relational/structure understanding of the nature of psychopathology is reflected in his treatment of the phenomenon of regression. Regression, he suggests, is not a return to points of libidinal fixation or specific erotogenic zones. Regression represents a return to the point at which the environment has failed the child. Appropriate parental provisions are the sine qua non of emotional growth; where they are missing, development stops, and the absent developmental "needs" dominate subsequent living. Developmental needs are very different from "wishes" derived from drives. Needs are a developmental necessity; nothing else can happen until they are filled. Within the drive/structure model, regression is pathological and dangerous in that it provides a surfeit of infantile gratification. In Winnicott's version of the relational/structure model, regression is a search for missing relational

experiences. "The tendency to regression in a patient is now seen as part of the capacity of the individual to bring about self-cure" (1959, p. 128).

Winnicott sees the curative factor in psychoanalysis, not in its interpretive function, but in the manner in which the analytic setting provides missing parental provisions and fills early developmental needs. The function of psychoanalysis is to compensate for parental failures in adaptation, and "to provide a certain type of environment" (1948a, p. 168). The person of the analyst and the analytic setting "hold" the patient; in the reliability, attentiveness, responsiveness, memory, and durability of the analyst, the aborted self of the patient becomes unstruck and continues to grow. Winnicott also sees the psychoanalytic process in terms of mutual play between patient and analyst; when the patient is constituted in this capacity, the analyst functions to rekindle it (1971, p. 38). Whereas Freud's major emphasis in discussing the liberating value of psychoanalysis is on the freedom from illusion, Winnicott emphasizes the increasing freedom to create illusion, and this is intimately tied up with the capacity to play (R. Bank, personal communication).

Winnicott defended himself against orthodox critics who charged that his approach to treatment is too regressive and too gratifying of infantile wishes, by arguing that gratification in regression is the result not of libidinal satisfaction, but of the fact that the "self is reached" (1954, p. 290). This view of treatment is an outgrowth of, and consistent with, his relational/structure assumptions concerning maturation, development, and psychopathology. Specific relations with a maternal caretaker are essential to the development of the person. When provided, they set the child free to grow and function freely as a person in the world; when they are missing, the incipient self is ensnared and imprisoned, wrapped in a protective cocoon, hidden from the world of others experienced as unsafe for authentic and spontaneous living. Only if the appropriate facilitating environment is provided can the true self be reached and allowed to continue its growth.

#### *Winnicott and the Tradition*

Winnicott is very careful throughout his writings to place himself within the earlier tradition of psychoanalytic ideas. The two figures he was most concerned with, both explicitly and implicitly, were Klein and Freud. Winnicott took considerable pains to present his contributions as a continuation of, not a departure from, their systems, and criticized Fairbairn for directly challenging Freud's drive theory. Yet his own formulations operate wholly within the relational/structure model—and this posed serious political problems. Despite the relational nature of his concepts,

Winnicott aligns himself with Klein and Freud through a combination of assimilation, distortion, and strategic avoidance.

Winnicott's use of Klein's theory reflects a marked ambivalence. On the one hand, several of her concepts and emphases provided key intellectual tools in the development of his own thought. The notions of an inner world, internal objects, primitive greed, the importance of phantasy—all these concepts occupy a central place within Winnicott's system. He openly acknowledged this debt and as late as 1948 defended Kleinian theory against its critics, most notably Glover. On the other hand, Winnicott began directly challenging Kleinian theory as early as 1941. That year he took objection to the notion of a priori knowledge and imagery of the father's penis (1941, p. 63). In 1949 he argued that the birth is not experienced in terms of the projection of aggression—"the stage has not yet been reached at which this means anything" (1949b, p. 185). In 1959 he suggests that the concept of the death instinct is "unnecessary" (1959 p. 127). And in a retrospective review of Klein's contributions he suggests that her attempt to date complex cognitive processes earlier and earlier in infancy "spoil" her later work (1962b, p. 177).

Winnicott's broadest critique of Klein's system concerned her emphasis on internal processes at the expense of relations with real others; his major theoretical departure from her vision lies in his stress on the interpersonal environment. In Winnicott's theory of mind, object relations are rooted in and constituted by both the mother's performance of caretaking functions and her character. His major criticisms of Kleinian concepts address her attempt to derive object relations from inherent, constitutional sources such as a priori object images and innate aggression. What Klein derives from constitution, Winnicott derives from environmental provisions and failures.

Melanie Klein represents the most vigorous attempt to study the earliest processes of the developing human infant *apart from the study of child-care*. She has always admitted that child-care is important but has not made special study of it" (1959, p. 126; italics in original). As a pediatrician and director of a child psychiatric clinic, Winnicott was much more aware of battering and neglecting mothers than was Klein, who had a fashionable West End practice. This difference undoubtedly bears on the difference in the weight they give to the reality of parental behavior and character (James Grostein, personal communication).

In his challenge of the central pillars of Klein's theory, Winnicott became disaffiliated with the Kleinian group; in later years, he seems to have regarded this with a touch of bitterness and regret. "I never had analysis by her, or by any of her analysts, so that I did not qualify to

be one of her group of chosen Kleinians" (1962b, p. 173)—a puzzling statement, given his analysis with Joan Riviere. Winnicott used his position as a member of "c-group" within the British Psychoanalytic Society (devotees of neither Klein nor Anna Freud), to attempt to heal the split within the society and reconcile Kleinian formulations with main-line Freudian theory.

Despite Winnicott's open departure on many issues, the treatment of Klein in his writing reflects a considerable effort to demonstrate his continuity with her views. The major device employed to preserve continuity is his tendency to reinterpret Klein's formulations into a more fully relational/structure framework. At times Winnicott's alterations are openly acknowledged. For example, he maintains Klein's emphasis on unconscious phantasy as the pervasive underpinning of mental life, but he explicitly separates phantasy from presuppositions concerning a priori knowledge. For Klein, with closer ties to the drive/structure model, phantasy is primarily an internal phenomenon, generated by the drives and related to the world of real others only secondarily. In Winnicott's system the primacy of phantasy is preserved but the content is altered. Phantasy is more primary than reality, and the enrichment of fantasy with the world's riches depends on the experience of illusion" (1945, p. 153). For then phantasy is oriented toward-personalized reality from the start, manifesting itself in a readiness to develop illusions of control over what the real world actually provides. Through phantasy the infant is poised, at the "moment of illusion," for relational-interchange with the outside-world.

At other points Winnicott's alteration of Klein's formulations is much more covert. For example, he considered Klein's development of the concept of the depressive position to be her greatest contribution to the history of the psychoanalytic ideas; it "ranks with Freud's concept of the Oedipus complex" (1962b, p. 176). By introducing personal, as opposed to social, sources of the sense of guilt, Winnicott felt that Klein had opened up a whole new realm of psychoanalytic investigation concerned with the "idea of an individual's value," in addition to questions of "health" (1958a, p. 25). Nevertheless, in presenting Klein's formulae, he changes them. The development of the capacity for concern (Winnicott prefers the term "concern" to Klein's "guilt") is presented as a feature of the transition from infantile omnipotence to objective perception and relationship. In this transition the synthesis is effected between the two different "mothers" within the infant's experience: the caretaker, environment mother, who provides the holding function in quiescent states, and the "object" mother, who is the victim of the infant's "ruthless" fantasies and attacks in excited states.



In his greedy excitement, Winnicott suggests, the infant uses the mother with no regard for her feelings or even survival. He is aware only of his own wishes. The depressive crisis is precipitated by the realization that the mother who is the object of these excited states is also the mother who provides the holding environment between excitements, the mother the infant depends on and loves. This synthesis and realization arouses a deep concern for the mother. Two aspects of maternal functioning are crucial, according to Winnicott, for the infant to sustain and integrate the capacity for concern. First, the mother must survive the excited states and "hold" the situation in time, so that the child can come to trust her durability and perceive the less-than-omnipotent destructiveness of his own needs and phantasies. The mother's survival demonstrates the resistance and resiliency of the real world in the face of the infant's wants and demands. Second, the mother must provide: the baby with the "opportunity to contribute," to make up to the mother, to console her. Only if reparation is possible can the guilt the child feels over his destructive impact be tolerated and the capacity for concern emerge.

In Winnicott's reworking of Klein's formulations concerning the depressive position, several basic changes are apparent. He views depressive anxiety and guilt as much more directly concerned with the person of the real mother than did Klein. The child cannot simply "repair" the mother in fantasy and play, but needs to be given the "opportunity to contribute," to console the mother in actuality. This poses difficult problems for children of inconsolable, depressed mothers. "Their task is first to deal with the mother's mood . . . creating an atmosphere in which they can start on their own lives" (1948b, p. 93). The depressive position, therefore, is more fully grounded in the child's actual interpersonal world. Further, the very issue at the heart of the depressive position is different in Winnicott's formulations. Klein had depicted depressive anxiety as arising from the integration of the good breast (the repository of the child's projected love plus gratifying experiences with the mother) with the bad breast (the repository of the child's projected hate plus frustrating experiences with the mother). Without acknowledging that he is changing anything, Winnicott depicts depressive anxiety as arising from the integration of the object mother (who "holds" the infant in quiescent states) with the object mother (who is the victim of the infant's greedy appropriations in excited states). These are not simply parallel constructions.

Klein's formulation reflects the residues of the drive model notion that the central task of early psychic development is the regulation and

reflects the more fully relational model notion that the central task of early psychic development is the integration of various caretaking functions provided by the mother. To employ Klein's concepts without openly modifying them, it is necessary for Winnicott to misread them. This becomes most clear in his discussion of the function of aggression. "I have used the expression primitive love impulse, but in Klein's writings the reference is to the aggression that is associated with the frustrations that inevitably disturb instinctual satisfactions as the child begins to be affected by the demands of reality" (1958a, p. 22). To modify Klein's work by deriving aggression from actual experiences of frustration is not only possible, but is a compelling alteration. To present such modifications as Klein's own view obscures the fundamental differences between Klein and Winnicott with respect to their basic, underlying presuppositions.

Guntrip reports that Winnicott urged him to "have your own relation to Freud and not Fairbairn's" (1975, p. 151). In another context Guntrip implies that Winnicott himself actually had two relationships to Freud, one public and one private. Privately, he suggests, Winnicott acknowledged his departure from Freud's drive-based approach to psychopathology in the direction of a more relational view. "We disagree with Freud," Guntrip reports Winnicott as saying. "He was for 'curing symptoms.' We are concerned with whole living and loving persons" (Mendez and Fine, p. 361). Why was this open divergence not reflected in Winnicott's writings? Winnicott, Guntrip suggests, was "clinically revolutionary and not really interested enough in pure theory to bother to think it out." This assertion is puzzling if one examines references to Freud in the work of Winnicott, who takes great pains, at times involving elaborate and intricate argumentation, to proclaim himself at one with Freud in all respects. His relationship to Freud cannot be, as Guntrip asserts, the product of laziness or disinterest; rather, it appears to be the result of a systematic strategy by Winnicott to present his contributions as a direct continuation of, rather than a marked departure from, Freud's work. The major devices used in these efforts were a systematic misreading of Freud's formulations, and a use of diagnostic distinctions which give the appearance of preserving Freud's theory of neurosis intact.

Let us consider several of the more striking of Winnicott's misreadings of Freud. Freud's concept of primary narcissism is a stumbling block for any relational/structure model, since it explicitly presupposes that the infant is at first *not* oriented toward others, thereby making object relations secondary and derivative phenomena. Both Klein and Fairbairn directly challenged the concept of primary narcissism, the former by

arguing the presence of internal object relations inherent in narcissism, the latter by arguing that libido is directed toward reality and others from the start. Winnicott takes a different tack: he recognizes the difficulties Freud's concept poses, then says he prefers to think that Freud did not really mean what he said. Winnicott quotes Freud's reference to the infant as a "completely narcissistic creature . . . totally unaware of her [the mother's] existence as an object." He goes on to remark, "I like to think that Freud was feeling round this subject without coming to a final conclusion because of the fact that he lacked certain data which were essential to the understanding of the subject" (1949b, p. 175). Despite the total absence of any such tentativeness in Freud's writing, Winnicott proceeds to use the concept of "primary narcissism" *as if* it did not imply an early objectless state, but was in fact equivalent to his own antithetical view of the early dependence of the infant on the mother.

The presupposition of an innate aggressive drive is one of the twin pillars of Freud's "dual-instinct theory." Klein preserved and extended this concept; Fairbairn explicitly rejected it. In Winnicott's work there is no aggressive drive of the sort Freud had formulated, yet he continues to use the term extensively. Winnicott achieves the appearance of continuity with respect to the concept of innate aggression by simply adopting the term and redefining it. He emphasizes the importance of aggression throughout his work, employing Freud's term as if it carried the same meaning. Yet, at several points he notes that aggression and destruction do not entail anger or hate. "Aggression" for him refers not to a specific instinctual drive, but to a general vitality and motility. He equates it with a life force and argues that "at origin, aggressiveness is almost synonymous with activity" (1950, p. 204). He suggests that it consists of a need for something to bump up against, something outside the self to be encouraged and struggled with: "it is the aggressive component that . . . drives the individual to a need for a *Nat-Me* or an object that is felt to be external" (1950, p. 215). The "destruction" in Winnicott's late work on object-usage is thus an innocent, nonbelligent desire for engagement: this destructive activity is the patient's attempt to place the analyst outside the area of omnipotent control, that is, out in the world. The aggressive drive "creates the quality of externality" (1971, pp. 107, 110).

Winnicott's treatment of Freud's theory of oedipal guilt provides another example of forced continuity. In Freud's theory the Oedipus complex is constituted by the clash between instinctual forces driving the child toward incestuous and murderous impulses, on the one hand, and the fear of retaliation by the real parent and later by the superego,

on the other. It is a product of the tension between the press of drive and the fear of retribution from social reality. Winnicott describes Freud's Oedipus complex quite differently:

In the simplest possible terms of the Oedipus complex, a boy in *health* achieved a relationship with his mother in which instinct was involved and in which the dream contained an in-love relationship with her. This led to the dream of the death of the father, which in turn led to the fear of the father and the fear that the father would destroy the child's instinctual potential. This is referred to as the castration-complex. At the same time there was the boy's love of the father and his respect for him. The boy's conflict between that side of his nature which made him hate and want to harm his father, and the other side by which he loved him, involved the boy in a sense of guilt. (1953a, p. 17)

This description is an account of the Oedipus complex as modified by Klein's formulations concerning the depressive position. Freud's conflict between drive (both libidinal and aggressive) and social reality has been replaced by Klein's conflict between love and hate. (Freud sometimes also speaks of ambivalence in connection with oedipal conflicts, but an ambivalence derived from constitutional bisexuality, body-based and drive-derivative, rather than the more fully emotional ambivalence Klein and Winnicott depict.) Klein explicitly addressed the differences between her account of the oedipal crisis and Freud's. Winnicott does not; he rewrites Freudian theory through a Kleinian perspective, preserving an illusion of consensus and unbroken tradition.

A final example of his systematic misreading of Freud is provided by Winnicott's argument that the most novel and innovative of his contributions were actually implicit in Freud's work all along:

It would appear to me that the idea of a False Self . . . can be discerned in the early formulations of Freud. In particular I link what I divide into a True and False Self with Freud's division of the self into a part that is central and powered by the instincts (or by what Freud called sexuality, pregenital and genital), and a part that is turned outwards and is related to the world. (1960b, p. 140)

This is an extremely misleading parallel. Winnicott's distinction between the true and false self contrasts authentic and spontaneous living with compliant, overly adaptational living. Freud's distinction between the id and ego contrasts primitive, asocial, undirected impulses with a necessary knowledge of and facility with the outside world. Freud's distinction does not address itself to the issue of inauthenticity, which is at the center of Winnicott's concern. A comparison between the two concepts is interesting and revealing. Freud's concern, consistent with

the drive/structure model, is with the division between drives and regulatory functions, between energy and its organization and use. Winnicott's concern, consistent with the relational/structure model, is with different forms of relation between self and others. Placing Winnicott's formulations beside Freud's, one can see the distance he has moved from the drive/structure model. Winnicott is concerned with minimizing that distance.

The second device used by Winnicott to position himself in continuity with Freud's work is found in his approach to diagnosis. In one of the earliest papers in which he put forth his original views (1945) Winnicott makes a tripartite distinction among categories of mental disorder: pre-self disorders (psychotics, schizoids, borderline cases, and false selves)—a dysfunction within the earliest, most primitive object relations; depressive disorders—difficulties with inner-world issues involving conflicts between love and hate as characterized by Melanie Klein; whole person disorders (neurosis)—oedipal conflicts as characterized by Freud. This classificatory system reflects Winnicott's relation to tradition: Freud was right with respect to neurosis; Klein was right with respect to depressives; Winnicott takes as his own province the relatively unexplored area of psychotic and borderline-psychotic phenomena.

By 1954 he has placed the "majority of so-called normal people" in the middle group, as Kleinian depressives (1954b, pp. 276-277). The third group, Freudian neurotics, now consists only of "quite healthy people" who have managed to establish a stable and vital enough self to be confronted with the oedipal problems Freud had described. By 1956 the middle classification of Kleinian depressives has dropped out, and the majority of sufferers from mental dysfunction are understood to be grouped in the first category, those who, as a result of deficiencies in parental provisions, lack an integrated, vital self. Winnicott has come to use the false self concept as a single diagnostic principle, representing a continuum of psychopathology from psychotic states, in which the false self has collapsed, to nearly healthy states, in which the false self mediates selectively and sparingly between the true self and the outside world (1960b, p. 150). The other category of human beings, that realm within which Freudian theory still applies, is no longer regarded as a form of psychopathology at all. In neurosis, adequate parenting has produced a healthy self. "True neurosis is not necessarily an illness . . . we should think of it as a tribute to the fact that life is difficult" (1956c, pp. 318-319).

What is Winnicott accomplishing with these shifting diagnostic distinctions? Initially he portrays his work as an application of Freud's

concepts to a realm of pathology not considered by Freud. As his work developed, however, it became apparent that Winnicott was proposing not an extension, but an *alternative* to Freud's approach. He is offering a framework for understanding psychopathology which, firmly rooted in the relational model, is at odds with classical formulations based on drive and defense. Thus, the diagnostic group Winnicott takes as his own gradually swells; that left to Freud gradually shrinks. It is necessary for Winnicott's political positioning of himself in continuity with Freud, however, for him to designate neurosis as a phenomenon adequately understood only within the framework of classical drive theory. However, because Winnicott's own system is so comprehensive and so much at odds with drive/structure principles, it is not easy for him to allow Freud's theory a meaningful place. In fact, the manner in which he depicts Freud's view of neurosis is itself badly distorted. He defines neurosis as "the illness that belongs to intolerable *conflict* which is inherent in life and in living as whole persons" (1959, p. 136). Neurosis, he suggests, is the fate of individuals who have had adequate parenting and hence possess a stable and vital self. Their struggles concern universal instinctual conflicts, and their own constitutional excesses and deficiencies, balances and imbalances. Neurosis is the province of the "individual," the "personal factor," in contrast to false-self disorders, which are the product of environmental deficiencies.

Freud, despite his emphasis on constitutional factors, *never* separated neurosis from environmental factors. In fact, the interaction between constitutional and environmental factors formed one of Freud's "complemental series" and is at the heart of his understanding of the development of psychopathology. Further, Freud did not view neurotics as existential heroes, as Winnicott suggests, but distinguished very clearly between neurotic suffering and the "common unhappiness" of everyday life. In separating out "neurosis" as a preserve in which Freud's theory remains unchallenged and merely amended, Winnicott perpetuates not Freud's original vision, but a distorted icon.

### Harry Guntrip

Guntrip has been the foremost historian, synthesizer, and popularizer of the study of object relations within the writings of Klein, Fairbairn, and Winnicott. His particular vantage point as an analyst of both Fairbairn and Winnicott, the larger historical context he provides, and the fluidity and lucidity of his prose (in comparison with that of the other major British theorists) all contribute to the effectiveness of his