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BEYOND THE REALITY PRINCIPLE: AN ENQUIRY INTO THE EGO
PSYCHOLOGY OF D. W. WINNICOTT

City University of New York

PH.D. 1985

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BEYOND THE REALITY PRINCIPLE:
AN ENQUIRY INTO THE EGO PSYCHOLOGY OF D. W. WINNICOTT

by

PETER MEZAN

A dissertation submitted to the Graduate
Faculty in Psychology in partial
fulfillment of the requirements for the
degree of Doctor of Philosophy, The City
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1985

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This manuscript has been read and accepted for the Graduate Faculty in Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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Behind this study there are many people to whose influence over the years, direct and indirect, I am deeply indebted and who constitute unseen presences with whom, in imagination, I am in conversation throughout. I think this is what is meant by the uses of identifications.

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TABLE OF CONTENTS

Acknowledgements	iv
Introduction	1
1. A Plea for a Measure of Ambiguity	7
2. Placing D. W. Winnicott	40
3. Before the Pleasure Principle, Beyond the Reality Principle	78
4. The Third Principle of Mental Functioning	139
5. Technique and the True and False Self	186
References	227

INTRODUCTION

D. W. Winnicott occupies an ambiguous position in psychoanalysis. Usually he is regarded, along with Klein and Fairbairn, as one of the revolutionary originators of the British school of object relations theory. Yet he himself considered his work a contribution to ego psychology and as no more than a legitimate extension of classical theory, quite within the tradition of Freud. Moreover, while his clinical contributions are much cited, and while his revisions of technique have been widely influential, the theory of ego development underlying them, revolutionary or not, has remained, in my view, only poorly understood or appreciated. Partly this is because Winnicott was quite unsystematic in the way he presented his ideas and partly (oddly enough) because he wrote in a highly evocative, natural English, so that his sometimes idiosyncratic terminology has been difficult to coordinate with the conceptual language of traditional psychoanalytic theory.

This study is in the spirit of an enquiry into the nature of these and other ambiguities within and about Winnicott's work. It is a theoretical enquiry and so, for the most part, is quite abstract. Winnicott's theoretical contributions are, in my view, both more and less revolutionary than they have been taken to be, and, in both directions, their implications and significance for advanc-

ing psychoanalysis' aspirations to becoming a general psychology have been underestimated. In any case, they merit, I feel, a closer scrutiny than they have yet received.

Winnicott is among the few theoreticians (in certain ways, the only one) seriously to examine the implications of Freud's positing an original undifferentiated state (of id and ego). His theoretical work consists of an attempt to articulate and conceptualize the nature of this intrinsically obscure domain and the mode of psychic functioning developing out of it. In my view, he is the theoretician par excellence of the psychology of the ego at the stage of primary narcissism. This belongs to the earliest beginnings of the ego and of psychic structure in general, before the pleasure and reality principles or the primary and secondary processes can be said to have come into play. One consequence, I believe, is that the dominant metapsychology of psychoanalysis (Freud's structural theory), which has been prone to falling into a static and reified condition, exciting a lot of discontent, is restored, by virtue of Winnicott's developmental point of view, to being a process psychology. I also think that Winnicott's theoretical contributions come in precisely at the interstices between the vying psychologies of drive, ego, object relations, and self and that the point of view he develops is, in this sense, pivotal and potentially unifying.

There is a reflection which has guided this study, which is that although many analytic writers and theorists pay a lip service and even claim to be taking into account the undifferentiated origins of psychical structure and functioning, it is my contention that in subtle ways, because of the intrinsic bias of their terms and concepts toward a more highly delineated and differentiated view of things, they have by and large failed to do so and, as a consequence, have missed and belied the implications.

Chapter 1 is in the nature of a survey or overview of the sorts of difficulty and ambiguity to be found in Winnicott's work, either as they conceal or exemplify his meaning. A number of the theoretical issues that are developed in subsequent chapters are touched on here. One of them is about language, about its limitations for making an adequate account of the undifferentiated state and mode of functioning, and about Winnicott's use of language in the attempt to do that, in a way which, while keeping close to experience, also constitutes a technical vocabulary of his own. This bears on the much-debated issue in contemporary psychoanalysis about how to coordinate the conceptual language belonging to classical and ego-psychological theory and technique -- terms like ego, representation, regression, fixation, gratification, neutrality, or interpretation -- with the quite different language of self psychology, of which Winnicott may be regarded, I think, as a major forerunner (but with all-important differences from Kohut's

way of conceiving it). One of the ambiguities about his work is that he employs both languages, and a part of my objective in this study is to try to discern the relationship between them. This has everything to do with the paradoxical nature of primary narcissism as Winnicott construes it, and in this chapter I take up the problem by examining his notion of paradox.

Chapter 2 is an attempt to place Winnicott in the psychoanalytic landscape. This concerns, first, his position in the British Psycho-Analytical Society within the context of the theoretical controversies going on there during his training and membership and, then, an attempt to locate the developmental issues he takes up in relation to the evolution of Freud's thinking.

In Chapter 3, I have tried to discuss Winnicott's schema of early development in a more systematic way than he liked to do. His term "integration" applies here, meaning that I have collected together the bits and pieces of his thinking on development in a way that, I hope, gives them a new coherence. I have by no means been exhaustive about it. Winnicott's contributions range over the whole of development, and I have restricted myself to those aspects concerning the earliest phase, of primary narcissism, which is clearly the heart of all his work. More especially, I am concerned with how his conceptualization of this phase offers a highly original way of addressing two of the most fundamental and problematic issues for psychoanalytic

theory. One is the problem of reality, whether it is created or found, and what is the developmental relationship between perception of reality (reality-testing) and the sense or feeling of reality. The second is the problem of the subject -- the relation between the self as a relatively sophisticated phenomenon and the underlying feeling or sense of self, and the relation between both of those and the ego conceived as psychic structure.

Chapter 4 concerns Winnicott's equally original contributions toward an adequate psychoanalytic concept of health, which, in any but the negative form of the notion of an absence of illness, the theory has sorely lacked, and, intimately related to that, a way of approaching the subject of ordinary creativity, play, and imagination (the creativity of everyday life), for which the traditional concept of sublimation has long been perceived to be deficient. What is involved here, I believe, is a quite new conceptualization of psychic functioning, amounting to the addition of a third principle of mental functioning to the two delineated by Freud, which Winnicott calls the transitional or intermediate area of experience. My approach to this notion, which I introduce in the previous chapter, is to attempt as best I can to portray (in a conceptual way) the undifferentiated quality of primary narcissistic experience -- that is, experience from the point of view of the infant -- and the way it persists and evolves into normal, healthy maturity.

Finally, in Chapter 5, I present some case material of my own by way of taking up some of the clinical, diagnostic, and technical implications of Winnicott's developmental theory and of his concept of the true and false self. My view is that the theory not only provides a rationale for the variations of technique required for working with certain psychotic and borderline patients, but also supplies the missing theoretical backing for a lot of what goes on in any good analysis, but which has gone unnoticed and unarticulated, attributed to what is usually referred to as the "art" of doing psychoanalysis.

CHAPTER 1

A PLEA FOR A MEASURE OF AMBIGUITY

The place of Donald Winnicott in psychoanalysis was and is still very ambiguous. Almost from the start of his some forty-odd year career, not only as a theoretician and clinician of child and adult analysis but also as a renowned pediatrician and psychiatrist, Winnicott's idiosyncratic perspectives (in all three fields) were seen as somehow renegade, and he tended to be anathematized, idealized, and benignly neglected in nearly equal measure.

These sorts of reactions, which are, of course, dynamically very close cousins, still very much persist, perhaps especially outside Britain. Even despite the stature now widely accorded him within psychoanalysis as one of the most influential and innovative contributors to developmental, clinical, and technical theory -- regarded even as "perhaps the greatest [creative thinker] of the contemporary analytic epoch" (Green, 1978, p. 179) -- the general sense about Winnicott's significance remains more atmospheric than articulated. Indeed, there is in much of the acknowledgment that he has received, both approving and not, more than a hint of bewilderment about him.

Some of this bewilderment, to be sure, is less about Winnicott's work in particular than about the puzzling phenomena to which his work and interests are mainly

directed -- early infancy, psychotic and borderline phenomena, normality, and creativity, all of them areas of research that are still among the most obscure and controversial in psychoanalysis.

There is another order of bewilderment, too, which perhaps bears more specifically on the ambiguity felt about Winnicott, and it stems from an old debate about an ambiguity or double status pertaining to psychoanalytic theory itself -- what Rycroft means when he refers to it as a "biological theory of meaning" (1966, p. 21). This debate and ambiguity arise from the fact that while much of Freud's most revolutionary work was semantic or hermeneutic in nature -- concerned with making sense of neurotic symptoms by viewing them as meaningful, disguised communications -- Freud himself regarded his work as scientific, in the sense of being concerned with the elucidation of causes, which he formulated by his principle of psychic determinism. Briefly stated, that principle holds that all mental activity is the product of unconscious, impersonal, biological forces and that the symptoms of neurosis can be explained in terms of interactions among these forces under certain conditions of alienation from them.

The trouble was, of all the types of neurosis that Freud examined, in the ones that most clearly had a specific cause, the traumatic neuroses, the cause was apparently not internal and instinctual but external or environmental and with an onset whenever in life the unexpected shock occur-

red. Moreover, the traumatic neuroses were precisely the ones that did not fit into psychoanalytic theory, and their symptoms, which included dreamed re-enactments of the traumatic experience, seemed unamenable to any further analytic interpretation. Freud, to be sure, had a concept of trauma from as early as 1895, which was defined in relation to infantile experience -- the overwhelming of the ego by an excess of excitation, whether stimulated from within or without -- and modelled eventually (1926) on the traumatic experience of birth. Nevertheless, even in his last book, An Outline of Psychoanalysis (1940), Freud remarked of the traumatic neuroses in a tone of some regret, "Their relations to determinants in childhood have hitherto eluded investigation."

This apparent exception to Freud's theory was one element feeding into a second, fundamental debate in psychoanalysis about the relative importance of constitutional and environmental factors in the determination (causation) of psychical phenomena. Within the terms of that debate, Winnicott is generally perceived as an environmentalist, and certainly he was the English analyst who was most persistent in tracing the origins of various pathologies to environmental failures in early childhood. The approach he took, moreover, represented a significant theoretical advance, greatly refining and deepening Freud's concept of trauma by, for the first time, studying the

infant's special sensitivity to environmental impingements in the context of the quality of dependence on the mother.

Winnicott's is not a crude environmentalism in a causal sense, however. As he defines it, "Trauma is an impingement from the environment that occurs prior to the individual's development of the mechanisms that make the unpredictable predictable" (1967/1968) -- meaning by 'mechanisms' those ego mechanisms of defense that allow for the gathering of impingements into the sphere of the infant's fantasied omnipotence by which he may (unconsciously) experience them as projections. This definition attributes to the infant a quite active role in the traumatic situation, and Winnicott is in agreement here with Freud that what matters is not so much the impingement itself as the infant's reaction to it.

In other respects, though, Winnicott's notion of the traumatic sequence departs from Freud's in a number of significant ways. It involves, for one, a far more complex appreciation of the ways an infant can make contact with the environment. For another, although Winnicott includes the idea that an impingement can also come from within in the form of some overwhelming impulse or body need, how traumatic it will be, or even whether it will be traumatic at all (in terms of the infant's need to react), will always depend on the quality of ego-support coming from the mother (the environment).

Pursuing the implications of this, Winnicott comes to the conclusion that the basic psychoanalytic assumption that

there is, as Anna Freud puts it, an "innate hostility between the ego and the instincts, which is indiscriminate, primary, and primitive" (1937/1966, p. 158), was far too narrow a conception of the actual situation, certainly as regards health or normality. In fact, Winnicott takes the view that the status and meaning of the instincts in psychic life are a highly variable matter -- sometimes threatening, sometimes enriching and enlivening, sometimes merely distracting. And as regards trauma, he further implies that the tension-discharge model as put forward by Freud (1926) -- what Fenichel (1937/1954, p. 50) describes as a "discharge in spite of everything", leading to the loss or collapse or "annihilation of the ego" -- as well as the ego-psychological idea of mastery to connote the principal aim or quality of the ego's activity in relation to the trauma comprise also far too partial and narrow a view.

Indeed, Winnicott's position, which, the more one looks into it, the more subtle and complex it becomes, seems to straddle both the constitutional-environmental and the causal-semantic controversies. For him, what constitutes a trauma is whatever, regardless of its source, goes beyond the ego's capacity to experience or catalogue or interpret it -- which is to say, beyond the possibility of its acquiring a meaning or being experienced as real. The traumatic impingement is in a literal sense "unthinkable" and gives rise to "unthinkable anxiety":

Unthinkable anxiety has only a few varieties, each being the clue to one aspect of normal growth.

- (1) Going to pieces.
- (2) Falling for ever.
- (3) Having no relationship to the body.
- (4) Having no orientation. (1965a, p. 58)

To the degree that the trauma can acquire a meaning, that meaning is determined not just by the features of the instincts which may be involved (including their quantitative aspects) but also by the context, in the sense of the quality of reciprocity between the infant and the mother in terms of her responsiveness and unconscious attitudes toward him. The relation, then, of Winnicott's unthinkable anxieties to actual environmental impingement is highly complex, for the infant's reaction will be elaborated in fantasy "according to the degree of integration that survives the trauma" (1967/1968), which, in turn, depends largely on the meaning and degree of coherence supplied by the quality of the mother's support of the infant's nascent ego functioning. Thus, something may be experienced as overwhelming not only or even necessarily because of the quantitative intensity of the drives which become activated but because of a failure of meaning. Winnicott remarks, for example, that for an infant who does not yet distinguish between inside and outside, "the instincts can be as much external as can a clap of thunder or a hit" (1965b, p. 141).

Whereas for Freud an instinctual experience acquires meaning in so far as it either achieves satisfaction (release of tension) by finding the object and so gives rise to pleasure, or misses the object, is frustrated, and so causes psychic pain, for Winnicott it is in a sense the

other way round. It is via its contextual meaning (or lack of it), of which there can be an infinite variety (since the object can be found or missed in an infinite variety of ways), that an instinctual experience has whatever determining (causal) force it has. If based on a relationship of compliance, for example, even an experience of instinctual satisfaction can be traumatic, giving rise not to pleasure but to a sense of futility and unreality. The fundamental question for Winnicott is how it comes about that anything at all, whether internal or external, instinctual or environmental in origin, comes to be experienced either as something real and meaningful and owned or not.

This work of Winnicott's on the earliest developmental origins of what later comes to be interpreted as the sense of reality and the sense of self is, I think, both one of his most significant and original contributions to psychoanalytic theory and also the source of some of the bewilderment about him. Thus, although seemingly an environmentalist who attempted to explain certain poorly understood forms of psychopathology on the model of the traumatic neuroses, Winnicott also found it necessary to introduce the distinction between the "true and false self" (1965b). I want to suggest in a provisional way that whereas the false self is subject to the principle of psychic determinism, the true self refers to an innate, inviolable, and primary psychobiological principle which is not and which Winnicott posits as the source of spontaneity, creativity,

and the feelings of self and of reality -- akin in status, in some respects, to what the instincts signified to Freud.

This complexity about Winnicott's position in relation to the controversies about causes and meanings and constitutional and environmental factors also has a bearing on his revisions to the theory of psychoanalytic technique. From a pure environmentalist point of view (that pathology, to oversimplify, is the result of lack of love in childhood), analysis is a form of replacement-therapy, and the effective agent in treatment is the analyst's concern, devotion, and love. The classical position, on the other hand, based on the principle of psychic determinism and a model of analysis as a causal, explanatory theory, is that the rapport with the patient mainly serves the purpose of enabling the analyst to elucidate and reconstruct the unconscious, infantile origins (causes) of the illness. Winnicott's position, the influence of which is now very widespread, falls somewhere in between, and this is by virtue of his having, in a sense, turned the classical position on its head. That is, while the exploration of the patient's remote, unconscious history is of paramount importance, its purpose is to understand what is interfering with the present communication and contact between him and the analyst and not the other way round.

This propensity of Winnicott's to turn the usual psychoanalytic perspectives upside down or to give them a new and unexpected twist is a feature that runs through all

his writings. Even a cursory look over the range of viewpoints he takes up will give some idea of what I mean. Thus, whereas Freud saw the liberating value of psychoanalysis in terms of its capacity to bring about freedom from illusions, Winnicott's emphasis is on its ability to foster the capacity freely to create and enjoy illusion. Where Freud (1930) casts a sober, doubting eye on "the programme of becoming happy", avowing that it is "at loggerheads with the whole world", that pleasure is, at best, only possible in an episodic way, and that maturity is a matter of renunciation and of resignation to a harsh reality, Winnicott's view is that in health there is a capacity for quite ordinary enjoyment and creativity of a kind on which Freud's theory has little purchase, that reality is as much an opportunity for pleasure as a thorn or disillusionment which has to be lived with, and that the drives, while they play a part in this, may also interfere with it. Where traditional psychoanalysis concerned itself with erotic love and instinctual excitement, and ego psychology took an ascetic view of the progress of development toward ever-increasing individuation and autonomy, Winnicott wants to know about friendship, about what is going on when we are relaxing, and emphasizes those aspects of development which contribute to a capacity for maximal unintegration. Instead of guilt, Winnicott speaks of concern, instead of the fear of being alone, the capacity to be alone, instead of the value of interpreting, the usefulness of not interpreting. Instead

of the usual view of regression as a phenomenon belonging to defense, Winnicott links it to normal, everyday processes of healing, and he contrasts defensive omnipotence and grandiosity with that ordinary experience of omnipotence which is a part of ordinary creativity and at the core of the self. Where psychoanalysis took an interest in depersonalization, Winnicott wonders about personalization, how it comes about and what gets in the way of it. Where psychosomatic illness tended to be viewed as a withdrawal of interest from the external world, Winnicott views it in a positive light as an attempt to rediscover the body. And whereas psychosis was usually placed at the far end of the spectrum of illness, Winnicott juxtaposes it to normality, suggesting that, viewing it as a process of healing, it is in some ways a nearer relation to health than are instances of pathologically intractable normality.

Many of these viewpoints have by now been incorporated into the psychoanalytic discussion, yet it remains the case that there is a difficulty felt about Winnicott, which is not only a matter of the complexity or novelty of his perspectives. That complexity has no doubt also been compounded by the fact that Winnicott was quite unsystematic in presenting his ideas. Moreover, one can discern from various things he says that this was at least partly by choice. Though certainly there were many things he felt tentative about, Winnicott was by no means an imprecise thinker. Rather he seems to have written the way he did out

of a certain conviction and skeptical posture he took toward theory and theorizing -- that no statements are final and also that "to build or present a system, whatever the reasons for doing so, is to make a sustained bid for power" (Padel, 1977).

The fact is that both his thought and his writing are frequently perceived, even by proponents, as obscure and cryptic. What makes for the difficulty, though, is not at all immediately apparent. It is certainly not the esoteric difficulty of a Bion or Lacan, who require translation, nor the obscurantism of the curious American-Teutonic passion for multi-hyphenated, artificially abstract jargon, nor the difficulty of just rather bad, imprecise, turgid writing (as, say, in the case of Melanie Klein).

Winnicott, by contrast, writes, even at his most theoretical, in a startlingly personal, relaxed, conversational English -- something that in itself seems to have unsettled and set him apart from some of his more conventional colleagues. The combination of the intricacy and subtlety of his thinking and his writing in such a deceptively simple, off-hand, evocative way, has earned his work the often repeated sobriquet that it is "poetic". While this is a serious and enviable compliment in many circles, in psychoanalysis, which has traditionally liked to assert a kinship with natural science, it can be taken a little equivocally and with a tone, perhaps, of somewhat faint praise.

The problem is not Winnicott's clinical descriptions. It is rather when he is talking about things. Sometimes it's because he can be very condensed, even aphoristic, or deliberately abrupt and peremptory. Sometimes, oddly enough, it's because he can be so simple as to appear even banal if taken out of context. Here, for instance, is how he introduces his paper on "The Aims of Psycho-Analytical Treatment":

In doing psycho-analysis I aim at:

Keeping alive

Keeping well

Keeping awake

I aim at being myself and behaving myself.

Having begun an analysis I expect to continue with it, to survive it, and to end it. (1965c, p. 166)

Who but Winnicott could get away with such a seemingly bald statement of the obvious? But then the obvious is one of the things that most interests him, precisely because it is so easily overlooked -- the unnoticed background against which the more delineated and commonly observed phenomena of psychic life stand out. In this instance he is pointing to elements of the analytic setting (in traditional parlance, the "real" or "working" relationship) which are usually taken for granted but out of which Winnicott coaxes meaning and importance for a revised theory of the psychoanalytic process and technique which, in context, reverberates in every sentence.

To a degree these are only difficulties of acquaintance with Winnicott's style. But a personal style is no light matter for him. His aim in all his work is to stay close to

experience in all its ambiguity, and not only that of the patient. Indeed, few other analysts are so forthright in portraying their own inner processes -- the way they think and reason and feel, their hesitations and mistakes -- or, for that matter, their outer ones, what they actually say and do in the clinical situation. Even fewer, I dare say, do so when discussing theory. Winnicott makes no such distinction. He regards theory and theorizing as quite as personal a matter as anything else, and he makes no bones about saying so. In one of his important later theoretical papers, "Communicating and Not Communicating Leading to a Study of Certain Opposites", Winnicott starts out in the following way:

Starting from no fixed place I soon came, while preparing this paper for a foreign society, to staking a claim, to my surprise, to the right not to communicate. This was a protest from the core of me to the frightening fantasy of being infinitely exploited. In another language this would be the fantasy of being eaten or swallowed up. In the language of this paper it is the fantasy of being found. (1965d, p. 179, italics his)

Evidently Winnicott found himself reluctant to write the paper or anyhow to deliver it, and this became the starting point for working toward the theoretical statement he wanted to make. The paper also contains plenty of clinical examples as well as considerations about other theoretical positions, and there is also a particular patient with anorexia nervosa whom Winnicott was seeing at the time and whom, he tells us, he had particularly in mind. This sort of candor and this way of weaving together theory and

personal and clinical experience is typical of Winnicott and quite deliberate and self-conscious.

Here, for example, is how he introduces his early major, revolutionary theoretical statement on "Primitive Emotional Development":

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. (1945/1975, p. 145)

Or again, from a 1967 paper: "It might happen in practising my scales and arpeggios I may provide material for discussion. I am not concerned either with being original or with quoting from other writers and thinkers (even Freud)" (cited by Davis and Wallbridge, 1981, p. 30).

That kind of colloquialism and especially the seemingly throwaway posture toward theory has brought Winnicott under a sort of suspicion and at times even hatred (James, 1982). Sometimes it is interpreted as a wish to court controversy by being deliberately off-hand and provocative or, contrariwise, to camouflage the extent of his critique of established theory (Greenberg and Mitchell, 1983), particularly his differences with Freud and Klein (Modell, 1983), or even as a rejection of theorizing altogether.

Winnicott was provocative, of course. To assert at a 1940 Scientific Meeting of the British Psycho-Analytical Society, "There is no such thing as a baby" (meaning a baby without a mother), could scarcely be construed any other

way. Nor can anyone miss the whimsy and gentle mockery of analytic jargon in his entitling the important (1955/1975) paper in which he spells out and defends his theory of technique, "Metapsychological and Clinical Aspects of Regression within the Psycho-Analytical Set-Up". A less oblique example is the remark he made in a paper read to, of all places, the New York Psychoanalytic Society in 1968: "It appals me to think how much deep change I have prevented or delayed in certain patients in a certain classification category by my personal need to interpret" (1969/1971, p. 86, italics his). The rebuke did not go unnoticed.

It is also true that Winnicott has a way of slipping things in that can be tantalizing. In "The Theory of the Parent-Infant Relationship" (1960/1965) he is raising the question of the infant's earliest experiences of the environment in connection with how these turn up in the transference in the analyses of certain borderline and psychotic adults. His argument, characteristically, goes in two directions at once: the study of the transference in such cases requires a revised conceptualization of early infancy, and the revised ideas about the infant require a revised conceptualization of transference and countertransference, all of which Winnicott regards as no more than "a legitimate extension of psychoanalysis" (p. 54). Throughout the paper what is explicitly being interrogated is the validity of Freud's formulations about infancy as he derived them from the analysis of his adult patients. Early on,

Winnicott alludes in passing to one of Freud's most opaque theoretical notions, primary repression:

The events of these earliest stages cannot be thought of as lost through what we know as the mechanisms of repression, and therefore analysts cannot expect to find them appearing as a result of work which lessens the forces of repression. It is possible that Freud was trying to allow for these phenomena when he used the term primary repression, but this is open to argument. (p. 38)

This is highly suggestive, but undeveloped, and one cannot help wishing that Winnicott had said more.

I want to say that, as casual as Winnicott's style can seem, it was a serious matter to him -- even that his style is itself a demonstration of what he is on about and that its ambiguities and difficulties embody a challenging position for both psychoanalytic theory and theorizing. These are, in a sense, two separate matters.

"It interests me," he wrote in 1967, "that in any cultural field it is not possible to be original except on the basis of tradition" (1967a/1971, p. 99). Though he was surely chary of orthodoxy of any kind, he was equally chary of what he regarded as heresy (as witnessed by his and Khan's [1953] critique of Fairbairn for throwing out the baby with the bathwater by rejecting Freud's instinct theory) as well as of orthodoxy's other twin, the temptation to despair of theory altogether and just stick to the pragmatics of each unique clinical encounter. Discussing the use of the squiggle game which he developed in his therapeutic consultations with children, Winnicott remarks:

In order to use the mutual experience one must have in one's bones a theory of the emotional development of the child and of the relationship of the child to environmental factors....The only companion that I have in exploring the unknown territory of the new case is the theory that I carry around with me and that has become part of me and that I do not even have to think about in a deliberate way. (1971, pp. 3 & 6).

Winnicott's eschewal of conventional (especially metapsychological) psychoanalytic terminology in favor of his own sometimes plain, sometimes poetic English has a number of motives behind it. One is simply his conviction that "a writer on human nature needs to be constantly drawn to simple English and away from the jargon of the psychologist" (1957) because what psychoanalysis has to say, about babies and mothers, for instance, is too important to bequeath to an artificial language which is only intelligible to other analysts, if then. And, indeed, for every lecture Winnicott gave to an analytic society, he gave at least a dozen to meetings of pediatricians, general practitioners, social workers, midwives, priests, parents, teachers, and child-care organizations.

I say 'if then', because another reason Winnicott prefers natural language is that technical terms have a way of acquiring a life of their own and of becoming further and further estranged from the experiences and phenomena they were originally meant to denote. Writing about counter-transference, for instance, he begins:

I think that the use of this word counter-transference should now be brought back to its original use. We can use words as we like, especially artificial words like counter-transference. A word like 'self' naturally knows more than we do; it uses us, and can command us.

But counter-transference is a term that we can enslave, and a perusal of the literature makes me think that it is in danger of losing its identity. (1960a/1965, p. 158)

To this it has sometimes been objected that Winnicott, though seeming to use simple English, does so only to coin and develop a technical vocabulary of his own. Phrases like "the ordinary devoted mother" or "the true and false self" may be more experientially evocative than "libidinal object" or "split-off good and bad self-object representations", but they are said also to be more ambiguous on account of it. Not only are they difficult to evaluate and coordinate with other theory, but even within Winnicott's own body of work they seem to have a multiple function or status. A term like the true self seems sometimes to be used evaluatively, sometimes regulatively or dynamically (to refer to psychic processes or mechanisms or content), sometimes constitutively (pointing to fundamental psychic structure), and sometimes metapsychologically (in the sense in which it and Winnicott's related concept of "going-on-being" seem to have an axiomatic status, equivalent to what the instincts are for Freud and which he called "our mythology" [1933, p. 95]). Moreover, critics complain that Winnicott's depictions of such things as the role of mothering in development are ambiguous as to whether they refer to the actual mother or to the infant's psychic representations of her.

This ambiguity and the multiple status of his terms is, I think, precisely what Winnicott wants. Here his motive

for using the language he does in the way he does becomes a more profound matter. It concerns the very nature of what he wants to elucidate, the phenomena and experiences belonging to the era of primary narcissism and identification. The difficulty, whether about describing these matters, discussing them, or making theory about them, is, as Winnicott sees it, essentially the same for the analyst as for his patients: "to verbalize...without insulting the delicacy of what is preverbal, unverballed, and unverballeable except perhaps in poetry" (1967b/1971, p. 112).

It needs to be clear, however, that Winnicott's intent here is scientific, not poetic:

What interests me is precisely this subject of the foetus and the child who is being born, the 'completely narcissistic creature'; I want to know what is actually happening there. 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. (1975a, p. 175)

I think Winnicott feels that those data, collected and inferred from the observation of infants and mothers, from the analysis of certain adults, and from a consideration of certain aspects of normal experience and functioning which psychoanalytic theory had either overlooked or only poorly explained, have in their very nature an inviolable ambiguity. Thus, if only to be phenomenologically accurate about them, what is needed is a language and terminology adequate to an original domain in which the most seemingly fundamental categories and distinctions of experience -- between internal and external, self and not-self, or real and

imaginary -- either do not yet obtain at all or are only just starting to emerge, and in which psychic structure is not yet a fact (in whatever sense or extent it ever is).

The trouble Winnicott saw with existing theory and terminology, whether of the drive, ego, or object relations schools, is that psychical reality is already presumed to be located 'inside' and set up against outer reality, and the psychic structures of the id and ego are presupposed to be already in place, even if, at the start, in only a rudimentary way. This was especially problematic for how theory envisaged the position and status of the environment in early psychic life via the concept of the object. For, in Freud's writings, there is a radical discontinuity (with which theory has been struggling ever since) between the complex reality of the object as an actual other person (or part of one) and its considerably narrower psychical status as a component of the drive apparatus. Winnicott regards all these distinctions not as givens but as the potential developmental outcomes of the undifferentiated state, and he wants to know how they come about. In the matter of the double status of the object, for example, what interests him is that

the infant develops two kinds of relationships at one and the same time -- that to the environment-mother and that to the object, which becomes the object-mother. The environment-mother is human, and the object-mother is a thing, although it is also the mother or part of her. (1965d, pp. 182-3)

Winnicott, to be sure, was not the first to perceive or raise these issues. Indeed, they occupied Freud to the end

of his life. Freud had gone at previously uncharted realms of experience, armed with a powerful array of dualisms which were and remain of incalculable value -- the pleasure and reality principles, the primary and secondary processes, psychical reality and external reality, and so on. Yet he himself was led to assert on more than one occasion that psychoanalytic concepts such as these had chiefly an heuristic value, and even before his death many difficulties of a clinical importance had begun to be noticed. Hartmann and his North American colleagues and followers were among those who saw the challenges to theory and tried to wrestle with them in their own way. For Winnicott, however, the crux of the problem remained. Despite all the acknowledgments and terminological contortions to accommodate the conceptual implications of an original state of undifferentiation, subsumed under the rubric of primary narcissism, existing theory ultimately betrayed, however covertly, its derivation from a more differentiated level of experience and development and finally had little meaning or usefulness here, neither explained nor described, could only insult or belie the facts.

As great a problem as it would obviously pose for any language to verbalize "the essentially unverbalizable", Winnicott felt that natural language at least didn't foreclose on the issue. Moreover, to depict the shifting ambiguities of an undifferentiated state of relatedness and then the ways in which difference, qualitatively distinct

modes of functioning and experiencing, and then, ultimately, structure first begin to emerge, much finer distinctions and discriminations were needed than the available theoretical vocabulary afforded. In short, Winnicott had to be inventive, even despite his reluctance "to invent names that become stuck and eventually develop a rigidity and an obstructive quality" (1963/1965, p. 75) as he felt had already happened to the traditional terminology.

So, for example, employing a homespun mixture of technical and natural language, Winnicott introduces the term "ego-relatedness" to contrast with "id-relationship":

Personally I like to use the term ego-relatedness, which is convenient in that it contrasts rather clearly with the word id-relationship, which is a recurring complication in what might be called ego life. Ego-relatedness refers to the relationship between two people, one of whom at any rate is alone; perhaps both are alone, yet the presence of each is important to the other. I consider that if one compares the meaning of the word 'like' with that of the word 'love', one can see that liking is a matter of ego-relatedness, whereas loving is more a matter of id-relationships, either crude or in sublimated form. (1958/1965, pp. 30-31)

It may be useful to go into this example a little in order to understand Winnicott's need and some of his uses of what does finally, I think, constitute a technical vocabulary of his own.

One of his objectives here is to distinguish two discriminable kinds of early infantile experience which presage and illuminate the mysterious genesis of psychic structure out of the undifferentiated state. This is needed, he feels, because existing theory about it -- as, for instance, Freud's (1911) infamous fiction about the

newborn's "almost" realizing a closed, pleasure-driven psychical system on its own, or his theory that the ego and the sense of reality develop as a result of instinctual frustration, or, for that matter, Hartmann's (1939/1958) later and alternative idea of a primary ego autonomy -- simply belies the known ambiguities and complexity of infancy and fails to account for the complex transitions out of the undifferentiated state.

The paper, though, is not only or even primarily about infancy. Winnicott's explicit interest is in a quite ordinary phenomenon belonging to normal, healthy, mature living, which he notices psychoanalysis had apparently ignored -- namely, "The Capacity To Be Alone" (1958/1965). He means by this not necessarily being actually alone, but the ability to enjoy and value solitude. The literature, so far as he can tell, is all about the fear of being alone or the wish to be alone or else that defensive sort of being alone which is connoted by the term 'withdrawal', but not about the positive ability to be alone, and again he wants to know what is actually happening there.

As he considers it, the apparent simplicity of the phenomenon becomes more and more ambiguous, with many quite distinct ways of being able to experience being alone, demanding finer descriptive and conceptual distinctions than the existing terminology or theory is able to provide. Moreover, these distinct kinds or qualities of being alone which, together, Winnicott thinks, go into the "highly

sophisticated phenomenon" of maturity (the ability to be "truly alone" or "actually alone"), appear to be the products of "many contributory factors" arising at different developmental levels and requiring, therefore, different orders of description and explanation.

As he often does, Winnicott proposes for consideration a concrete image of a quite ordinary situation, close to normal experience, which he entitles "After Intercourse": -- two lovers, each "being able to enjoy being alone along with another person who is also alone" (p. 31). His detailed stipulations here are all-important: intercourse was "satisfactory", and for the moment the solitude of these lovers is a positive thing, shared and enjoyed; it is free of anxiety (the complications arising from either the presence or absence of id-tensions), free of diffidence, and free of "the property that we call 'withdrawal'". As ideal as it sounds, it is a normative ideal, a recognizable moment of loving or liking, and not idealized or idyllic nor probably, I think, as uncommon as some psychoanalysts may get to think on the basis of the people they tend to meet in their practice. In brief, it belongs to health, and psychoanalysis, in so far as it aspires to being a general psychology, is obliged to account for it.

Given that it is theory which is obliged to be faithful to experience and not the other way round, the question is, what is the best theoretical account that can be made about what is happening there. Winnicott addresses the question

to Freud and Klein. By Freud's theory, the capacity to be alone is understood as a consequence of the dissolution of the Oedipus complex and the resolution of "feelings aroused by the primal scene". As Winnicott points out, dissolution or resolution here involves an "almost infinitely complex" statement about acceptance of conscious and unconscious masturbatory fantasies, the achievement of genital potency, the fusion of aggressive and libidinal impulses and ideas, a tolerance of ambivalence, and a capacity for identification with each of the parents. By Klein's theory, there is a capacity to be alone which arises at an earlier developmental stage and which she depicts in terms of "a relative freedom from persecutory anxiety" as a result of the establishment of good enough ("well enough set up and defended") internal objects in the individual's psychic reality.

Winnicott thinks that, while both accounts undoubtedly point to contributory factors, they also both represent relatively sophisticated achievements, belonging more to the mature capacity to be actually alone but shedding little light on the experience of the two lovers, who are not actually alone but alone together. This is a difference that makes a difference. Both Freud's and Klein's accounts seem to go all in the direction of individuation and autonomy and are cast in a language of mastery and defense. The experience of Winnicott's two lovers goes quite the other way. There is an absence of boundaries, an ease of

being simultaneously alone and with the other in a relatively undifferentiated and unindividuated way, the positive features of which are not illuminated by a concept of defense, however successful it is made out to be.

Winnicott believes that theory, if it is to be faithful to such an experience, also has to go the other way. He posits that before there is the capacity to be actually alone, there is another kind which is more basic, which antedates the establishment of the psychical structures and distinctions presupposed by Freud and Klein, and without which the capacity for "sophisticated aloneness" does not come about. And it makes better sense of his lovers. He refers to it as "the experience of being alone in the presence of someone" and connects it to the experience of the infant being alone and awake and relaxed in the presence of the mother, long before there is any question of foregoing her actual presence (object constancy or permanence) or of speaking in terms of projections and introjections. This, we recall, is how Winnicott defines his term "ego-relatedness".

At the level of experience Winnicott is reaching for, ambiguity is too ambiguous a word. One needs to go to the root of the word (amb-, both ways, and agere-, to drive), to the point at which ambiguity becomes what from a more differentiated perspective is covered by the notion of paradox: "Thus the basis of the capacity to be alone is a paradox" (p. 30). From a certain standpoint, it is possible

to view all of Winnicott's work as being concerned with elucidating and accommodating into theory the problem of the origins and evolution of the basic quality of ambiguity belonging to all experience, starting from paradox and moving toward ambivalence. This is to say, ambiguity has a developmental history.

Margaret Little, an analysand and colleague of Winnicott's, remarks that what stood out about him was "first of all...his capacity to stand paradox and ambivalence, knowing them to be inherent in life itself, without seeking ways around, defenses against, or avoidance of them." She adds, "People have speculated how one could live with so few defenses" (1981, p. 267, italics her's).

Winnicott's work is full of paradoxes. The best-known example is his concept of the baby's and small child's transitional object (1953, 1971a) -- neither internal nor external, neither real nor imaginary, and about which it must never be asked whether it was created by the baby or found -- and, arising from this, all his later work (1971) on the notion of a third or intermediate area of experience, between fantasy and reality, which in health expands all through life and is the area of imaginative and cultural experience:

My contribution is to ask for a paradox to be accepted and tolerated and respected, and for it not to be resolved. By flight to split-off intellectual functioning it is possible to resolve the paradox, but the price of this is the loss of the value of the paradox itself. (1971, p. xii)

Much of the reaction to Winnicott's work -- the alacrity and passion with which people have taken both to and against it, as well as some of the bewilderment about it -- is a measure, I think, of the awkwardness and discomfort felt about this business of paradox. In the wish to resolve it, there is a worry and a suspicion that maybe it is only fuzzy thinking. Winnicott maintains that it is accurate thinking about intrinsically fuzzy matters -- namely, primary narcissism and identification.

Some regard the concept of the transitional object as "one of the few critical, elucidating, and comprehensive concepts to have been elaborated in the course of psychoanalytic studies since Freud" (Muensterberger, 1978). Anna Freud once remarked that it was such an obvious thing, once Winnicott pointed it out, that one couldn't help feeling annoyed not to have thought of it oneself (personal communication). Others say they quite simply have no idea what on earth Winnicott is going on about (Flew, 1978, for example) and wonder whether it isn't all a mystification, an intellectual sleight of hand -- in Winnicott's own language, whether he didn't create rather than truly find the paradox he is on about -- or else, granting that he found something, whether there isn't a more familiar way to describe and explain what it is just as well. In another direction, some authors have taken it up in a far more permissive way than I think Winnicott ever intended, to cover anything and everything in clinical work that is the

least bit ambiguous or hard to understand. (There can be very few psychological phenomena that have not been called transitional by now.) Still others have seemed to welcome the paradox, but then in a subtler fashion sought ways around it. For example, Tolpin (1971), wanting to recruit Winnicott's idea to elucidate Kohut's obscure concept of transmuting internalization and his theory of the development of a cohesive self (1971, 1977)¹, decides that Winnicott must or ought really to have meant that, in the end, the transitional object does "go inside".

Where else, after all, could it go? Where else is there besides inside and outside? One might, of course, ask, inside what? Outside what? Usually one would be referred, I suppose, to the ego or to the self. These are the sorts of questions that Freud did his utmost to avoid in order that his fledgling science not get ensnared in a philosophical mire. Winnicott believed that psychoanalysis had matured enough to maintain its own approach and still

¹ Some of Kohut's work on narcissism is very close to Winnicott's. Indeed, though Kohut never acknowledges it, both his theory of self development and especially its implications for technique recall Winnicott's work in a great many ways and are directed at much the same issues. While it is difficult to imagine its being so, it would certainly be more interesting if one could suppose that Kohut arrived independently at such similar theoretical and technical conclusions purely on the basis of his own clinical observations. Even so, the differences between them are crucial, and one could argue that Kohut's postulating a separate line of development for the self represents one sort of misapprehension and epistemological failure of nerve toward the paradoxes inherent in primary narcissism and its derivatives that I am discussing. This point is touched on again in Chapter 3.

ask such questions, even of its own theoretical presuppositions. Indeed, given the commitment to a developmental point of view, he argues that it has no choice. The difficulty, and it is no small one, is that this requires that one suspend the fundamental categories of one's own thought.

Winnicott speaks of "the special significance" that in the course of development comes to be given to "the fantasy of the inside" (1958/1965, p. 32). I think it is a major part of his critique of psychoanalytic theory that that theory has, in a sense, been subject to the same development -- that is, it has come to take "the fantasy of the inside" for a psychological fact with a privileged theoretical significance. While it would be too great a detour to attempt at this point to recount the complex history of that development², it turns in a general way on the question of what was to be made out of all the contradictions, obscurities, and ambiguities in the gargantuan theoretical edifice

² Like all such developments, an account of this one would begin with Freud -- in particular, with his assuming an almost a priori awareness of the distinction between inner and outer (in Chapter 3, I discuss the defects in his somewhat peculiar notion that the infant discerns between them by the efficacy or inefficacy of his muscular actions) and then his confounding psychical reality with inner reality. Ferenczi's (1909/1952) introduction of the concept of introjection in relation to the transference enters into the story, too, as does the work of his analysand, Melanie Klein, with its emphasis on primordial internal objects. The subject as a whole is a very large one, involving the whole matter of the directionality of experience. This involves a development not only of spatial concepts like inside and outside but of temporal ones as well (present and not-present, or now and then).

Freud left behind. Given the disparities between the bewildering range of phenomena encountered in clinical practice and the theory meant to account for them, it was perhaps inevitable that there should be an impetus toward rationalizing Freud's theory by overvaluing one or another aspect of it at the cost of sacrificing others. Although the various lines of theoretical development that resulted -- ego psychology, object relations theory, and self psychology -- have in innumerable ways been clinically richly rewarded, in certain respects something valuable was lost. For, viewed as a whole, it is possible to look at Freud's creation as a dialectical play of differences, of juggled perspectives and shifting meanings inhering simultaneously in the same phenomena, without there being accorded a special privilege to any one.

Winnicott's appeal to paradox, in my view, is an attempt to restore this dialectical and structural dimension of psychoanalytic thought. Without it, the theory is prone to a variety of fallacies. One is the adultomorphic fallacy: a theory whose concepts and terminology give special significance to the fantasy of the inside, for example, can only fail to apprehend or represent a developmental stage and a mode of psychic functioning for which such a fantasy has as yet no bearing. This has implications for terms like 'omnipotence' and for the concepts of regression and identification, among others. It is related to another fallacy, of misplaced localization, which applies as

much to formulations about mature functioning as it does to that of early infancy. The fallacy of misplaced concreteness is another (the concepts of psychic structure or of so-called ego functions are examples).

Finally, there is the genetic fallacy of linear development, mere successiveness, in both an evolutionary and a normative sense. The notion of genital primacy as an ideal, or of autonomy, or of better and better adaptations or internalizations or compromise-formations are examples of this.³ Much of Winnicott's work is directed at refuting and redressing a linear-developmental bias which left psychoanalysis with little purchase on large areas of experience and observational data, both normal and pathological, which derive from the era of primary narcissism and whose persistence is not merely a product of fixation or regression. As is the case for the other developmental eras, narcissism continuously evolves forms of experience which retain the qualities of their origin and which, in health, remain in a perpetual counterpoint with the more differentiated forms. Thus it is that in the same paper Winnicott holds up to us the baby relaxing in the presence of the mother and two lovers relaxing after sex, or asks, in another (1971b) paper that we hold in the same thought the idea of the creativity

³ The genetic fallacy is rooted in another complex history that begins with the selective overvaluing of a linear-temporal interpretation of Freud's scheme of libidinal development and moves through Abraham's delineation of the subphases of object relations development on into the work of Hartmann and his North American followers (Mahler, for instance) on the development of the ego.

of the baby playing with the edge of a blanket, or of a meal cooked at home, or of Shakespeare's devising Hamlet's soliloquy, or of the making of a psychoanalytic theory.

Throughout his writing, one of Winnicott's main preoccupations is the inadequacy of the concepts of sublimation and symbolization to cover the development of the capacity to imagine or to play. This connects up, I feel, with his startling habit of personalizing his theoretical statements. "To do research," Winnicott explains, "one must have ideas. There is a subjective initiation of a line of enquiry. Objectivity comes later through planned work, and through comparison of the observations made from various angles" (1948/1975, p. 158). This bears equally well on the infant's 'researches' toward developing a sense of reality, and I think Winnicott feels it is the same for theorizing. I would put it something like this. Too often allegiance to a theoretical tradition becomes a defense like false self compliance, the subjective line of enquiry gets concealed, formulations become lifeless, presented as though carved in stone, and there is a general mystification of the whole business in the name of objectivity and of the idea, deriving from natural science, that if everybody uses the same artificially defined terms, they can imagine they are understanding each other. In short, theory becomes schizoid. And as in the case of a false self disorder, the mystification, the secreting away of the imaginative process, becomes, in the end, a helpless self-mystification.

CHAPTER 2

PLACING D. W. WINNICOTT

A further consequence of the ambiguities about Winnicott's work is that his position vis-a-vis the main streams of psychoanalytic thought is perceived as elusive and, in some quarters, quite disquieting and even subversive. Indeed, in recent years one has begun to hear it said more and more, both critically and approvingly, that Winnicott was a psychoanalytic revolutionary. If it is so, he was a peculiar sort, or maybe just a peculiarly English sort, for he was as undogmatic and unevangelical a revolutionary as one could imagine, and quite without a program in the usual sense (of, say, Klein or Kohut). Remembered by colleagues as a deeply generous, whimsical, self-deprecating, resolutely non-factional man, but who was also tenaciously independent, undaunted by criticism or authority, and with an extraordinary personal sagacity, Winnicott founded no school or movement and quite insistently sought no following. There are, properly speaking, no Winnicottians. Nor was Winnicott a follower of anybody else.

His own stance about his theoretical loyalties was itself somewhat ambiguous and often vague:

The reader should know that I am a product of the Freudian or psychoanalytic school. This does not mean that I take for granted everything Freud said or wrote, and in any case that would be absurd since Freud was developing, that is to say changing his views (in an

orderly manner, like any other scientific worker) all along the line right up to his death in 1939. As a matter of fact, there are some things that Freud came to believe which seem to me and to many other analysts to be actually wrong, but it simply does not matter. (1965e, p. 21)

Throughout his work, though, Winnicott steadfastly maintains that his contributions are no more than a natural and legitimate extension of psychoanalytic theory and method into areas that were previously little explored. He also repeatedly asserts his indebtedness to both Freud and Klein, the two figures in relation to whose work he most often locates his own, but distinguishing it from their's both developmentally and diagnostically.

Winnicott often puts it in the following way. Freud's immense contribution focused mainly on the triangular relationships between whole persons, couched in terms of the repressed unconscious and the imaginative elaboration of function via the whole of fantasy, both conscious and unconscious. This bore on the area of the neuroses. Klein concentrated on the two-person relationship between mother and infant at the stage at which the infant has only just achieved the status of an individual:

This has to do with the stage at which the integrating tendencies of the infant bring about a state in which the infant is a unit, a whole person, with an inside and an outside, and a person living in the body, and more or less bounded by the skin. Once outside means 'not-ME' then inside means ME, and there is now a place in which to store things. In the child's fantasy the personal psychic reality is located inside. (1965f, p. 91)

It is at this stage that the processes and mechanisms of projection, introjection, and identification -- "a contin-

uous interchange between inner and outer reality" -- first come into play. This is the stage leading up to the achievement of ambivalence, and it concerns, roughly, the area of the affective disorders and hypochondria. Winnicott views his own work as focusing on the still earlier stage of what he calls "absolute dependence" (dependence of which the infant can know nothing), before the achievement of unit status or the location of a self in the body with an inside and an outside. This concerns the state of "primary unintegration" to which belong the psychotic, schizoid, and some borderline disorders. In regard to Freud and Klein, Winnicott maintains that nothing he has to say in this area requires discarding anything truly essential to their work. For example:

For the aetiology of psycho-neurosis we must look to the Oedipus complex, and therefore to the interpersonal relationships as between three persons belonging to the child's toddler age. I do thoroughly believe in this theory. I have worked on the basis of this theory for forty years. (1965g, p. 230)

On the other hand, Winnicott did not shrink from remarking, "I have never been able to follow anyone else, not even Freud. But Freud was easy to criticize because he was always critical of himself" (1965h, p. 177).

Bergmann (1983), discussing the places of Kohut and Kernberg in psychoanalysis, suggested that the major theoretical contributions since Freud fall into three categories: extenders, modifiers, and heretics. Extenders extend Freud's theory to areas that he didn't touch (two examples would be Fenichel and Nunberg). Modifiers actually

alter the theory. In addition, they have their own extenders (disciples), they tend to add to the language a certain number of new terms, and they imply something new for technique, modifying the classical mode of interpretation. (Hartmann and Klein are modifiers. Kernberg is a modifier of Klein.) Modifiers will either cite their closeness to Freud (if they want to capture the psychoanalytic center) or distance themselves from him (if they want to establish a group or movement of their own). Heretics are modifiers who distance themselves outside of psychoanalysis altogether. (In Bergmann's view, Kohut was a good Freudian who, in his 1971 book, became a "modifier with a bad conscience" and, by virtue of the 1977 book, verged on heresy.)

By these criteria, Winnicott makes himself out to be a modifier (of both Freud and Klein), though in some ways he falls between the cracks. That he modified the theory of technique and added new terms to the language there is no doubt, though again he was diffident about it as about his relationship to Freud. As to the third criterion, Winnicott disliked factions, and he cultivated no disciples. It is true that he had a profound influence on some colleagues, like Guntrip, Khan, Milner, and Little, all of whom were his analysands and whose work can be construed in some ways as an extension of Winnicott's. By their and others' accounts, however, Winnicott's whole demeanor was to insist on relationships of equality, he propounded no formulae, and his posture was always toward encouraging independence and

the development of an own personal style of doing analysis. About his own contributions, it was characteristic of him to remark, "This work...is in the direct line of development that is peculiarly mine" (1969/1971, p. 86).

Yet, as diffident as Winnicott was about putting forward his ideas, without tub-thumping or ostentation, the extent of his impact, which has now seeped nearly all through the field, has been as far-reaching as it is ambiguous. In the current literature, Winnicott turns up everywhere. Terms and concepts like "holding", "handling", "the facilitating environment", "good enough mothering", "the true and false self", and "transitional objects and transitional phenomena" have become almost commonplace in analytic parlance. Yet for all their currency, not only their meaning in relation to existing terminology but also their status, as to whether, for instance, they are explanatory or descriptive or something else, seems perpetually in doubt.

So, too, for Winnicott's place in relation to the four competing psychologies within contemporary psychoanalysis -- drive psychology, ego psychology, object relations theory, and self psychology. Usually he is grouped with Klein and Fairbairn as one of the originators of the British school of object relations theory. Yet Winnicott repeatedly made clear that he himself regarded his work as a contribution to ego psychology and, moreover, that he regarded object-relating in the traditional sense as belonging essentially to

the psychology of the drives. He recommended, in fact, a term of his own -- object use -- to cover a different, non-instinctual aspect of relationships:

Object-relating is an experience of the subject that can be described in terms of the subject as an isolate ... When I speak of the use of an object, however, I take object-relating for granted, and add new features that involve the nature and the behaviour of the object. For instance, the object, if it is to be used, must necessarily be real in the sense of being part of shared reality, not a bundle of projections. It is this, I think, that makes for the world of difference that there is between relating and usage. (1969/1971, p. 88)

At the same time, the fact is that Winnicott's version of ego psychology bears precious little resemblance to Hartmann's adaptational and fundamentally biological point of view, and his ideas about health and emotional maturity are quite different from the ego-psychological ideal of autonomy. Indeed, it has been justly noted, if still incompletely acknowledged, that what Winnicott means by his psychology of the ego is strikingly like and, in fact, in great measure anticipates Kohut's otherwise seemingly immaculately conceived psychology of the self. Again, though, the apparent affinity comes with all-important differences, one of the chief, in my view, being that Winnicott did not see the need, as Kohut (1977) did, to relegate the self and the drives to separate lines of development, or, for that matter, to demote the drives, as Fairbairn (1952) did, to a secondary status.

This ambiguity and difficulty about assigning Winnicott's work belongs partly, as I have discussed, to the

nature of the phenomena that particularly compelled his interest and research, but also partly to the vicissitudes of history, or rather of two histories -- that of the development of psychoanalytic thought in the large sense and that, more particularly, of the British Psycho-Analytical Society during the years of Winnicott's training and membership.

Winnicott began his analytic training in 1923, the same year he became consultant pediatrician at both Queen Elizabeth's Hospital in a working class district of London's East End and at Paddington Green Children's Hospital, where he continued to work for the next forty years. It is worth reminding oneself that 1923 was a major turning point in the history of psychoanalysis, for it was the year Freud published The Ego and the Id, followed three years later by his in some ways even more consequential revision of the theory of anxiety (1926), which placed the ego at the center of psychic functioning. Both he and his daughter, Anna Freud, were, of course, still in Vienna and would remain there for another fifteen years, until 1938, when, with the help of Ernest Jones and Princess Marie Bonaparte, they and thirty-six other Viennese analysts (nearly the whole Vienna Society) would move to London. This sudden immigration was inevitably to have profound repercussions on the British Society, not least because the Viennese brought with them an ambivalence toward the work of Melanie Klein that had already

been brewing well before her own move to London in 1926 (King, 1983).

Klein herself, who had begun her research in child analysis in Budapest, where she'd been analyzed by Ferenczi, had moved to Berlin in 1921 and entered a further analysis there with Abraham in 1924. The year before, in July, 1923, she had come to London to give six lectures on child analysis, and in 1926, bereft of Abraham's support and protection (he died in December, 1925) from the hostility of those both in Berlin and Vienna who favored Anna Freud's approach to the treatment of children over her's, Klein moved to London at Jones' invitation. Her choice of London was based not only on a certain concordance between Jones' and her points of view, which was generally shared in the British Society (the importance of pregenital determinants, the role of hate and aggression, and the early development of female sexuality), but also on a quite extraordinary climate in the British group of a highly literate and liberal humanism and an openness to new developments.

Besides Jones, who had been President since 1919 (and remained so until 1944), there were James and Alix Strachey, Adrian and Karen Steven, John Rickman, Sylvia Payne, Ella Sharpe, Joan Riviere, Barbara Low, J. C. Flugel, Susan Isaacs, Marjorie Brierley, and, of course, Edward Glover. In addition, when the Nazis seized power in Germany, this group was joined by Paula Heimann, Heinz Foulkes, and Kate Friedlander from the Berlin Society. Fairbairn was working

in Edinburgh, pretty much on his own and isolated from the London group, a circumstance that undoubtedly contributed to his originality but that also had some costs (Jones, 1952).

During this period from 1926 to 1938, as Khan (1975) observes, Klein had not yet pushed her work to the status of apostasy, and her research deeply influenced everyone's thinking. Indeed, that decade or so, from Klein's arrival until the outbreak of openly factious dissension within the Society and the famous "Controversial Discussions" following the arrival of Anna Freud and the other Viennese in 1938, was a honeymoon period of true and open dialogue -- "perhaps," says Khan, "the most vital and creative period of research in the British Society", and in some ways, no doubt, one of the most creative for psychoanalysis as a whole.

Winnicott, as is well known, came to psychoanalysis and to this remarkable scene at the British Society from pediatrics (hence the title of his first published collection of papers, Through Paediatrics to Psycho-Analysis [1975]). He went to Jones, who put him in touch with James Strachey, with whom he had what he called (in no way belittlingly) his "strictly orthodox" and "pre-Klein analysis" for the next ten years. "At that time," he wrote, "no other analyst was also a paediatrician and so for two or three decades I was an isolated phenomenon" (1965h, p. 172).

The significance of this cannot be overestimated, for by virtue of his lifelong work in pediatrics, keeping up his

therapeutic consultations with children in parallel with his analytic work with adults, Winnicott was also one of the first analysts (along with Susan Isaacs and Anna Freud) who was also an infant-mother observer, and in an empirically significant way. All aside from the well over one hundred long analyses he completed of children and adults, Khan states that in the course of Winnicott's four decades at Queen Elizabeth's and at Paddington Green, "he had seen nearly 60,000 infants, children, mothers, fathers, parents, and grandparents" (1975, p. xvii), and Winnicott himself recorded that during the first twenty-five of those years he had personally taken 20,000 case histories (1950/1965, p. 160). Pediatrics, moreover, had only recently been utterly transformed by the discovery of antibiotics which put an end to many epidemics and acute illnesses. The consequence, Winnicott noted, was that the pediatrician could now "afford to look at the disturbances which belong to the lives of children who are physically healthy" and "to think of the child in the family and social setting" (cited in Davis and Wallbridge, 1981, p. 12).

On account of this double career in pediatrics and psychoanalysis, there is a sustained counterpoint throughout Winnicott's work between direct observation and analytic inference. Winnicott was well aware of the epistemological problems inherent in each, as well as of the problematic relationship between them:

It will always be the direct observers who are telling the analysts that they have made too early an applica-

tion of their theories. The analysts will continue to tell the direct observers that there is much more in human nature than can be observed directly.
(1958a/1965, pp. 113-14)

(It is interesting to note that these days, no doubt partly because of Winnicott's influence, the argument has in some ways reversed itself.) About his own work, although at the end of his life Winnicott asserted that "the direct clinical observations of babies...have indeed been the main basis for everything I have built up into theory" (1971, p. xiii), he also pointed out that "direct observation is not able of itself to construct a psychology of early infancy" (1958a/1965, p. 114). In fact, he repeatedly maintained that there was a necessary reciprocity with analysis and that, indeed, it was analysis (of the transference) of adults which taught and guided his observations of children and infants.

This counterpoint had a number of important consequences for Winnicott's thinking about things. One was that the direct observations he made in his clinic made him very sensitive to the influence of the environment on very early psychic development in ways that he felt psychoanalysis had overlooked: "There is a subtle way in which the concrete environment may be underrated by many analysts who do nevertheless carefully state that they know and allow for the environmental factor" (p. 113). Another consequence, which had a profound bearing on his revisions of the theory of technique, was his recognizing that " 'deep' in the analytic sense is not the same as 'early' in the sense of

infant development" (p. 109). As he summed it up, "In two words: a human infant must travel some distance from early in order to have the maturity to be deep" (p.114, italics his). Psychoanalysis, Winnicott felt, by mixing these two notions up, had evaded a crucial distinction and ambiguity of experience between what constitutes a psychical fact and an environmental one, which turn up in the transference in quite different ways. Indeed, it was of great interest to him to discern how in the course of a treatment an originally environmental factor can be transformed into a psychical one by being gathered into the individual's omnipotence in the form of fantasy.

Within both pediatrics and psychoanalysis, Winnicott's double perspective was to set him apart in more ways than one. Even quite early in his career, despite getting from his pediatric patients and their mothers "all the confirmation that anyone could need for the psycho-analytic theories that were beginning to have meaning for me through my own analysis", Winnicott began to collect other observations demanding a developmental explanation which the Oedipus complex seemed unable to provide and which pointed to "a certain deficiency" in those theories (1965h, p. 172). He found, in brief, that "babies could be emotionally ill." Having already (in 1931) made himself most unpopular with other pediatricians by taking a revolutionary stand that emotional disturbance could be a cause of arthritis in children, he proceeded to do the same among many of his

analytic colleagues by suggesting in his 1936 paper, "Appetite and Emotional Disorder" (1975b), that things could start going wrong even in the first weeks of life, which were clearly not regressions to pregenital fixation points or a consequence of castration anxiety.

When Winnicott had earlier brought up some of these clinical issues in his analysis, Strachey recommended that he see Melanie Klein: "'She is saying some things that may or may not be true, and you must find out for yourself, for you will not get what Melanie Klein teaches in my analysis of you'" (1965h, p. 173). Winnicott went to hear her and eventually entered supervision with her (between 1935 and 1940). He found that his special interest in the feeding disorders of infants and the centrality in young children of fantasies and nightmares concerning their own and their mothers' "insides" fit right in with Klein's work and theories around the depressive position. Though he recognized that many of her ideas had already been adumbrated in Freud's "Mourning and Melancholia" (1917) as well as in Abraham's "The First Pregenital Stage of the Libido" (1916), Winnicott regarded this work of Klein's -- particularly the idea (as he construed it) that there develops in the child a dual fantasy of "having an inside that is part of the self and an outside that is not-me", both of which are built up and "enriched by projection" -- as her greatest contribution and of the very first importance. Indeed, he

remarked, "I think it ranks with Freud's concept of the Oedipus complex" (1965h, pp. 174-6).

As much as Winnicott's early thinking was involved with and parallel to Klein's, there was a certain ambiguity about the way he construed and made use of her, a distinctive perspective of his own, even in the first paper he read to the Society, "The Manic Defence" (1975c). The result was that he tended to be politely disregarded, not only by those who were shaping up into an opposition to Klein but, to a degree, by Mrs. Klein, too. By the time Anna Freud and the other Viennese arrived in 1938, Winnicott was already beginning to be in a peculiarly ambiguous and isolated position.

He had by this time been in a second analysis with Joan Riviere, one of Klein's closest collaborators, and, though there was as yet no formal grouping, by 1941 he was one of only four of Klein's associates besides herself -- with, namely, Riviere, Susan Isaacs, and John Rickman -- to be recognized as training analysts (King, 1983). During the mid-1940's, the dissension in the Society became more and more acrimonious. Jones resigned as President and was replaced by Sylvia Payne, Glover resigned from the Society altogether, and Anna Freud resigned from the Training Committee until, in 1946, the Society was semi-officially divided first into two, later into three groups -- the Kleinian group, Miss Freud's group, and the Middle or Independent Group. It was characteristic of Winnicott's own

brand of independence that he refused to join any of the groups, including the Independent one (Little, 1981, p. 274).

On more than one occasion, Winnicott had defended Klein against her critics (notably Glover, whom Winnicott revered as a teacher), for he believed that the charges of heresy were narrowly doctrinaire and intellectually beside the point. In the end he tried to keep out of the Klein-Freud controversy racking the Society and came to regard it with dismay and some contempt. In 1962, with the situation still (as, indeed, even now) unresolved, Winnicott wrote: "This was not important for me in my early and formative years, and it is only important to me now in so far as it hampers free thought....It is a local matter, and a strong wind will blow it away" (1965h, pp. 171 & 178). To be non-factional in the midst of such heated factions, however, was to become a faction of one and to disquiet almost everybody. Winnicott, moreover, had been developing a line of his own that was quite distinct from and consequently discomfited the Kleinians as much as it already had the Anna Freudians.

About this relationship between Winnicott and Klein, by the way, history seems to have propagated a myth (about Fairbairn and Klein as well) that both Winnicott and Fairbairn somehow derived from Klein. The fact is that both their views developed far more independently of Klein's and with far more give and take than is recognized (Padel, 1977). In part this myth is due to Klein's rarely acknow-

ledging the work of any of her contemporary colleagues except that of her followers, whose evangelizing zeal also contributed to it. In Fairbairn's case, although Klein expressly took over his term and concept of the "schizoid position", his work was little read by her students. No doubt his working alone up in Edinburgh was also a factor. The truth, though, as Padel suggests, was probably that "Fairbairn and Klein reacted independently and strongly to Abraham's work (Fairbairn with conscious rejection of some but unconscious acceptance of most and a much deeper understanding of it)."

In the case of Winnicott, whose ideas had been developing in parallel with Klein's and in the same decade (1923-1932), the myth about the relationship between their work seems largely due to Winnicott's own tact and generosity toward Klein, partly because he genuinely esteemed aspects of her contribution, partly because he wanted to stay clear of the controversy in the Society, and partly because in nearly all his papers during Klein's lifetime there is an implicit agenda to try to persuade her "to let up a bit, to put moments of care-freedom between her extremes" (Padel, 1977).

His differences with Klein were matters both of substance and style. Winnicott disliked her authoritarianism and the proselytizing of her group, objected to some of her terminology, and could not find any value in her use and reliance on Freud's idea of a death instinct. As great a

contribution as he regarded the depressive position (though he lamented the choice of name), he felt she'd begun to spoil it by pushing it further and further back into early infancy and that the hate and envy she claimed to find there were too sophisticated to apply. Perhaps most of all, Winnicott objected to the way Klein conceived her "paranoid-schizoid position" (another name he deplored) as positing from the very beginning of life the mechanisms of talion dread and splitting of the object into "good" and "bad" (Klein, 1946/1977). Not, he felt, that these mechanisms are not present, but that at the outset, if things go well, they may be relatively unimportant. For, as he saw it, Klein failed to take into account the fundamental importance of the factor of good enough environmental provision toward enabling an ego organization that can be capable of using such mechanisms, without which there is not splitting or talion dread but chaos.

In his own work, although focusing, like Klein, on "the two-body relationship" between mother and child (a concept he got from Rickman, 1951/1957), Winnicott had come to the quite different conclusion that "a paediatric out-patient clinic is a clinic for the management of hypochondria in mothers" (cited in Padel, 1977). In paper after paper, Winnicott can be seen trying to get Klein to accept that mother and infant begin as one and stay as one until the infant develops a self with a boundary between the inside and the outside, to reflect how important that transitional

boundary-area is, and to recognize that the infant's psychopathology is, in the first instance, the mother's own. Padel reports Winnicott's once saying exasperatedly to a colleague, "If only she'd acknowledge that she'd got one thing from me!" The fact is, in the few instances in which Klein did cite his work, she either claims to have described the same thing herself (1957/1977, p. 188) or misinterprets him along her own lines (for example, equating his idea about the ego-integrating function of maternal care with her instinctually-backed notion of the infant's introjection of the good breast [1946/1977, p. 6]). Of all her papers, "On Observing The Behaviour of Young Infants" (1952/1977) is the one that seems to have been the most influenced by Winnicott's ideas, though without making the debt explicit. Certainly it is unique in being the only place where Klein acknowledges that "from early days onwards the mother's unconscious attitude strongly affects the infant's unconscious processes" (p. 116).

In the end, Winnicott concluded that Klein was just "temperamentally incapable" of allowing for the influence of the environment, even though she claimed to have done so (1965h, p. 177). As for Klein's attitude to him, at one scientific meeting she remarked that she'd "waited twenty years for Dr. Winnicott to accept 'the depressive position' and she could wait another twenty for him to accept 'the paranoid-schizoid position'" (Padel, 1977).

Mrs. Klein, as may be surmised, did not much appreciate criticism. Although the new semi-official arrangements in the Society after 1946 worked reasonably well and gave a secure and firm place there both to her and Anna Freud, Klein became increasingly exclusive and jealous of any disloyalty, so that a number of her previous supporters, who did not continue to see eye-to-eye with her, were abruptly dropped. These included Winnicott, along with John Rickman, Clifford Scott, and Paula Heimann (King, 1983). It was about this that Winnicott said: "This did not matter to me because I have never been able to follow anyone else, not even Freud." Nevertheless, Winnicott's critical and independent stance was never break-away, and he remained prominently active in the Society to the end of his life, serving as President for two terms (from 1956-1959 and 1965-1968). He also remained, however, a figure very much apart, and accounts of the line-up within the British Society almost invariably include as a puzzled aside, "And then there was Winnicott."

As I mentioned earlier, in the larger history of psychoanalysis, too -- those conceptual developments which have evolved into the contemporary spectacle of the competing schools of drive, ego, object relations, and self psychology -- Winnicott's place is no less ambiguous. It was, of course, Freud's genius and certain crucial turns in his thinking that were responsible for all this. While it is far beyond the present scope to undertake such a history,

particular aspects of the story need to be told in order to establish the broader context in which to view Winnicott's contributions.

I am referring to Freud's piecemeal recognition, mostly only implicit, that from a variety of angles the fundamental dualism he had originally posited between the pleasure and reality principles and between the primary and secondary processes had ultimately a limited heuristic value. For it put the ego, which Freud still viewed at the time not as an articulated structure within the psyche but as equivalent to something like the "self" or "whole person", in a conceptually and empirically untenable position between the equally implacable and impersonal demands of the id and the external world -- what Hartmann called "the alienation of the id from reality" (1939/1958, p. 48).

One very odd consequence of this for a theory which aspired to being a general psychology was that subjectivity had really no conceptual place in psychoanalysis -- neither as to what it is, nor to how it comes about, nor to what is its relationship to the concept of the object. Chary of philosophy, Freud had eluded the problem of subjectivity, in effect bracketed it off, by coupling the object not to the subject but to the drive, and the drives, rooted in the body and in biology, represented that which is the most impersonal, the least capable of a subjective will or function. Subjectivity was relegated in some ambiguous way to the concept of the ego. At the same time, this ambiguity,

though remaining undefined, was a continuing and important presence in Freud's thinking from early on. In his 1914 paper, "On Narcissism", he put it like this:

The individual does actually carry on a twofold existence: one to serve his own purpose and the other as a link in a chain, which he serves against his will, or at least involuntarily. The individual himself regards sexuality as one of his own ends; whereas from another point of view he is an appendage to his germ-plasm, at whose disposal he puts his energies in return for a bonus of pleasure. (p. 78)

Another consequence of the ego's ambiguous status and position was, as I discussed earlier, a tendency from the very beginning of psychoanalytic research toward a split between those who emphasized the sovereignty of the internal process and those who stressed the role of social and environmental factors -- either being a patent simplification of the human situation.

Stimulated by the problem of the relation to reality posed by Schreber's psychosis (1911a), Freud, in his pivotal 1914 paper, postulated "a primary narcissism in everyone" (p. 88). This was an immense and fateful conceptual step that opened everything up, set in motion lines of inquiry that were to develop in different directions into ego psychology, object relations theory, and self psychology, and established what is still perhaps the major forum of psychoanalytic discussion and controversy. Suddenly there was a reconciliation, an intimacy, even an original unity among the instincts, the ego (or self), and the external world.

Freud had become aware that the ego concept, as a mere passive differentiation product of the struggle between reality and the drives, was posing serious conceptual difficulties about the source of its energy, aliveness, activity, and autonomy. In the 1914 paper, he postulates that at the outset of life all psychic energy is invested in the ego. What's more, the ego, it is stated, has its own developmental history:

I may point out that we are bound to suppose that a unity comparable to the ego cannot exist in the individual from the start; the ego has to be developed. The auto-erotic instincts, however, are there from the very first; so there must be something added to autoerotism -- a new psychical action -- in order to bring about narcissism. (pp. 76-77)

What exactly this "new psychical action" referred to, Freud doesn't say, but the implication is of some as yet unarticulated process of evolution of the ego into a consolidated and active unity, capable of receiving the libidinal cathexis. (Winnicott's work, as I shall discuss in Chapter 3, is addressed precisely to articulating this process of structuralization.)

With the advent of the structural theory (1923) and the revised theory of anxiety (1926), both the notion of an original undifferentiated state and matrix of ego and id, which to some degree persists all through life -- "the ego is not sharply separated from the id; its lower portion merges into it" (1923, p. 24) -- and the notion of the structural autonomy of the ego, placing it at the center of psychic functioning, are established. This led to Anna

Freud's work on the ego mechanisms of defense (1937/1966), Nunberg's concept of the ego's synthetic function (1930), Waelder's principle of multiple function (1930), and, of course, all Hartmann's work in ego psychology along with that of his colleagues and followers, Kris, Lowenstein, Rapaport, Mahler, and Jacobsen. It must be noted, however, that somewhere in here the critical ambiguity about Freud's original conception, which he himself never abandoned, was set to the side. Because Freud never reworked the concept of primary narcissism in light of the structural model, the rich implications belonging to the conceptualization of the ego-as-self were submerged, the ego became objectified as one of the three institutions of the psychic apparatus, and the problem of subjectivity went back into hiding.

Among the ego psychologists, it was Jacobsen (1964) who revived and perhaps most fully grappled with the issue. Hartmann had redefined narcissism as the libidinal cathexis of the self rather than of the system ego, using the term to mean a representation within the ego of something like the whole person (1950/1964). As Kernberg has noted, "Hartmann in effect removed the 'self' from metapsychology" (1982, p. 98). Jacobsen maintained Hartmann's distinction between the ego as a mental system and the self as a representation within it, reiterating that "the 'self' is an auxiliary descriptive term, which points to the person as a subject in distinction from the surrounding world of objects" (1964, p. 6n).

The trouble was, in Freud's theory a representation is conceptually passive (even if it is a representation of something active) and cannot function in an active role (to use or dispose of psychic energy, for example). This made it extremely difficult to coordinate theory with experience, either descriptively or by way of explanation, for the experience of self is, in one of its moments at least, as active and experiencing agent. And this, as Schafer has pointed out, is only part of the ambiguity, for the "subjective self" has multiple meanings and uses: from an observer's point of view, it "may refer to the subject as organism, or as personality, or as psychic apparatus"; and from the point of view of experience, it can refer not only to the self-as-agent (the I) but also to the self-as-object (me) or the self-as-place, and in the last two senses can function either passively or actively (1968, pp. 79-81). Indeed, from the standpoint of experience, which is after all the final judge, the whole palaver about whether the self is in the ego or vice-versa begins to seem like a very red herring, and it starts to look as though an awful lot of uncomfortable conceptual squirming is going on.

Jacobsen was aware of these ambiguities, and, although she maintained a theoretical loyalty to the idea of the self as a bunch of representations arising and existing within the system ego, the ways she used her concepts of the self and object world -- suggesting that their representations profoundly affect the formation of psychic structure, and

not only of the ego but even of the id -- went far beyond the theory she espoused (which is quite likely a reason her theoretical prose can be so tortured).

To return to Freud's paper on narcissism, he himself had some problems with it, especially with the dual instinct theory. Both there (p. 76) and in a 1915 addendum to the Three Essays on Sexuality, Freud admitted it was hard to say how the different forms of energy -- not only ego-libido and object-libido but also, within the ego itself, as between ego-libido and the energy of the ego-instincts, "the other forms of energy operating in the ego" (1905, p. 218) -- became differentiated.

This led to another fateful turn in his thinking. In 1920, in Beyond The Pleasure Principle, Freud discarded his first edition of a dual instinct theory in favor of the life and death instincts, Eros and Thanatos. By thus uncoupling the pleasure principle from the constancy principle, however, a crucial question arose about the nature and source of pleasurable feelings. (It came up again in 1924 in "The Economic Problem of Masochism".) This, in fact, constituted a radical modification of classical metapsychology, making the formerly antagonistic relationship between the pleasure and reality principles suddenly very ambiguous.

Hartmann and others tried to maintain that the antagonism had never really been so stark as all that, that the reality principle was really an ally of the pleasure principle, which guided the ego to find adaptive, acceptable

ways of delaying but, finally, discharging instinctual tension and consequently, in the end, fulfilling the pleasure principle. In fact, though, Freud's expansion of the concept of the pleasurable could no longer be contained in the tension-discharge model, and Hartmann knew it (1939/1958, p. 43). In a certain way, this meant that reality itself could be a source of pleasure, and it now became an intimate part of the pleasure sequence. Moreover, the state of the ego at different developmental stages was now seen to play a decisive role in determining not only how pleasure gets experienced but what is to be experienced as pleasurable -- what Hartmann described "as a modification of the pleasure principle, or perhaps as a partial domestication of the pleasure principle -- different from the reality principle in the stricter sense" (1956/1964, p. 248). Together with the concept of narcissism and also that of instinctual fusion, this new dual instinct theory of Freud's also had far-reaching implications for the notion of sublimation, which was no longer so easily covered by the idea of discharge of pregenital drives. (Winnicott's work on the transitional area and mode of functioning can be viewed as evolving out of this new alignment of the pleasure and reality principles.) In short, in a variety of ways, the connections between the goals of particular behaviors and the original instinctual aim were considerably loosened.

Returning again to the 1914 paper, it is possible to make out from yet another angle the beginnings of a shift in

Freud's interest from the inner realities of the drives toward a quite new appreciation of the complex variety of relationships the ego could have with the realities of the external world. This takes the form of a new emphasis on the concept and position of the object in psychic life: "We say that a human being has originally two sexual objects -- himself and the woman who nurses him" (p. 88). Freud then goes on to suggest an array of "paths leading to the choice of an object":

A person may love:-

- (1) According to the narcissistic type:
 - (a) what he himself is (i.e. himself),
 - (b) what he himself was,
 - (c) what he himself would like to be,
 - (d) someone who was once part of himself.
- (2) According to the anaclitic (attachment) type:
 - (a) the woman who feeds him,
 - (b) the man who protects him
 and the succession of substitutes who take their place. (p. 90)

It scarcely needs remarking that here, in a stroke, Freud introduced the whole domain of object relations.

The following year, in "Instincts and their Vicissitudes", Freud pointed out that, though a component of the drive apparatus, the object is peculiar in being

what is most variable about an instinct and is not originally connected with it, but becomes assigned to it only in consequence of being peculiarly fitted to make satisfaction possible....It may be changed any number of times in the course of the vicissitudes which the instinct undergoes during its existence; and highly important parts are played by this displacement of instinct. (1915, pp. 122-3)

The important thing here is an implicit ambiguity at the heart of Freud's concept of the object -- parallel, in fact, to the ambiguous qualities of the ego as self and as

structure. For, although belonging to the drive, the object is also external to it. Drive thus has two polarities: the source is somatic and internal, the object is non-somatic and external. Just as the ego is in one way the passive product of the struggle between the id and reality and in another an autonomous structure with its own qualities of aliveness, so, depending on the point of view, the object is either the creation of the drive⁴ (in the sense that the object-representation is wishfully determined), or it has a life of its own.

The situation becomes even more ambiguous and complex when one considers what Freud is saying about the relationship between the ego and the object, for, in the narcissistic type of object-choice, the ego ("a person") takes itself as its object. That is, the ego is simultaneously subject and object. (As Freud would put it eleven years later, "The antithesis between subjective and objective does not exist from the first" [1925, p. 237].) If we add that the ego "originally" takes as object not only itself but also "the woman who nurses him", we have what Freud meant by primary

⁴ Freud states this position as early as in the case of Little Hans, remarking that Hans "had obtained...pleasure from his erotogenic zones with the help of the person who had looked after him -- his mother, in fact; and thus the pleasure already pointed the way to object-choice" (1909, p. 108). In Inhibitions, Symptoms and Anxiety, he states it even more strongly: "Repeated situations of satisfaction have created an object out of the mother" (1926, p. 170). This distinction between the object and the mother is what I mean by the ambiguity implicit in Freud's concept of the object.

narcissism. Ego-as-self, ego-as-object, and mother-as-object are "originally" inextricable.

In Civilization and its Discontents, this is what Freud would refer to as "this primary ego-feeling", persisting into normal maturity in the form of love:

At the height of being in love the boundary between ego and object threatens to melt away. Against all the evidence of his senses, a man who is in love declares that 'I' and 'you' are one, and is prepared to behave as if it were a fact. (1930, p. 68)

Immediately before this passage, Freud was discussing the same phenomenon but from the point of view of the relation of the ego to the id:

This ego appears to us as something autonomous and unitary, marked off distinctly from everything else. That such an appearance is deceptive, and that on the contrary the ego is continued inwards, without any sharp delimitation, into an unconscious mental entity which we designate as the id and for which it serves as a kind of facade -- this was a discovery first made by psychoanalytic research, which should still have much more to tell us about the relation of the ego to the id. But towards the outside, at any rate, the ego seems to maintain clear and sharp lines of demarcation. (p. 66)

(Winnicott's true and false self correspond, as I discuss in later chapters, to this notion of Freud's about the core and rind of the ego.) Freud then goes on to the passage about love, "the one state...in which [the ego] does not do this".

The implication is that in narcissism the ego is undifferentiated in relation both to the id and to the object. There is, in short, a primary undifferentiated unity, and, moreover, this narcissistic unity persists throughout life alongside more differentiated ego-states:

If we may assume that there are many people in whose mental life this primary ego-feeling has persisted to a greater or lesser degree, it would exist in them side by side with the narrower and more sharply demarcated ego-feeling of maturity, like a kind of counterpart to it....But have we a right to assume the survival of something that was originally there, alongside of what was later derived from it? Undoubtedly....The fact remains that only in the mind is such a preservation of all the earlier stages alongside of the final form possible, and that we are not in a position to represent this phenomenon in pictorial terms. (pp. 68-71)

(Much of Winnicott's work, and, in fact, Kohut's, too, can be construed as an attempt to recover and develop this aspect of Freud's thinking.)

In Part III of the narcissism paper, Freud states that "the development of the ego consists in a departure from primary narcissism....brought about by means of the displacement of libido on to an ego ideal imposed from without" (p. 100). 'Without' refers "originally" to "the critical influence of [the] parents" (p. 96) -- conveyed specifically, Freud thought, by their voices, although his examples all seem more connected with their eyes, with being seen or watched. This being seen becomes incorporated into the ego as an alteration in the shape of the "observing agency" and the "ego ideal" (later, the superego).

It strikes me, however, that 'without' is not a perspective or distinction that belongs originally to Freud's depiction of the ego- and object-relations of primary narcissism except from the viewpoint of an external observer, and the ego developments he describes might be better characterized as an evolution of narcissism, strictly speaking, than as a departure from it. Moreover, the

influence of the parents is clearly not restricted to being only "critical" in the sense given in this passage, which Freud links, interestingly, to paranoid delusions: "a power...watching, discovering and criticizing all our intentions" (p. 95). A few pages earlier he himself mentioned feeding and protecting as the primary parental acts which govern and attract object-choice, and surely there is much else besides critical watchfulness that gets communicated in a parent's gaze and tone of voice.

And, in fact, the ego-ideal is at this stage mainly affectionate. Moreover, only one aspect of the observing agency is "critical". There is also another: "Thus the activity of the mind which has taken over the function of conscience has also placed itself at the service of internal research, which furnishes philosophy with the material for its intellectual operations" (p. 96). Freud, to be sure, then links up philosophy and paranoia: the capacity for introspection "may have some bearing on the characteristic tendency of paranoids to construct speculative systems" as well as belonging to "persons who are gifted philosophically" (pp. 96-7). Freud modestly disclaims that he himself possesses much of a gift for this, though I think it likely that he is being arch and taking a crack at philosophers, about whose work he was so ambivalent. For it is clear that this activity of the mind is one on which psychoanalysis itself largely depends (at any rate, so long as it does not

represent what Winnicott calls a "flight to split-off intellectual functioning" [1971, p. xii]).

I raise these matters in some detail to indicate how much of ego psychology, object relations theory, self psychology, as well as many aspects of Winnicott's work, are foreshadowed in Freud's 1914 paper, including some of the sources of their divergences from each other. In 1914, at any rate, Freud is suggesting that, developmentally, some of the ego's most fundamental capacities and features derive from the object-relational aspects of primary narcissism (though still conceived, to be sure, as an instinctual or libidinal vicissitude). There is implicitly a suggestion that different aspects of the object, or, rather, of the relationship to the object -- watching, criticizing, feeding, protecting, and so on -- may by libidinal cathexis and some process of incorporation become constitutive of different qualities of the ego. In short, the self and the object, the ego and reality, are intimately interdependent (as, indeed, Ferenczi had argued a year earlier in his very important paper, "Stages in the Development of the Sense of Reality").

Freud, however, never fully developed the implications of this thought. As is well-known, he tended to take for granted that early object relations were more or less benign and consequently was mainly concerned with the repercussions for the ego of the loss of an essentially good object. This led to his work on the mechanism of identification, both as

a pathological phenomenon, in "Mourning and Melancholia" (1917), and, later, as a normal one, in Group Psychology and the Analysis of the Ego (1921) and in Inhibitions, Symptoms and Anxiety (1926), where he also enumerates what Brenner (1982) calls "the calamities of early childhood" -- loss of the object, loss of the object's love, and loss of the penis (to which Brenner adds loss of the superego's love).

There were, however, two other aspects of the ego's relationships to external reality which Freud explored, though again they were linked primarily only to the concept of object loss. One concerned the ego's capacity to test reality, the other was its capacity (to put it in a positive way) to deny or disavow it. In a footnote to Freud's 1923 paper, "The Infantile Genital Organization", the editors of the Standard Edition note that, from 1923 on, Freud's attention shifted from the mechanism of repression against dangers arising from within (the instincts) to the mechanism of denial or "disavowal" in the face of dangers from without (p. 143). This line of thought was developed in a series of papers -- "The Loss of Reality in Neurosis and Psychosis" (1924a), "Negation" (1925), "Fetishism" (1927a), and the unfinished posthumous paper, "Splitting of the Ego in the Process of Defence" (1940a).

Freud's thinking about what he called reality-testing had already been adumbrated in Ferenczi's 1913 paper, where he makes a connection between the growth of object love and the acceptance of the pain of external reality. (Like

Freud, Ferenczi took the view -- of the instincts -- that, on the whole, the world is a pretty miserable affair.) Freud's own statement in his dense and rich little paper, "Negation", is to the same effect: "It is evident that a precondition for the setting up of reality-testing is that objects shall have been lost which once brought real satisfaction" (1925, p. 238). This is to say, contact with external reality and the satisfactory development of the ego's relationship to that reality depends on having had the opportunity to identify with a good object.⁵

What is missing here, of course, is the more complex recognition that it is not only good objects who are had and lost but also terrible ones and crazy ones and in-between ones, ones who may be good sometimes and in some ways but also not, and that this will make a difference to the character of the ego which develops. Freud's omission in this respect (which others like Hartmann, in one way, and Klein, in another, perpetuated) was due to the dominance which he attributed to instinct as regards the determination of psychic life, including the choice and the representation of the object. Despite the obvious fact that at the outset

⁵ It is important to note that Freud attached his idea of reality to the distinction between internal and external. In the same paper he postulates unequivocally that, "What is unreal, merely a presentation and subjective, is only internal; what is real is also there outside" (p. 237, italics his). As I shall discuss in Chapter 3, Winnicott pointed out that, at the outset of life, this distinction doesn't obtain, and in fact even in maturity the location of what is taken to be real is far more fluid and complex than Freud seemed to suppose.

of life, at any rate, there isn't any choice, you get whomever you get, Freud felt that the representations of that object, which influence later choices, were overwhelmingly determined by instinct. Thus one part of the original ambiguity in Freud's concept of the object took precedence over the other: the object as an internal creation of the drive superceded the external object with its own life and particularities.

This left Freud with a lot of ego-states that were hard to figure. As he observed in Civilization and its Discontents (in which, we recall, ego carries the sense of 'self' or 'person'):

Normally, there is nothing of which we are more certain than the feeling of our self, of our ego....Pathology has made us acquainted with a great number of states in which the boundary lines between the ego and the external world become uncertain or in which they are actually drawn incorrectly....Thus even the feeling of our ego is subject to disturbances and the boundaries of the ego are not constant. (p. 68)

By 1937, when he wrote "Analysis Terminable and Interminable", Freud had come up against chronic deformations of the ego that seemed to him intractable to analysis. He considers them from a variety of points of view -- the influence of primitive defense, early trauma, and quantitative considerations concerning the constitutional strength of the instincts (the death instinct, he reckons, being the most impeding factor of all). While in general he supposes that acquired factors present a more favorable prognosis than congenital or physiological ones, he nevertheless does not regard this as decisive in every case. He also speaks of

qualitative peculiarities of the ego-libido -- adhesiveness or viscosity, inertia or rigidity, extreme fluidity or mobility of cathexes -- "which we can no longer localize and which seem to depend on fundamental conditions in the mental apparatus" (p. 241). Freud seems to take for granted that these are inherited forms of resistance, deriving ultimately from qualitative and quantitative peculiarities of the instincts, which the ego acquires by virtue of its evolution out of the originally undifferentiated id-ego matrix. Although few would deny the importance of aggression in the etiology of borderline states (which are, I take it, what Freud is talking about), why he omitted to consider the possible incorporation by the ego of qualitative peculiarities of the object (or of the relationship to the object) is not entirely clear. Of course, not even Freud could say everything, but his theory as it had evolved could certainly allow for it.

I have given this historical account of some of the major turns Freud's thinking took in order to point up some ambiguities in his ideas about the ego, the object, and their relationships both to the drives and to each other -- ambiguities which are, in fact, the starting-place of much of Winnicott's work. I mean this in a positive way. Freud said such a lot about so many things in psychic life, and often about the same things in different ways, so that it can look like a muddle. Others who came after him have taken up this or that bit, put different bits together, and

then developed them and modified and added to them, so that whole perspectives have evolved from things Freud may only have suggested. Sometimes, however, in the selecting and rationalizing and tidying matters up, some of the original richness of the whole, what makes Freud's work true rather than merely consistent, has seemed to get lost. There is a sense in which the situation psychoanalysis finds itself in now, with the competing schools of drive, ego, object relations, and self psychology, exemplifies this.

As Loewald observes, "When we speak of psychic life everything depends on the standpoint we take" (1973/1980, p. 69). From the standpoint of the drives, of id psychology, anything short of immediate gratification is at best a detour, a second-best. The whole of psychic life, including the formations of structure and internalized object relations, is a compromise. Only the drives themselves and the equally implacable external world have reality. From the standpoint of the inner world, the reality of both the drives and the world, including the real objects whose loss was supposed to make the inner world of substitutes necessary, can seem like an illusion.

The valuable idea behind Waelder's principle of multiple function comes in here, I think, though in its original form it is not entirely satisfactory. Something has to be added to cover this order of ambiguity. Waelder points out that, only regarding the position of the ego in neurosis, since the ego has "eight problems, eight...

theories are obviously possible, each of which reflects only one side of the neurosis" (1930/1936, p. 54). This, he rightly adds, is only the simplest case. Maybe we are lucky after all, since psychoanalysis has so far only developed four (major ones). It is of interest to me that, in light of his principle, Waelder likens psychoanalysis to music: "It would seem that psychoanalysis is a kind of polyphonic theory of the psychic life in which each act is a chord, and in which there is consonance and dissonance" (pp. 53-4). This idea could be developed, and it is my view that Winnicott's work is a substantial contribution in that direction, aimed precisely at the interstices between the vying psychologies and recommending a point of view that is potentially unifying.

CHAPTER 3

BEFORE THE PLEASURE PRINCIPLE, BEYOND THE REALITY PRINCIPLE

The intention in this chapter is to discuss Winnicott's schema of early development in a more systematic way than one finds it in his own works while also attempting in at least a preliminary fashion to coordinate the theory with Freud's.⁶ I have of necessity not been exhaustive about it. His contributions range over the whole of development, and I have restricted myself by and large to his conceptualization of the earliest phase and particularly to those aspects of it bearing on an elucidation of the development of the sense of reality and the sense of self. It will be obvious that these are themes of such a magnitude that I cannot hope to be more than suggestive.

As has not uncommonly been the case with new theoretical developments in psychoanalysis, Winnicott's point of departure (cf. 1960/1965) is a footnote of Freud's, one of his famous second thoughts, to the important (and astonishingly brief) early paper, "Formulations on the Two Principles of Mental Functioning":

⁶ So far as I am aware, there has been to date only one previous attempt to present Winnicott's work in something like a systematic or comprehensive way (Davis and Wallbridge, 1981). While their book is a valuable introduction to his ideas, it keeps quite strictly within the terms of Winnicott's own text and makes no effort to appraise or coordinate his theory and conceptual language with Freud's.

It will rightly be objected that an organization which was a slave to the pleasure principle and neglected the reality of the external world could not maintain itself alive for the shortest time, so that it could not have come into existence at all. The employment of a fiction like this is, however, justified when one considers that the infant -- provided one includes with it the care it receives from its mother -- does almost realize a psychical system of this kind. (1911, p. 220)

Freud attaches this note to a developmental discussion of the two modes of mental functioning which he called the primary and secondary processes, evoked and actuated by the pleasure and reality principles respectively. As Rycroft (1962/1968) points out, Freud here is by implication questioning his own assumption that the primary processes precede the secondary ones in development, even acknowledging that it is a sort of "fiction", but without pursuing the implications.

The reason he didn't was that behind his assumption there was a particular view of the infant and mother to which Freud mostly subscribed -- that the infant is passive, helpless, and living in a self-enclosed world that is the creation of his drives, autistically constructed out of primitive, wish-fulfilling hallucinations, whereas the mother is active and in touch with external reality. Winnicott took a different view of the situation, in respect of them both. For regarding them as a pair, it seemed unarguable that a great many of the infant's actions and gestures, like crying, clinging, smiling, and sucking, are plainly very effective in evoking the needed responses in the mother. Indeed, momentarily leaving aside the matter

of the infant's intentions or experience of it all,⁷ it seemed difficult to escape the conclusion that the infant is actively engaged in realistic and adaptive behaviors toward what, from an observer's point of view, is unambiguously a part of external reality -- namely, the mother. And as regards the mother, Winnicott noted that, at least in relation to her infant, she seems to be not at all in the usual relationship to reality but in a peculiar state of mind which he called "primary maternal preoccupation" (1975d) -- a state of "normal illness", akin to a withdrawn or dissociated state, or a fugue, or even a schizoid episode -- involving a deep identification with the baby and a

⁷ Freud's "fiction" put his theory in a now notoriously awkward position, for the question of the infant's experience in regard to his supposedly hallucinating the objects of his desires is extremely problematic and goes to the heart of the problem of reality in psychoanalytic theory. There is a temptation to wonder, for example, how the infant can hallucinate an idea of an object of which, under the dominance of the pleasure principle, he has as yet no knowledge and no 'real' experience. Or else, supposing somehow that he can, why should he ever have to seek a real object when he can attain satisfaction on demand, as it were, by means of hallucination? (In fact, though, Freud's position is not quite so awkward as it first appears. His notions of an original reality-ego and of an initially anaclitic relationship between the sexual instincts and the self-preservative ones at least suggest a way out of the dilemma.) Hartmann's (1939/1958) ascribing to the ego a primary autonomy and areas of functioning that are normally conflict-free is one attempted solution, though for a variety of reasons (some of which Hartmann himself later pointed out [1956/1964]), it is not entirely satisfactory. Winnicott's attempted solution to this problem will be discussed later on. For the moment the term 'hallucination' may be allowed to stand in for whatever primordial form belongs to the infant's experiences of instinctual tension.

heightened sensitivity and readiness to adapt to its wants and needs.⁸

The situation between them is, in short, one of mutual and reciprocal adaptation, and in neither respect (the infant's or the mother's) is it at all clear where or in whom to locate the primary processes and where the secondary. The conceptual difficulty becomes most apparent when it comes to the position of the infant, for although his relationship to reality may in theory be hallucinatory, the set-up is such that by his cues and gestures, given a context of adequate mothering, his (presumed) hallucinations, more often than not, are realized. For Winnicott the conclusion one is forced to reach is that, in the case of the infant, ego functions cannot initially be differentiated from instinctual discharges and, moreover, that for both the infant and the mother the secondary processes operate coevally with the primary.

⁸ Winnicott's observations have since been confirmed and extended by the many studies of mother-infant interactions that have in great part been inspired by his work. Bowlby's (1969) studies of attachment and Spitz's (1965) work also enters in here. The complementarity of the relationship between mother and infant had also been noted and described by Mahler in terms of her stage of "normal symbiosis" (Mahler, Pine, and Bergman, 1975), though Winnicott objected that Mahler's was too biological a conception of the phenomenon, emphasizing the physical interdependence and regarding the interplay between them too much at the level of a kind of biologically conditioned or predetermined orientation. Winnicott felt this was particularly true as regards the mother, that Mahler tended to ignore the psychological importance of the mother's deep unconscious identification with her infant to the reciprocity between them. "The study of the mother," he wrote, "needs to be rescued from the purely biological" (1975d, p. 301). (This will be taken up again later on.)

This, one might point out, is quite in keeping with Freud's thinking a few years later on the relations between the system Pcs. (or Cs.) and the system Ucs., that in health the primary and secondary processes are integrated, and analysis of mental activity to discriminate one from the other is impossible. Only in illness are they dissociated. Indeed, their separation is the hallmark of illness: "A complete divergence of their trends, a total severance of the two systems, is what above all characterizes a condition of illness" (1915a, p. 194). Moreover, despite his developmental assumption that the primary processes are superceded by the secondary ones, Freud was well aware of the normal occurrence, even in adulthood, of just the sort of directly communicative mutuality Winnicott noted between mother and infant, which was in no way covered by the concept of the secondary process:

It is a very remarkable thing that the Ucs. of one human being can react upon that of another, without passing through the Cs. This deserves closer investigation, especially with a view to finding out whether preconscious activity can be excluded as playing a part in it; but, descriptively speaking, the fact is incontestable.

Winnicott's developmental theory can in one sense be regarded as the fruit of just such a "closer investigation" of the phenomenon, not only as it occurs between mother and infant but also as it unfolds and evolves in a variety of manifestations all through life (including the part Winnicott perceived communication and reciprocity of this sort

play in the analytic process).⁹ For him the central matter here concerned modes and aspects of ego functioning which belong quintessentially to health and which had previously gone largely unnoticed, their visibility being obscured at least partly because psychoanalytic theory was unable to accommodate them within its available terms.

In this connection it is important to note that what Winnicott means by this kind of ego functioning is something quite different than what is usually connoted by that term, for he is alluding to an aspect of psychical functioning originating at the stage before id and ego have yet become differentiated. Thus, although, like Freud, Winnicott views the development of the ego's capacities as transformations of the infant's original mode of functioning and experiencing, he believed that the features of that original mode, the "dual unity" made up of infant-plus-mother, had not been

⁹ Klein and her followers appear to have had the same phenomenon in mind when they speak of direct unconscious communication, but their understanding of its mechanism and of what drives it is not the same as Winnicott's, particularly as regards the infant at the earliest stage of development. Aside from decrying Klein's fervent allegiance to the concept of the death instinct, which Winnicott regarded as the psychoanalytic equivalent of the doctrine of original sin, he maintains that her emphasis on the importance of the role of aggression belongs to a later stage and is insistent that the reciprocity between mother and infant does not, at least at the start, belong essentially to matters of instinct or defenses against instinct. Thus, Klein's view is couched in terms of instinctually-driven projective and introjective identificatory mechanisms and processes, and, as I shall be discussing, Winnicott regarded such mechanisms as relatively sophisticated developments which presuppose the establishment of a psychical distinction between inside and outside. His concern is with how that distinction arises in the first place, creating the possibility of the identificatory mechanisms described by Klein.

apprehended, articulated, or taken sufficiently into account and that theory had failed to discern or pursue the implications (metapsychological, developmental, and clinical) of positing an original undifferentiated state.

Among these implications was the perception that, whatever form the ego's first emerging out of the undifferentiated id-ego matrix might take, it did not and could not occur along the lines of Freud's conflict theory of ego development, since the structures and systems of distinctions on which conflict depended had themselves not yet arisen as psychological facts. This is to say that for the infant at the theoretical beginning, the distinctions between the pleasure and the reality principles, between the primary and the secondary processes, between id and ego, between internal and external, and between hallucination and perception simply do not apply. In Winnicott's view, these seemingly fundamental distinctions and principles of psychological functioning are in fact relatively sophisticated developments, representing a complex process of evolution in the infant's mental life, and he wants to know how these developments may come about.¹⁰

¹⁰ It is in this sense that Winnicott's work represents a major contribution to metapsychology, significantly advancing Hartmann's (1964) project to undo the static and reified condition into which the structural theory was prone to fall and to revive it as a process theory. Loewald (1978/1980), too, has pointed out how much conceptual confusion has arisen by the tendency to think of psychic structures (like the ego) as groups of mental functions (like memory, perception, reality testing, etc.) rather than as modes of functioning whose "structuredness" ought to be understood in terms of its genesis out of complex interac-

What he felt was required was some alternative conceptualization, from the infant's point of view, of the original undifferentiated state and of how, from there, the infant gets to the psychical structures presupposed by Freud. Based on what he inferred both from analytic work with certain psychotic and borderline adults in states of regression and from his observations of infants and mothers, Winnicott arrived at a notion of an intermediate mode of psychical functioning, what he calls the "transitional" or "intermediate area of experiencing" (1971), which precedes the dominance of the pleasure and reality principles, belonging neither exactly to the primary nor to the secondary processes but somewhere in between. This, in turn, required the coordination with traditional theory of a whole series of alternative statements about early development.

To do this Winnicott introduced his concept of dependence to indicate a complex set of mediating relationships between the infant's innate maturational endowment and the environment in which these play out. Each of these terms, though seeming ordinary enough, acquires a somewhat unusual and more stringently defined meaning at Winnicott's hands than is evident at first. With regard to the infant's "unalterable inherited potential, which includes a tendency towards growth and development", Winnicott has in mind not merely its biological potential in a simple sense but including Freud's whole edifice of psychosexual development,

tions with the environment.

what Winnicott calls "the maturational processes", a term that refers to "the evolution of the ego and of the self, and includes the whole story of the id, of instincts and their vicissitudes, and of defenses in the ego relative to instinct" (1965f). These maturational processes 'depend' for their evolution on the environmental provision. This is to say that these processes are in some sense defined, although not causally determined, by the environmental context. Environment is here an active and animate conception; its task is actively to meet, facilitate, and adapt to these processes in the infant, and at first the facilitating environment is the mother in a state of primary maternal preoccupation.

The relation of dependence, then, is essentially a notion of environmental or contextual contingency, a fact of infant life, not a notion of state or even necessarily of experience. The broad implication Winnicott means to emphasize is that in his view the whole matter of ego psychology, of the emergence of the ego and of ego functioning in the individual, only makes sense if based firmly on the fact of dependence. For it to make sense, he maintains, what is needed is a description of emotional growth in terms of the progression of environmental dependence -- from absolute dependence to relative dependence "towards independence" -- as an alternative and companion statement to the traditional psychoanalytic description of emotional growth in terms of the progression in the instinctual life of the

individual of the various psychosexual phases and erotogenic zones, including all the issues pertaining to the different forms of instinctually-backed object relationships that go along with them.

The question is, exactly what sort of 'fact' is the fact of dependence for the infant, and dependence on precisely what? The answer is paradoxical, since for the infant, if the environment (the mother) is succeeding in meeting and complementing his dependence, it is not a fact at all. Winnicott calls this the stage of "double dependence" or "absolute dependence" because, although absolutely dependent, the infant has (optimally) no awareness or feeling of dependence. This is also to say that, despite his dependence on it, he has, if things are going well, no awareness of the environment (the mother) as a thing apart or external (or, for that matter, as internal either).

This idea, one realizes, carries in quite the opposite direction from Freud's notion of a forward development from the dominance of the pleasure principle towards the setting up of the reality principle under the impact of instinctual frustrations and experiences of separation and object loss. It is not, Winnicott stresses, a substitute for it, however, but rather an alternative and complementary statement about development that is in a necessary contrapuntal relation to Freud's, without which a great many features of psychical life are either skipped over or left only inadequately and awkwardly explained. Whereas traditional theory (Freud's or

Klein's) had it that the basis of all relationships or relatedness is ultimately instinctual, for example, and that it is through instinctual excitement and frustration that the object is found, Winnicott points out that there is a complex kind of relatedness of another sort (dependence or, at the start, double dependence) with its own vicissitudes, which is the necessary background or context of instinctual life. If that goes wrong, although the maturational progression Freud delineated may still take its multiply determined course (in the sense that the object is still found), the energetic intensity it may still retain and carry as a function of instinctual involvement will be empty of meaning, vitality, or a feeling of ownership, agency, and reality, and in a much more fundamental sense than is connoted by the so-called 'ego dystonic' quality deriving from repression, projection, splitting, or any of the other usual ego mechanisms of defense against instinctual excitement. Freud (1917a) equated the perception of reality with belief in reality. For Winnicott these are two separate matters. Perceiving is not necessarily believing.

It is the nature of the complementary relationship between these two aspects of development, environmental dependence and the maturational processes, that Winnicott is trying to get at. The underlying question, I think, is how does anything become a matter of experience? For Winnicott it is not sufficient simply to assert that this is just the way it goes, the way the organism is programmed to go,

as Hartmann's (1939/1958) idea of ego development with innate primary autonomous functions and conflict free areas or Freud's (1923, p. 26) postulating that at first the ego is a body-ego tend to suggest. For, in Winnicott's view, there is a sense in which even these innate developmental tendencies are dependent on the environment, are either facilitated or distorted by the quality of environmental provision, and again he wants to know what is going on there, how does the body-ego (the experience of the body) get built up (or not), and how do conflict free areas (like perception of external reality) arise.

Winnicott is not saying, I should emphasize, that without good enough environmental provision these things don't happen (although he did believe that certain cases of infant mortality and failure to thrive might be extreme examples of its being bad enough). His concern is more subtle, a matter, for example, not of the function of perception (or thought or memory) but of the experience or feeling of perceiving (or thinking or remembering), which Winnicott came to believe was a more fundamental development. In another language, it is not a matter of representations but of conditions which precede representation and determine not so much its content as its quality. Thus as regards the body-ego, for instance, he perceived that it was quite possible to have a body and know well enough where it is to be able to get around without bumping into things but still lack the feeling (the quality of belief) attaching to

the experience of having a body. (This is depersonalization, but of a more fundamental kind, he thought, than that more transitory depersonalization which traditional theory commonly ascribed to intense instinctual conflict.) Put another way, then, the question is, how do things that happen get to be experiences, with the feeling of belief attaching to experience?

It is this aspect of ego functioning which Winnicott attributes to the form of relatedness belonging to the original undifferentiated situation of mother-plus-infant. In the beginning, although, like dependence, the environment is not felt per se as a fact of experience, its features and qualities and how it behaves are nevertheless inextricably the background of the infant's experiential field, and no statement about his psychical functioning can be complete unless that fact in all its subtle actuality is included in it. The term 'environment' in Winnicott's usage thus has the same doubleness as the term 'dependence'. That is, environment refers to a set of facts which for the infant, as a matter of experience, are not facts at all (assuming the environment is behaving itself). Winnicott (citing Balint, 1951, 1958) likens it to the oxygen in the air, of which the infant knows nothing, or to the temperature of the bathwater, about which the infant is unaware that it might have been too hot or too cold if the mother hadn't tested it with her elbow (1965f, p. 86).

Another way of putting this is to say that for the infant the environment is initially unprejudiced (given adequate mothering) with respect to its location (i.e. internal or external) and to whether it has been created (hallucinated) or found (perceived). From this beginning, somehow, eventually, the environment becomes a matter of experience and usually becomes experienced as something real, external, and found, though for the quality of belief the handling of this transition is all-important. The paradox is that as the degree of actual environmental dependence decreases, awareness (experience) of both dependence and environment increases. That is, dependence ceases to be purely a fact of life, an environmental fact, and is allowed to become more and more a psychological one, elaborated within the realm of conscious and unconscious fantasy along the lines and vicissitudes depicted by Freud. And along with this, the environment achieves psychological representation as the source of objects available for cathexis by the instinctual apparatus -- objects which, if all has gone well, carry with them the quality of belief.

The referents and meaning, then, of both 'dependence' and 'environment' may vary from different points of view and at different stages of development. In my view, part of the usefulness of this variability about Winnicott's alternative statement of development in terms of dependence is that it enables him to give a new theoretical coherence to the notion of multiple function (Waelder, 1930) or to what might

be better termed the exchange of function (Green, 1978) among psychic phenomena either of the same or from originally different developmental levels (the two sorts of depersonalization I just mentioned are one example). It also enables him, I think, to make distinctions between normal and pathological forms of functioning that, appearing similar or analogous in form, are often wrongly confused and identified with one another, or even if the difference is noted and acknowledged, its theoretical rationale is fudged. It may help toward understanding the complexity of Winnicott's theoretical perspective if I give a couple of extended examples.

One concerns the similarities and differences between the point of view and mode of ego functioning of the mother in a state of primary maternal preoccupation and that of the infant. In many respects, as I indicated earlier, their psychical positions are more similar and complementary than they appear or than Freud supposed. Winnicott makes a point of emphasizing the mother's dependence and the necessity of her dependence as well as the infant's in contributing to the dual unity that exists between them. At an obvious level, for instance, in order to produce a baby and then a person she is completely dependent from the start on the infant's inherited tendencies and developmental processes which she and the father have started up and, like the infant, dependent as well on her own environment (the father or her own mother or the family) to give her support. At

another level, her dependence is even nearer to the infant's:

Mothers recover from this state and forget....but the point is that towards the end of the pregnancy and for a few weeks after the birth of a child the mother is preoccupied with (or better, 'given over to') the care of her baby, which at first seems like a part of herself; moreover she is very much identified with the baby and knows quite well what the baby is feeling like. For this she uses her own experiences as a baby. In this way the mother is herself in a dependent state, and vulnerable. (1965f, p.85)

At the same time, however, Winnicott also emphasizes

the very great psychological differences between, on the one hand, the mother's identification with the infant and, on the other, the infant's dependence on the mother; this latter does not involve identification, identification being a complex state of affairs inapplicable to the early stages of infancy. (1975d, p. 301, italics his)

The first element of that complex state of affairs, which is required for identification, is that there shall already have been established a psychical boundary between inner and outer, which the mother has accomplished but which the infant at the stage of absolute dependence has not.¹¹

¹¹ This points to a problem which is common to many psychoanalytic formulations about the earliest stage of psychic development, which attempt to express things in terms of primitive internalization processes. (Kernberg's positing a developmental sequence that goes from introjection to identification to ego identity, in which introjection is distinguished as "the earliest, most primitive, and basic level in the organization of internalization processes", is one example [1976, p. 29].) In my view it is no good, either, trying to translate what identification might be for the infant into notions about part-self, part-object, or even fused selfobject representations, since no matter how infinitesimal or fused one makes them, these still presume a prior distinction, however primordial, between inner and outer. The idea of fusion presumes an idea of separation. Winnicott's point about that boundary is that it simultaneously joins and separates. This is not mere semantics. I don't believe it is really possible to say one

Even so, there is an important developmental relationship for Winnicott between identification and the infant's transitional or intermediate mode of psychic functioning, for, in its just emergent ego aspects, that mode, which is in a perpetual condition of transient and simultaneous differentiating and undifferentiating and in which the experiential field includes what will later be constituted as the object, is, he suggests, the foundation of what will eventually become the normal capacity for identification and imagination.

This, I want to point out, places a quite different accent and perspective on identification from Freud's, whose view of it as a conflict- and anxiety-driven mechanism of defense, albeit a 'normal' as well as a potentially pathological one, made the distinction between them (normal and pathological identification) and, indeed, between illness in general and the whole concept of health or normality so theoretically problematic. Winnicott wanted to address that problem, and it seems to me that his somewhat scattered remarks about identification and the different uses of identification are highly suggestive in that regard. It is

thing and tacitly mean another. At the least, it inevitably betrays that there is some conceptual confusion. The central issue about how that boundary between inner and outer arises is only fudged and pushed further back. Strictly speaking, before it arises, there are no representations. The whole question is how representability itself comes about. The tortured quality of these sorts of theoretical formulations in terms of fused or smaller and smaller units of representation are, to my mind, a token of how difficult the undifferentiated state is to envisage or articulate.

possible to discern, I think, at least three different groupings or concepts of identification, which, for the sake of both brevity and argument, I shall call 'transitional', 'normal', and 'pathological'.

'Transitional' identification is the sort represented by the mother's state of maternal preoccupation and is based in some fashion, as Winnicott remarks, on her having access to her own infantile experience (if it was good enough) at the undifferentiated stage of absolute dependence in relation to her own mother. It is that relationship I want to get at. The mechanism involved in maternal preoccupation is projective identification, which is conceived (by Klein) as a primitive, instinctually-driven defense. As between the mother and infant, however, it does not seem to belong to instinctual moments so much as to the moments in between, and it is hard to think of it as a product of conflict or of its being in the service of defense. Rather, in this context what is sometimes a mechanism of defense (a means of evacuation) has somehow been transformed into a form and vehicle of communication, and this difference is by virtue of the mother's retaining a vital access to that form of relatedness belonging to non-climactic moments when id and ego are undifferentiated (what Winnicott calls the state of "unintegration"). It does involve a kind of regression, but not in the usual sense. It's possible Freud meant something like it when, in a 1914 addendum to The Interpretation of Dreams (1900, p. 548), he distinguished formal regression

(about which he said relatively little) from topographical and temporal regression (about which he had a great deal to say).¹² On the side of the infant, communication with the mother is also not covered by the notion of 'primary identification' that is invoked by some authors to refer to the relation to the object at this stage, since that is closely bound up with the idea of oral incorporation, which, again, belongs to instinct.

There is a comparison here, however, which involves the difference Winnicott discerns between the sort of connection to the object that belongs to instinctual gratification and the sort belonging to play and imaginative experience: "An example of this would be the infant who may wish to find the mother's mouth and feed her with his or her finger while taking the breast" (1963/1965, p. 90). This sort of 'identification', Winnicott suggests, may be the basis of

¹² Although I shall not be saying much about it, Winnicott's elucidation of this concept of regression and his distinguishing it from Freud's temporal and topographical kinds is a major part of his innovative contribution to a revised theory of technique. With certain patients (and probably, he suggests, with all patients at certain moments or phases of analysis), fostering a 'formal' regression to the transitional mode of functioning is a necessary step toward enabling an analysis (and the success of an analysis) conducted along the lines Freud laid out. It is this which may distinguish a 'terminable' analysis from an 'interminable' one, and in my view it suggests a way of approaching the very elusive notion of 'structural change'. It may be noted in this connection that Kernberg (1980) acknowledges a difference between the regression belonging to his notion of borderline personality organization, involving "split-off [good and bad] aspects of self- and object representations", and the regression which is a feature of the sort of schizoid patients Winnicott talks about.

the capacity to put (imagine) oneself in the other's shoes (empathy), or of friendship, or of the working alliance (the unobjectionable part of the transference).¹³ The difference between this playful form of participation in the environment (or its later transformations, like the mother's complementarily playful identification with the infant) and Freud's notion of instinctually-backed identification concerns the matter of what motivates a defense. This is closely related to the quite different position and function of the object in the two cases. In Winnicott's terminology, whereas the object-as-object (already discriminated as such) belongs to object-relating (of which Freud's notion of identification is one kind), the object-as-environment belongs to what Winnicott calls "the use of an object" which is not yet a psychical fact (1969/1971).

Winnicott addresses the subject of defense in the following way:

Ego mechanisms of defence were gradually formulated. These mechanisms were assumed to be organized in relation to anxiety which derived either from instinct tension or from object loss. This part of psycho-analytic theory presupposes a separateness of the self and a structuring of the ego, perhaps a personal body scheme. At the level [of absolute dependence] this state of affairs cannot yet be assumed. The discussion centres round the establishment of precisely this state of affairs, namely the structuring of the ego which makes anxiety from instinct tension or object loss possible. Anxiety at this early stage is not castration anxiety or separation anxiety; it relates to quite other things, and is, in fact, anxiety about annihila-

¹³ A more thorough consideration of Winnicott's important and highly suggestive ideas about play and imagination in relation to a psychoanalytic concept of health is given in Chapter 4.

tion (cf. the aphanisis of Jones). In psycho-analytic theory ego mechanisms of defence largely belong to the idea of a child that has an independence, a truly personal defence organization. (1960/1965, pp. 41-2)

He goes on to say that Klein's primitive defenses (splitting, projection, and introjection), too, although they concern much earlier matters -- "aggressive and destructive impulses that are more deeply rooted than those that are reactive to frustration and related to hate and anger" -- belong nevertheless to the first stages of an already established mental organization.¹⁴

¹⁴ Winnicott's view of aggression deserves more attention than I can give it here. Some analysts have wrongly supposed that he downplays the developmental importance of aggression. There is a common misapprehension involved here (cf. Kernberg, 1982), that the idea of the initial importance of a near-perfect fit between mother and infant for healthy ego development and integration of the self is the same as an idea of some kind of ultimately gratifying, blissful state of merger (which, it is usually supposed, following Freud, characterizes life in the womb) and that such a notion disregards the integrating impact of experiences of frustration and even trauma. I feel this is a misreading of Winnicott's views on all counts (including about life in the womb, which incidentally I see no reason to assume is necessarily any more or less blissful than life anywhere else). Thus Kernberg remarks, "Probably all psychoanalysts...would agree that the gratifying, blissful states constitute the core of the ego's self-feeling or self-experience....In such a view, the normal self would reflect the appropriately toned-down derivative of the originally blissful merged self-object representation. According to this view, frustrating experiences and the aggression triggered by them would not be part of the original self, but part of the "not-me" experience, an external threat to the self, not intrinsically linked with it....The alternative concept is that self-development also occurs at times of heightened frustration and painful or traumatic experiences. Such experiences determine the building up of merged self-object representations under the aegis of frustration and pain. These mental representations are invested with aggression....This latter concept -- of self-development under both libidinal and aggressive conditions -- is common to Jacobsen, Mahler, and myself, on the one hand, and also to Fairbairn and Klein; Winnicott's

developmental model leaves the impression of a certain ambiguity in this regard" (pp. 903-4). In my view, this ambiguity stems from the fact that Winnicott is referring to something prior to the development Kernberg is talking about, which Winnicott ascribes to the steps leading up to Klein's depressive position and the issues of hate versus love. All of that comes after the establishment of a boundary between inside and outside and after the differentiation of the drives into the two relatively sophisticated forms of libido and aggression. Thus, for Winnicott, the idea of blissful merger as a primarily libidinal matter and of aggressive merger as a matter belonging to instinctual frustration belongs to later development. Before that one can no more properly speak (in a psychological sense) of bliss than of omnipotence. As regards the infant at the start, these are adultomorphized conceptions. Winnicott's idea of the original ego-feeling, which, though it is the foundation of it, is not the same as self-feeling, is not ecstatic in these senses. Moreover, it does include aggression, but in its still undifferentiated form. Indeed, in a sense Winnicott gives aggression perhaps the central place in the development of "the sense of real", although his position is not simple. As always, he is concerned with the roots of aggression, and what he means by aggression at the earliest stage is primitive "motility" and "activity". There is in this a distinction he makes between aggressiveness and aggression. The question is, how does aggressiveness (primitive motility) acquire a quality of intentionality (meaning, of course, unconscious intentionality, in a sense akin to the fantasied elaboration of the aim of an instinct). Perhaps I can best convey his position by putting together at some length remarks from his paper, "Aggression in Relation to Emotional Development" (1975e), which is in essence Winnicott's rejoinder to Klein: "The basis for a study of actual aggression must be a study of the roots of aggressive intention. Prior to integration of the personality there is aggression. A baby kicks out in the womb; it cannot be assumed that he is trying to kick his way out. A baby of a few weeks thrashes away with his arms; it cannot be assumed that he means to hit. A baby chews the nipple with his gums; it cannot be assumed that he is meaning to destroy or hurt. At origin aggressiveness is almost synonymous with activity; it is a matter of a part-function. It is these part-functions that are organized by the child gradually, as he becomes a person, into aggression.... Purposive behavior is eventually arrived at if there is health. In so far as behaviour is purposive, aggression is meant. Here immediately comes the main source of aggression, instinctual experience. Aggression is part of the primitive expression of love.... Oral erotism gathers to itself aggressive components, and in health it is

It is possible, I think, to view the motive of all mechanisms of defense, including identification, as a wish omnipotently to control the object. This only comes up, however, when the object has acquired an independence which the infant needs to deal with to avoid unpleasure. In the case of the infant at the stage of double dependence, so long as the environment is successfully meeting and complementing his cues and gestures, his 'omnipotence' is effectively realized, and there is no need to control (or acknowledge) the object. On the whole, the object comes along

oral love that carries the basis of the greater part of actual aggressiveness -- that is, aggression intended by the individual and felt as such by the people around. All experience is both physical and non-physical. Ideas accompany and enrich bodily function, and bodily functioning accompanies and realizes ideation. Also, of the sum of ideas and memories it must be said that these gradually separate out into that which is available to consciousness, that which is available to consciousness only in certain circumstances, and that which is in the repressed unconscious, unavailable because of intolerable affect. I am aware that I am mixing the theme of actual aggressiveness with that of aggressive impulse. I do feel, however, that the one cannot be studied without the other.... In its simplest form the question that we ask is: does aggression come ultimately from anger aroused by frustration, or has it a root of its own? Our task is to examine the pre-history of the aggressive element (destructive by chance) in the earliest id experience. We have at hand certain elements which date from at least as early as the onset of foetal movements -- namely motility. No doubt a corresponding element on the sensory side must eventually be added. Can this motility that dates from intra-uterine life, and that persists in infancy (and indeed throughout life), be linked up with the activity inherent in id experience proper? Indeed, is this activity to be classified as an id or an ego element? Or is it better to allow an undifferentiated ego-id phase (Hartmann, 1952) and to leave aside the attempt to classify motility on the ground that it appears before ego-id differentiation?" (pp. 204 - 211).

with pretty much what is needed when it is needed quite happily and spontaneously.

At first this environmental adaptation to the infant needs to be nearly perfect. Winnicott refers to this as an ego-need, which is either met or not met, the effect either way being quite different from the satisfaction or frustration of id-wishes or instinctual tensions. Citing Greenacre's (1954) example of "the 'lulling' type of rhythmic pleasures" that a good enough mother gives her infant, Winnicott remarks that "it would be a distortion to say that the infant who is not lulled reacts as to a frustration. Certainly there is not anger so much as some kind of distortion of development at an early phase" (1975d, p. 301). Anger and frustration come into the picture later, for eventually the mother needs to begin to fail in her adaptation, sensitively and in minor ways, to enable the infant "to get something positive out of being angry" (1965f, pp. 86-87). It is then that wishes to control the object enter in in the form of ego mechanisms of defense (including Freud's or Klein's kinds of identification), but the vitality of those instinctual and ego developments (how normal or pathological they are) depends on whether or not the previous stage was good enough.

This requires a further distinction between 'normality' and health. Thus, there are three varieties of projective-identification: there is the sort I am calling 'transitional', which is a means of communication and belongs to

health, and then there are the sorts belonging to conflict and defense, which may either be 'normal' or pathological. These latter two are distinguished by whether or not there is access in the ego to the undifferentiated infantile experiences on which transitional functioning is based. In Winnicott's view, Klein's notion belongs essentially to normal and pathological conflict but not to health:

In health the child's interest is directed both towards external reality and towards the inner world, and he has bridges between the one world and the other (dreams, play, etc.). In ill-health the child may re-arrange his relationships so that the good is concentrated within and the bad is projected. He now lives in his inner world. He may be said to have become introverted (or pathologically introverted). (1975e, p. 208)

Moreover, because Klein's theory of development is missing any recognition of the intermediate or transitional stage, she gives no way of distinguishing between normal and pathological conflict (introversion and pathological introversion).

It is important to see that what Winnicott is talking about is the process by which fundamental psychic structure, the so-called psychical institutions of id and ego, arise out of the undifferentiated state and how that process can greatly determine the quality of those structures and, especially, the quality of the relationship between them. This can be missed, because the way he puts it, contrasting ego-needs with id-wishes and speaking of ego-relatedness as opposed to id-relatedness, can be misleading and confusing, suggesting not only a fundamental relation of opposition but

also two separate lines of development, neither of which he means. Partly the difficulty is the inadequacy of language for talking about the undifferentiated state.

Strictly speaking, at the stage of double dependence, ego-needs and id-wishes are not qualitatively differentiated. The distinction Winnicott makes between quiet, unclimactic moments when ego-relatedness between mother and infant is the thing and those when id-relatedness becomes the main feature requires some conception of rising and falling tension between the id- and ego-aspects of an undifferentiated ego-id unit of experience. At those different moments, the contributions needed from the mother are not the same. This is the domain of transitional functioning. The real concern is with the conditions under which ego-aspects and id-aspects of functioning are allowed to emerge simultaneously and in a fluid relation to each other during the changeover from undifferentiated functioning to transitional or intermediate functioning to the sort of functioning delineated by Freud, bearing in mind that nothing is lost, that in health all these modes of functioning are available and have access to one another. This is the concept of health Winnicott is working towards.

Consolidation would be distinctly the wrong word here, and the notion of a structural hierarchy, to the extent that it implies something fixed, is little better. Let me give an example in terms of the notion of defense I was discussing. When Winnicott speaks of the "distortion of develop-

ment" that may occur if, at the earliest stage, an emerging (let us say) ego-aspect of the infant's ego-id needs is not met, he means that, in face of an id-aspect becoming activated, the rising tension, because it is no longer covered by the ego functioning of the mother-plus-infant, is experienced as overwhelming (what Winnicott calls an "impingement"). The immediate result is a sudden and too precocious differentiation and consolidation of the ego in the form of a premature defense, a premature need to control (and acknowledge) the object (by the sort of identification that I am calling pathological).

It does not matter, by the way, whether, from the point of view of an observer, the impingement appears to come from inside the infant (an instinctual tension) or from outside (the environment's intruding and imposing itself). What matters is that, without the mother's ego-support, the infant is unprepared and unable to allow for it. Winnicott is concerned here with a definitory interaction between the two factors (the fit between the mother and the infant), and it is that fit and interaction which determines what counts as an impingement and whether or to what degree the infant feels overwhelmed and forced to react.

Thus, it is conceivable that a given infant's instinctual endowment may be such (inordinately intense aggressive components, for instance) that even the best efforts of a

devoted mother aren't enough.¹⁵ This was essentially Freud's view, who tended to take good-enough mothering for granted. Winnicott agrees that is possible, but it was his experience that it is extremely rare that a good enough mother can't find a way of fitting in, even with a very difficult child. It is far more common, he maintains, that the inability to fit in belongs to features of the environment-mother than to features of the child. Again, though, there is enormous variability.

The environment can fail to adapt (which is to say that the object intrudes and imposes itself, demands recognition, as an independent factor) in ways that vary from simple, occasional, and accidental happenings, like an unexpected loud noise, or a slap, or being thoughtlessly dunked into bathwater that is too hot, say, to ways that are more subtle, persistent, and consequential. These concern the mother's need to impose on and substitute for the infant's her own gestures or requirements, so that it is the infant who has to adapt (or, rather, to react). To the extent that this occurs, the mother, and along with her the coverage and support of her ego functioning on which the infant's depends, is, for the infant, effectively absent. This means that id-elements which arise -- id-elements of an

¹⁵ While this is conceivable, it is in a sense still conceptually inaccurate. Since the instincts themselves are the products of a differentiation taking place by and within the interaction between the infant's biological endowment and the environment, it seems impossible to attribute their qualities, including their strength, solely to one or the other.

otherwise perfectly ordinary nature and intensity -- are experienced as overwhelming and ego-dystonic (external). It is Winnicott's contribution here to have shown how the intensity of an instinctual event is not only or even necessarily a function of the quantitative aspects of the drives. In a way, this is only to say that the quality of instinctual experience is in great part defined by the ego context in which it occurs, except that the ego context is in the first place an environmental matter.¹⁶

In this sense, even an id-satisfaction may be experienced as ego-dystonic, a violation of ego-feeling and ego-functioning, for the mother's capacity to adapt to the infant has little to do with her ability to satisfy his oral drives. An infant who is given the breast every time he becomes active in order to keep him quiet, for example, will come to experience a feed as a threat or a seduction, and it may be followed by distress or a sense of flop. The baby may be said to feel cheated or fobbed off -- to be getting rid of instinctual tensions and experiences rather than having them. The same thing goes for aggressive impulses, which, for Winnicott, are at this stage equivalent to the infant's activity and motility: whereas motility that is 'met' by the mother's acceptance and responsiveness can be an experience of discovery and exploration, motility that is

¹⁶ It is in this sense that Winnicott straddles the divide that has grown up in psychoanalysis between the so-called hermeneutic school, which regards it as a theory of meaning, and the drive-conflict school, which regards it as a quantitative and biological theory of causation.

not gets pressed into the service of reacting rather than experiencing and will soon be given up, so that what one sees is withdrawal.

All these contingencies are environmental and represent a failure to allow a moment of the type of functioning Winnicott calls transitional. If it happens enough (time and frequency are a big factor here), the transitional mode itself fails to develop. The result is that the psychical boundary between inner and outer is prematurely established and acquires the quality of a rigid barrier. In this sense, the ego functioning that then develops (prematurely) is experienced as 'outer' or alien, without the quality of belief or agency.¹⁷ Moreover, by being cut off from the ego's undifferentiated core and consequently from having access to the id, this more differentiated ego functioning is alienated from the id as well (but in a much more fundamental way than the dynamic opposition Freud meant to indicate, which Winnicott would regard as 'normal'): "The

¹⁷ One needs to keep reminding oneself (or anyway I do) that the qualities of externality and internality are psychical qualities belonging to psychical contents (representations) and may, in theory, be placed anywhere. The fact that most of the time most people seem to locate the boundary somewhere around their skin and have the feeling that they are 'inside' it and most everything else is 'outside' can be very misleading, because it can easily be taken to be referring to something fixed and 'real'. Not only is it not the case in abnormal ego states, it is not even the case in normal, everyday ones except by the crudest view of things. It is Winnicott's view, in fact, that fluidity and variability (up to a degree, of course) about where this boundary is located is a hallmark of healthy psychical functioning.

instincts can be as much external as can a clap of thunder or a hit" (1965b, p. 141).¹⁸

This is to be contrasted with Winnicott's example (above) of the baby playing at feeding the mother while he is taking the breast -- a perfect instance of the nearly undifferentiated coincidence of id- and ego-aspects of functioning, which I am calling 'transitional' identification. While both 'normal' and 'pathological' identification belong to the more differentiated aspects of id and ego functioning to which Freud's conflict theory of development is addressed, it is their relation to the undifferentiated and transitional domains that, in Winnicott's view, ultimately distinguishes them.

Without too much elaborating, perhaps one might say that normal identification is normal in the sense (and to

¹⁸ Though Winnicott's notion of dissociation is related to the concept of splitting of the ego (Freud, 1940a), it is, in my view, not quite the same. Winnicott prefers the term "dissociation", because splitting, as it was commonly used, referred to a defense against instinct and consequently, for his purposes, was theoretically contaminated. Because of making this distinction, Winnicott, I think, suggests a way of thinking about different kinds of splitting that gives it a new theoretical coherence. (This is discussed further in Chapter 4.) Also, it is important to bear in mind that because of the importance of the time factor and the fact that babies aren't all the same and the fact that mothers also vary a great deal in which aspects of infant care they perform well enough and which they don't, the dissociation in the ego (the rigidity of the boundary) is a matter of degree. There is a continuum that goes from extreme pathology at one end to health at the other. What I am calling 'normality' is not the same as health, but it lies toward that end of the spectrum. This continuum concerns the relation between what Winnicott calls the true and false self (1965b), which I discuss in Chapters 4 and 5.

the extent) that the oedipus complex is normal and that it is normally resolved, under the shadow of castration anxiety, by the sorts of defensive compromises Freud described, of which identification is perhaps the major one. (One could, I might add, make a similar statement about the various pre-oedipal psychosexual stages as well, from primary narcissism on.)

There is an implicit distinction I am recommending in all this between health and normality, and I am aware that this could seem like mere polemical conjuring, a red herring, since I can rightly be accused of including (because I think Winnicott includes) within the notion of normality a great deal of obstinate neurotic suffering that can and does interfere with living and often requires treatment. Moreover, it might seem that by attributing normal identification to conflict and distinguishing it from transitional identification, which belongs essentially to health, I am implying (that Winnicott is implying) that conflict is not a part of health, which is obviously not true. Nevertheless, though the names 'normal' and 'healthy' are admittedly clumsy, the difference to which they allude is, I think, genuine. Again, that difference is not a relation of opposition but of complement. The point I mean to make is that 'normal' conflict and 'normal' (defensive, instinctually backed) identification, whether it reaches to neurosis or not (a function, as Freud described, of the vicissitudes of experience and of the constitutional

strength of the instincts), is only normal so long as it occurs in intimate relation and in the context of an already developed capacity for what I have called 'transitional' (non-defensive) identification -- that form of imaginative, playful participation in the environment which depends on having a fluid access to the undifferentiated core of the psyche, which in turn depends on how well the environment (the mother) met and fit in with the absolute dependence of her infant. It is to the degree that it does not that those same defensive identificatory mechanisms become, in Winnicott's sense, pathological. This, in my view, would be his take on the clinical, diagnostic, and etiological problems Freud posed in "Analysis Terminable and Interminable" (1937).

Another closely related example of the usefulness of Winnicott's concept of the stages of dependence is that it helps to clarify the differences between so-called infantile omnipotence (the omnipotence, as Freud [1914] put it, of "His Majesty the Baby") in relation (once again) both to 'healthy' and to 'normal' narcissism, on the one hand, and pathological grandiosity and narcissism, on the other.

At the stage of absolute dependence, Winnicott points out, primary process, primary identification, auto-erotism, and primary narcissism "are living realities" (1960/1965, p. 44). The emphasis here is on 'realities', in the sense of an environmental fact which, for the infant, is neither internal nor external and not an object of awareness. To

the degree that the mother is able to complete the infant's dependence, his omnipotence is realized, is nearly a fact. At first it is only an environmental fact, but gradually, by the mother's repeated adaptations, the infant begins to have experiences of omnipotence whose contents can subsequently be elaborated in unconscious fantasy along the lines Freud described. An environmental reality thus becomes a psychological reality which, at first, is unlocalized and then, eventually, comes to be located, usually inside.

This, in capsule, is, I believe, Winnicott's developmental account of how primary narcissism in Freud's sense comes about. Freud raises two questions about this. The first concerns the problem of the relation of narcissism to auto-erotism, "which we have described as an early state of the libido":

As regards the first question, I may point out that we are bound to suppose that a unity comparable to the ego cannot exist in the individual from the start; the ego has to be developed. The auto-erotic instincts, however, are there from the very first; so there must be something added to auto-erotism -- a new psychological action -- in order to bring about narcissism. (1914, pp. 76-77)

Freud's second question concerns his having postulated a separation "from the first" between object-libido (sexual instincts) and ego-libido ("an energy of the ego instincts"), despite his uneasiness about doing so:

If we grant the ego a primary cathexis of libido, why is there any necessity for further distinguishing a sexual libido from a non-sexual energy of the ego-instincts? (p. 76)

In reply to the first question, what must be added, by Winnicott's account, is precisely the missing statement about absolute dependence, the process by which the mother's meeting the omnipotence of the infant permits his biologically-given instinctual life (auto-erotism) to become a matter of experience, by being included in what is becoming the ego. It is by this means that an initially environmental situation (which includes the infant's inherited potentialities) becomes for the infant that unlocalized psychical reality which is almost what Freud means by primary narcissism.¹⁹

I say almost, because for Freud the psychical situation is already localized in the sense that a boundary between inner and outer and self and object (representations) is

¹⁹ As Laplanche and Pontalis (1973) point out, Freud entertained different developmental views of primary narcissism over the course of his work. In the 1914 paper he places it between primitive auto-erotism and object-love, contemporaneous with the first emergence of a unified subject (ego). Later (1916-17) he uses it to refer to the original undifferentiated state of life in the womb, prior to the formation of an ego, thereby eradicating the distinction between auto-erotism and narcissism. Because this is regarded as an 'objectless' state, it becomes difficult to see just what is supposed to be cathected in primary narcissism. Balint (1937/1952) rejected this notion of an objectless state, introducing his concept of a "primary object-love" that is present from the first. Winnicott's position is more complex and falls somewhere in between. He is in agreement with Balint that an objectless state, conceptually and otherwise, is an impossibility, including in the undifferentiated state, except that there the relationship is to the object-as-environment. The relation is that of dependence, not of cathexis, since the object has not yet been constituted as a psychical reality. The transition to the object as an object of cathexis is effected via the transitional mode of functioning, a process that Winnicott believed begins even before birth, during intra-uterine life.

already in place. This is clear from his account of the various narcissistic and anaclitic object choices that are available for libidinal cathexis (pp. 88-98). This also bears on Freud's second question about the distinction he makes between the ego instincts and the sexual instincts. Despite his eventually (1920) giving up the idea of ego-libido and abandoning (at least apparently) this version of a dual instinct theory,²⁰ the problem reoccurs in another form with the advent of the structural model (1923) in terms of the archaic, undifferentiated core of the psyche, where id and ego remain merged-in with one another. In this sense the instinctual relation of anaclitic dependence (the sexual instincts leaning on the ego instincts) which Freud ascribes to narcissism represents, by Winnicott's account, that further development, in terms of differentiation between id and ego and also within the id itself, which accompanies the establishment of a psychical boundary between inside and outside.

For Winnicott this already localized and differentiated state of affairs belongs to 'normal' narcissism and issues of self-regard or self-esteem, which are a sophisticated matter. (Freud's principal example of the functioning of secondary narcissism, which, like the ego ideal, is a transformation of primary narcissism, concerns no less

²⁰ In fact, it never truly disappeared from Freud's thinking. He continued to hold that there were ego-instincts as well as object-instincts, although the exact nature of these non-libidinal ego-interests remained obscure.

sophisticated a matter than love.) Like the relation I discussed between normal and transitional identification, I suggest that, in Winnicott's view, Freud's version of primary narcissism (which I am calling 'normal' narcissism) leans on a developmentally prior, less differentiated psychical situation which belongs to the domain of transitional functioning. At that level, the various narcissistic and anaclitic object choices that Freud describes are as yet not clearly discriminated and are fluidly merged-in and interchangeable in the manner of the playful, imaginative sort of identificatory process I discussed before. Again, the position and function of the object or environment is quite different in the two cases. One belongs to object-relating (to a differentiated object of cathexis), the other to the use of an object in terms of environmental dependence and transitional functioning.

Regarding the relationship between the 'narcissism' belonging to infantile omnipotence and Freud's instinctual conception of primary and secondary narcissism, it is important to see that there is nothing puffed up or defensive about the omnipotence of the infant. For the infant that is just the way things are. If they are not that way, what is in jeopardy is the experience of subjectivity itself, the feeling of belief attaching to subjective experience, on which the normal sense of self and the normality of narcissism, whether primary or secondary, whether defensive or regressive or otherwise, depend. In

Winnicott's view, the various forms and manifestations (like grandiosity or its negative counterpart) of the pathological narcissism occurring in disorders of the self and in certain borderline conditions, in which the sense of self is at stake or impaired, are based on an underlying fundamental dissociation that has occurred between the undifferentiated and differentiated states due to a failure to develop the intermediate or transitional mode of functioning.²¹

This can be expressed in terms of a rupture or dissociation between that part of the ego which includes among its functional contents "the representational world" (Sandler and Rosenblatt, 1962) of more or less differentiated self- and object-representations (or part-representations or fused selfobject representations) and the undifferentiated core, where representations are not a feature. What is missing is the intermediate area where self- and object-representations

²¹ It is clear, I think, that by the relationship between the true and false self (1965b), Winnicott is referring to the dissociated relationship I am discussing between the undifferentiated and differentiated aspects of the psyche, which, when it is not dissociated, supports what is later interpreted as the sense of self and the sense of reality. The undifferentiated core is the locus of what Winnicott calls the "true self". The name is somewhat misleading, however, because the self is a sophisticated concept that belongs to later development and to the realm of differentiated representations. The location of the boundary between inner and outer in the dissociated situation is complex. In the sense that, in relation to the world, the mind, one's thoughts, may still be felt to be 'inside', the picture is more normal than psychotic. In relation to the hidden 'true self', in the sense that one's thoughts (representations) feel like lifeless, empty 'things' (the creatures of the environment's demands), they may be felt to be outer, so that the true self comes to have a location that is inside the inside.

in both their id- and ego-aspects are in a perpetual flux. Again, there has been a premature and defensive consolidation and differentiation of ego-functioning and of the boundary between internal and external, with the result that these representations, though quantitatively cathected with instinctual energy (which has also prematurely differentiated), are experienced as alien (outer), lifeless, and lacking the affective quality of belief.²² In this sense the self as a psychical content can be quite intact while the sense or feeling of self can be missing.

I want to return to the basic question I posed earlier: how does anything get to be an experience, with the quality of belief attaching to experience?

For Winnicott this is a question about the ego and about when the ego can be said to start:

²² I think Kernberg is attempting to get at the same developmental phenomena as Winnicott when he suggests that affects are the primary motivational system, "at the center of each of the infinite number of gratifying and frustrating concrete events the infant experiences with his environment" (1982, p. 907). His hypothesis is that it is around these "inborn affective patterns" and "affective memory structures" organized along the axis of pleasure and unpleasure that the two drives, libido and aggression, and the two parallel series of good and bad internalized object relations and representations differentiate out. "Affects, in short, are the building blocks or constituents of drives; affects eventually acquire a signal function for the activation of drives" (p. 908). Kernberg's notion that these inborn affective patterns constitute the infant's signals and communications to the environment (the mother) is, however, a more biological conception than Winnicott's and, again, is linked to the pleasure-unpleasure series belonging to gratifying and frustrating moments in a way Winnicott's is not. The affect Winnicott is talking about is not a matter of pleasure or unpleasure but of the feeling of experiencing anything at all.

There is...no sense in making use of the word 'id' for phenomena that are not covered and catalogued and experienced and eventually interpreted by ego-functioning. In the very early stages of the development of a human child, therefore, ego-functioning needs to be taken as a concept that is inseparable from that of the existence of the infant as a person. What instinctual life there may be apart from ego-functioning can be ignored, because the infant is not yet an entity having experiences. There is no id before ego. Only from this premise can a study of the ego be justified....The first question that is asked about that which is labelled ego is this: is there an ego from the start? The answer is that the start is when the ego starts. Then the second question arises: is the ego strong or weak? The answer to this second question depends on the actual mother and her ability to meet the absolute dependence of the actual infant at the beginning, at the stage before the infant has separated out the mother from the self. (1965a, pp. 56-7, italics his)

At this stage, the only question for the nascent ego is whether or not it is able to "include" whatever goes on, whatever excitements happen along, whether from an observer's point of view they happen to be instinctual or environmental in origin. Being included in the ego means, in Winnicott's terms, being able to be experienced; it is the necessary condition of having an experience. This is for Winnicott the first and fundamental function of the ego, or rather the primary form of activity of that part of the psyche that is just differentiating out and in process of becoming the ego.

Experiencing, then, is active and entails a kind of structuring, which is to say that, to the extent one can say there has been an experience of something at this or any other level of development, one means that the 'something' has or makes or has acquired some kind of sense -- is composable within the available terms of one's world. An

experience of something is to be distinguished from things that only seem to happen, are inexplicable, not composable, and make no sense, which Winnicott calls "impingements".

The organism's response to an impingement is passive, helpless, and automatic, what Winnicott calls "reacting". Having to react disrupts the continuity of the psyche's functioning in its nascent ego-aspect, the experience of "going-on-being" or "going-on-experiencing", leaving a rent or lacuna or fissure. This constitutes a trauma, accompanied not by signal anxiety but by feelings of "unintegration" or "unthinkable anxiety" (1965a)²³. Beyond a certain point, if this happens enough, it produces that radical form of dissociation in the ego which I have been discussing, leading to the development of the defensive ego-organization Winnicott calls the false self.

In Winnicott's view, inclusion in the ego of whatever goes on for the infant at the undifferentiated stage of absolute dependence is the origin and necessary condition of that feeling of experiencing I have been calling the

²³ In light of my previous discussion, it is worth citing Winnicott's reasons for using the term 'unintegration' rather than disintegration: "The term disintegration is used to describe a sophisticated defence, a defence that is an active production of chaos in defence against unintegration in the absence of maternal ego-support, that is, against unthinkable or archaic anxiety that results from failure of holding in the stage of absolute dependence. The chaos of disintegration may be as 'bad' as the unreliability of the environment, but it has the advantage of being produced by the baby and therefore of being non-environmental. It is within the area of the baby's omnipotence. In terms of psycho-analysis, it is analysable, whereas the unthinkable anxieties are not." (1965a, p. 61)

quality of belief. As development proceeds, the quality of belief is carried along and differentiates out so that it comes to invest and be interpreted as the feeling that something is part of the self and the feeling that it is real. The degree to which this does or doesn't happen depends on the degree to which the mother is able to sense and fit in well enough with the state of her infant from moment to moment, meeting the infant's spontaneous gestures in a way that to some extent makes sense of them for him and thereby protects his "going-on-being".

Winnicott remarks at one point about this notion of going-on-being that it constitutes "a kind of blue-print for existentialism" (1965f, p. 86). I think that is right, and the question is how to translate it into terms more familiar to psychoanalysis. This is problematic, because what is at issue here, in my view, is subjectivity, which Freud in a sense removed from psychoanalytic theory by linking the object not to the subject but to the drive, although the subject kept returning via the object and via the ambiguity at the heart of the ego concept. For my purposes, the term 'subjectivity' is also problematic in another way, in that it implies a localization, a center of experience, and an already established distinction between a subjective and an objective point of view and between an inside and an outside, none of which belongs to the experience of the infant at the start. What is needed is a term for experience that has no center or whose center is spread

through the whole field, but no such term exists, so subjectivity (Winnicott calls it, among other things, "personal being") will have to do to indicate what I mean, which is that at the start that is all there is and that there is a feeling attaching to it, the feeling of experiencing or the feeling of existing.

The preservation of the infant's subjectivity is the mother's job. Her different ways of contributing to it at different moments are also what promotes its first developments. Winnicott divides these maternal functions up into three kinds, holding, handling, and object-presenting, which match up with three developments, integration, personalization, and realization. (There are also specific forms of unthinkable anxiety corresponding to environmental failure in each case.) In the terms I have been using, these developments correspond (roughly) to the feeling of experiencing, the feeling or sense of self, and the feeling or sense of reality. All three are, of course, closely interrelated, and, in fact, it is a major aspect of Winnicott's contribution to theory to have shown just how closely related they are.

Of the three, the most fundamental (and in some ways the most obscure) is integration, promoted by those details of maternal care that go under holding. What is integrating are the motor and sensory elements of body-functions and processes belonging to mere physiological or tissue aliveness, which, by the mother's holding (in the sense not

only of actual physical holding but of the total environmental provision), are allowed to go to completion and thus "acquire a tendency towards a sense of existing" (1965a, p. 60). As Winnicott remarks, "Here physiology and psychology have not yet become distinct, or are only in the process of doing so" (1960/1965, p. 48). (Earlier in his work [e.g. 1975a or 1953a] Winnicott used Glover's [1932/1956] concept of ego-nuclei which gradually coalesce to describe this transition from unintegrated islands of physiological functioning toward integrated psychical functioning.) Instinctual tensions are obviously in the picture, but Winnicott wants to focus on a different aspect: "To be sure of separating this off from object relationships and instinct-gratification I must artificially confine my attention to the body needs of a general kind." Nevertheless, it is in this context that the quality of instinctual experience comes to be defined.

More concretely, the mother reliably takes account of the infant's skin sensitivity to touch and to temperature and his sensitivity to sounds and to visual stimuli and to gravity, so as to keep both the physical and the emotional situation regular and simple, insure a degree of experiential continuity (while allowing for growth and changes in capacity), and protect the baby "from coincidences and shocks" (1948/1975, p. 161).²⁴ When this is the background

²⁴ It is important not to think of integration in too fixed a way. It is an essential aspect of Winnicott's theory that in healthy development the capacity for

of experiences of instinctual excitement and satisfaction, the result is an integration of quiet and excited states:

I think an infant cannot be said to be aware at the start that while feeling this and that in his cot or enjoying the skin stimulations of bathing, he is the same as himself screaming for immediate satisfaction, possessed by an urge to get at and destroy something unless satisfied by milk. This means that he does not know at first that the mother he is building up through his quiet experiences is the same as the power behind the breasts that he has in mind to destroy. Also I think there is not necessarily an integration between a child asleep and a child awake. This integration comes in the course of time. (1945/1975, p. 151)

This experience of sameness, which Winnicott elsewhere describes as the attainment of "unit status" (1960/1965, p. 44), is, I think, close to what I mean by centerless (as yet unlocalized) subjectivity.²⁵

re-experiencing unintegrated states is retained. For an infant, relaxing means not feeling a need to be integrated, and this, too, depends on the mother's holding. The unthinkable anxieties Winnicott attributes to failures in holding and to precipitous experiences of unintegration are "going to pieces" and "falling for ever" (1965a, p. 58). The latter points to the special importance of actual physical holding, and it occurs to me as an aside that, among the sensory modalities with a particular bearing on psychotic (and even some quite normal) ego states, it is possible that fantasied elaborations of the functioning (or malfunctioning) of the vestibular branch of the eighth cranial nerve (sensations relating to balance and position sense) may occupy a special place.

²⁵ It is also close, I think, to what Jacobsen meant by the "primal psychophysiological self", which she ascribes to the stage of primary narcissism (1964, p. 6). For some reason, however, Jacobsen regarded it a purely descriptive term, unrelated to any further metapsychological considerations, whereas Winnicott's theory (I contend) brings it into metapsychology. Also, she takes it to point "to the person as a subject in distinction from the surrounding world of objects", whereas I am suggesting that that distinction has not yet arisen.

The question, then, is how from this beginning there arises the possibility of a center of experience, which may either be here or there, central or peripheral, subjective or objective? This, in turn, poses another developmental dilemma, which Mahler puts in the following way:

For the more or less normal adult, the experience of being both fully "in" and at the same time basically separate from the world "out there" is one of the givens of life that is taken for granted. Consciousness of self and absorption without awareness of self are the two poles between which we move with varying degrees of ease and with varying alternation or simultaneity. This, too, is the result of a slowly unfolding process. In particular, this development takes place in relation to (a) one's own body; and (b) the principal representative of the world as the infant experiences it (the primary love object). (1972, p. 487)

The question becomes, how to accept the polarity in a creative way so that neither of its terms swallows the other.²⁶

In Winnicott's terms, these developments belong to the maternal functions of handling and object-presenting and involve complex processes of localization. Handling describes "the environmental provision that corresponds

²⁶ It should be noted that these developments are the subject of considerable controversy in psychoanalysis. Besides Mahler, writers like Loewald (1980), whose position is very similar to Winnicott's in a great many respects, Weil (1976), Benedek (1949, 1959), Spitz (1965), and Lichtenstein (1977) think of the original mother-child unit as a unified field of interacting psychological forces, out of which gradually differentiate the drives, the ego, and the world of objects. On the other hand, investigators like Brazelton (1981), Emde et al (1976), and Stern (1974, 1976) regard the newborn's remarkable perceptual capacities and the evidence of his active contributions to the relationship with the mother as indicating a quasi-inborn competency, a separate self from the start.

loosely with the establishment of a psycho-somatic partnership" (1965a, p. 62), "the development of the feeling that one's person is in one's body" (1945/1975, p. 150-1), which Winnicott calls personalization. It entails a linkage of motor and sensory and functional experiences, with the skin acquiring the quality of a limiting membrane which subsequently becomes the locus of a boundary between internal and external. That is, gradually, under the impact of instinctual experiences (of libidinal satisfaction, especially) as well as the repeated quieter experiences of body-care, the skin becomes elaborated in fantasy as the possible locus of a distinction between an inside and an outside, so that, for the infant, "there is now a place to store things" (1965f, p. 91) and a place from which and into which to get rid of things (projection and introjection). The success of this depends, however, on the context provided by the mother in which these experiences of libidinal satisfaction occur. Eventually there is a further distinction and elaboration of a mind as something distinct from the psyche, which usually becomes located in the head, and the beginning of differentiation and fusion of the roots of impulsive behavior, so that the diffuse elements belonging to movement and to muscle erotism become fused with the orgasmic functioning of the erotogenic zones.

Personalization corresponds roughly to Mahler's and McDevitt's (1982) hypothesis about the formation of the

primitive core of the body-self on the basis of proprioceptive, enteroceptive, and the first sensoripreceptive sensations. Citing Hoffer (1950), they suggest that the development of this earliest sense of being a body-self as an entity is a function of the libinization of the body "by the earliest contact ministrations of the mother" (p. 833) and that these "boundary sensations" are the basis of the sense of being alive. The subsequent development of the sense of self, they maintain, is a function of the infant's activity and his coming to sense a difference between automatic, involuntary discharge movements (which are nearer to the id) and voluntary, intentional movements, which belong to the ego's control of performance-motility and to the function of mastery which Freud (1923) singled out as the most important.

The correspondence to Winnicott's view is only rough, however. What is missing, I think, is a clear appreciation of the meaning of the undifferentiated state at the stage of absolute dependence. The difference, again, is that Mahler's conception of the mother-infant interaction is too biological, for it excludes the psychological importance of the mother's handling, and this not only during non-instinctual moments but during instinctual ones as well. The notion that the infant somehow distinguishes inner from outer on the basis of sensing a difference between involuntary and voluntary movements is, in a sense, tautological. Mahler takes this from Freud (1915), who suggested that the

neonate comes to locate stimuli he can shut out or get away from as external and those he can't as internal. (This was the "contrivance" of reality-testing which Freud classed "among the major institutions of the ego" [1917a, p. 233].) The point is that just because, by shutting his eyes, say, the infant can get away from a bright light but can't get away from a feeling of hunger doesn't mean he has any awareness of the sources of the stimuli, of where the light or the hunger is coming from. Nor is he aware that when the hunger goes away (because when he cries, the good enough mother feeds him) it isn't his crying that did it. There is another point, too, which is that by Winnicott's view the infant's activity only contributes to the development of a sense of self when and to the degree that it is met and given meaning by the mother's complementary contributions. In fact, what is important is precisely that the mother not force the infant to decide between what is voluntary and what is not. If a movement is not met in this way, whether it is voluntary or not, it will be pressed into the service of reacting to an impingement or a discontinuity and be experienced, in fact, as not-self. In a similar way, it is the qualities of the mother's reciprocity which determine whether the "libidinization" of the infant's body is an experience that he can own or has to disown.

Another way of putting this is to say that something must be added to experiences of instinctual satisfaction for them to acquire a feeling of belief and participation. This

is the problem Freud himself posed in "A Metapsychological Supplement to the Theory of Dreams" (1917a), where he wonders how it is that belief in an idea's reality is insured in dreams and hallucinations. The concern here, as I mentioned earlier, is with the quality or feeling of reality, for, in the terms of my previous discussion, it is possible for a boundary to be established between an inside and an outside, and yet neither are felt to be 'real'. The question becomes, from what common source does the feeling of reality or the quality of belief evolve which pertains (or not) for both domains?

Along with handling, with which it is inextricably involved, the maternal function responsible here is what Winnicott calls object-presenting as it bears on "realization", meaning the development of an inner "sense of real" together with a sense of a real relation, via instinctual experiences of object-relating, to a shared, external reality which can be believed in. This depends on the manner in which the ego of the infant is permitted to initiate object-relating and adaptation to reality, with a change "from a relationship to a subjectively conceived object to a relationship to an object objectively perceived" (1960/1965, p. 45), or from conception to perception:

With good-enough mothering at the beginning the baby is not subjected to instinctual gratifications except in so far as there is ego-participation. In this respect it is not so much a question of giving the baby satisfaction as of letting the baby find and come to terms with the object (breast, bottle, milk, etc.).... The initiation of object-relating is complex. It cannot take place except by the environmental provision

of object-presenting, done in such a way that the baby creates the object. The pattern is thus: the baby develops a vague expectation that has origin in an unformulated need. The adaptive mother presents an object or a manipulation that meets the baby's needs, and so the baby begins to need just that which the mother presents. In this way the baby comes to feel confident in being able to create objects and to create the actual world. The mother gives the baby a brief period in which omnipotence is a matter of experience. It must be emphasized that in referring to the initiating of object-relating I am not referring to id-satisfactions and id frustrations. I am referring to the preconditions, internal to the child as well as external, conditions which make an ego-experience out of a satisfactory breast feed (or a reaction to frustration). (1965a, pp. 59 - 62)

It is readily apparent how different is this conception of the relationship to reality, how it is found or constituted and how it is experienced, from Freud's. By comparison, Freud's epistemology can appear, in fact, surprisingly crude, although as always his position was not constant over the course of his work and is also more subtle than it first seems. While it is obviously beyond my present scope to review the whole problem of reality in Freud's work (Laplanche and Pontalis [1973] provide a superb analysis, and Wallerstein [1983] gives an excellent historical overview), there are certain aspects which help to clarify the originality and usefulness of Winnicott's position.

One concerns the fact that Freud tends consistently to confound the distinctions between internal and external and subjective and objective with that between unreal and real. 'Reality' always refers to external, material reality -- whatever is 'out there', which originally is discovered (found) as a presentation given by perception and later is

repeatedly rediscovered by reality-testing. Thus even though Freud attributes to unconscious wishes and memories "a particular form of existence" (1900, p. 620) which he calls psychical reality (real because, like material reality, they are able to make an effect, albeit an entirely subjective one), psychical reality is only ever 'inner' and is really, by comparison, quite unreal. Freud seemed to think that what is really real is essentially self-evident. Discussing the functioning of "the definitive reality-ego, which develops out of the initial pleasure-ego", Freud states:

It is, we see, once more a question of external and internal. What is unreal, merely a presentation and subjective, is only internal; what is real is also there outside. In this stage of development regard for the pleasure principle has been set aside. (1925, p. 237, italics his).

Except, of course, it has not, and not only because the pleasure principle continues to assert a dominion over the realm of the unconscious. By this view, there are only wishes and a regard for "what is useful" (1911, p. 223). It was Hartmann (1956/1964) who pointed out some of the difficulties about this notion and how much of reality is excluded by it. This encompasses the whole domain of social, intersubjective reality and the ways in which outer reality is a creative construction of intermingled objective and subjective elements to which personal, inner reality, "the world of immediate experience" (p. 261), contributes an essential part.

This, of course, is the whole point underlying Winnicott's developmental account of the transitional mode of functioning, the origin of which antedates both the definitive reality-ego and the initial pleasure-ego -- before, that is, there is established a boundary between inside and outside.²⁷ Initially, though the ego may be said to face both ways, towards the instincts (really the undifferentiated core) and towards the world (really the environment, from which it is also not differentiated), this is not the same as towards an inside and an outside, though eventually that may become one aspect of experience. Psychical reality is thus not the same as inner reality. Initially it includes not only what is in process of becoming the realm of unconscious fantasy in Freud's sense but the whole experiential field, and this aspect of experience is not lost.

This is a quite elementary point, but it seems to need making anyhow. No matter what independence one must attribute to the reality of things-in-themselves, that reality, as Freud himself remarks (1900, p. 613), is as ultimately unknowable as the innermost nature of psychical reality. All that can be known is what we experience, and all experience is psychical experience. This includes the whole of the ego and all its functions, though some functions (like perception) may normally be less evidently

²⁷ The way in which Winnicott's idea may be considered a theoretical elucidation of Freud's concept of an original reality-ego will be taken up in Chapter 4.

involved with unconscious fantasy than others.²⁸ (This in no way makes things-in-themselves any more accessible, however.) Inside/outside is thus one psychical distinction pertaining to psychical contents (representations), and real/unreal is another.

Hartmann makes another point, too, which is that the opposition Freud ascribes to the pleasure and reality principles, between wishes and what is useful, leaves out the possibility that reality can sometimes be enjoyed:

This poses a problem. One cannot say in a general way that reality-syntonic behavior curtails pleasure... and not only because...behavior under the guidance of the reality principle is aimed at gaining, in a new way, assured pleasure at a later stage....There is also the fact that the activities of the functions that constitute the reality principle can be pleasurable in themselves. I remind you at this point of the pleasurable potentialities of sublimated activities. (1956/1964, p. 244)

Loewald, whose thinking has a great kinship to Winnicott's, had earlier expressed the problem even more starkly:

In psychoanalytic theory we are accustomed to think of the relationship between ego and reality as one of adjustment or adaptation....This conception of the relationship between ego and reality presupposes a fundamental antagonism which has to be bridged or overcome in order to make life in this reality possibleFreud's recognition of the defensive function of the ego [including its synthetic function] has never ceased to play a predominant role in his conception of the ego, and has again and again overshadowed other aspects of the ego in psychoanalytic thinking. Correspondingly, external reality has predominantly been seen in the aspect of a hostile, threatening power. (1951/1980, pp. 3-4)

²⁸ This is Arlow's (1969) point, too -- that reality is in fact a perpetual intermingling of fantasy and perception.

This notion of reality belongs, Loewald points out, to Freud's conception of the oedipal father "as an alien, hostile, jealous force [who] interferes with the intimate ties between mother and child" (p. 7) -- a hostile figure who has either to be fought or submitted to.

There is, on the other hand, another concept of reality in Freud's thinking which belongs to the evolution of the ego as a development away from primary narcissism:

To start with, reality is not outside, but is contained in the pre-ego of primary narcissism, and becomes, as Freud says, detached from the ego. So that reality, understood genetically, is not primarily outside and hostile, alien to the ego, but intimately connected with and originally not even distinguished from it. (p. 8)

In short, there is an original unity with the environment, the outer world being something the ego does not 'find' but in some fashion detaches from itself. In the course of this, a tension arises between the mother and the infant (what is becoming outer and what is becoming inner). That tension is the origin of the libidinal and aggressive forces. This is to say, the ego, the object, and the instincts themselves simultaneously differentiate at what is becoming a boundary between inside and outside.

By Winnicott's account, how that detachment occurs and how that boundary arises is a function of the mother's object-presenting, the quality of which is what determines the quality of the relationships that develop between the ego, the instincts, and the object and the feeling of reality belonging to those relationships.

Freud's account of how reality is found goes as follows:

In order to understand this step forward we must recollect that all presentations originate from perceptions and are repetitions of them. Thus originally the mere existence of a presentation was a guarantee of the reality of what was presented. The antithesis between subjective and objective does not exist from the first. It only comes into being from the fact that thinking possesses the capacity to bring before the mind once more something that has once been perceived, by reproducing it as a presentation without the external object having still to be there. The first and immediate aim, therefore, of reality-testing is, not to find an object in real perception which corresponds to the one presented, but to re-find such an object, to convince oneself that it is still there.... It is evident that a precondition for the setting up of reality-testing is that objects shall have been lost which once brought real satisfaction. (1925, pp. 237-8)

The question is, at the stage of absolute dependence, what exactly constitutes a "real satisfaction"? Winnicott's point of disagreement occurs at Freud's first step. At the theoretical beginning, whatever constitutes a "presentation" for the infant is not a perception in the usual sense of something discriminated out there at all, nor is its "mere existence" any guarantee that it is felt to be real in the usual sense. On the contrary, it can only be guaranteed to feel real if the actual mother presents the actual object in such a way that the infant does not initially need to decide (test) whether it is real (a perception of something out there) or not. This is not a matter of a satisfaction in any instinctual sense, and for the feeling of reality it is the mother's presence that is needed, not her absence or her loss.

To compel the infant to perceive reality would amount at this stage, in Winnicott's view, to perception's being prematurely mobilized in the service of defense as opposed to its evolving as a relatively conflict-free area of experience. And hence the relationship to reality and the quality of the subsequent object-relationships would be experienced essentially as defensive.

In short, there is a step before Freud's first step:

At the start a simple contact with external or shared reality has to be made, by the infant's hallucinating and the world's presenting, with moments of illusion for the infant in which the two are taken by him to be identical. (1945/1975, p. 154)

I think Winnicott means to replace Freud's notion of an hallucinated object, which already essentially refers to an object relationship and to a time when ideas of incorporation (internalization) have entered in, with his concept of moments of illusion, in which the infant and the maternal care (the environment) cannot be disentangled: "There is no possibility whatever for an infant to proceed from the pleasure-principle to the reality principle or towards and beyond primary identification...unless there is a good enough mother" (1953/1975, p. 237).

In short, in Winnicott's view it is only by this means that the object becomes truly available for cathexis, so that a bit of psychical reality comes to be established -- namely, the psychical reality of the drive linked to the object, which initially is unprejudiced with regard to whether it is inner or outer:

In another language, the breast is created by the infant over and over again out of the infant's capacity to love or (one can say) out of need. A subjective phenomenon develops in the baby which we call the mother's breast [which stands for the whole technique of mothering]. The mother places the actual breast just there where the infant is ready to create, and at the right moment. From birth, therefore, the human being is concerned with the problem of the relationship between what is objectively perceived and what is subjectively conceived of... The intermediate area to which I am referring is the area that is allowed to the infant between primary creativity and objective perception based on reality-testing.... The mother's adaptation to the infant's needs, when good enough, gives the infant the illusion that there is an external reality that corresponds to the infant's own capacity to create. In other words, there is an overlap between what the mother supplies and what the child might conceive of. To the observer the child perceives what the mother actually presents, but this is not the whole truth. The infant perceives the breast only in so far as a breast could be created just there and then. There is no interchange between the mother and the infant. Psychologically the infant takes from a breast that is part of the infant, and the mother gives milk to an infant that is part of herself. In psychology, the idea of interchange is based on an illusion. (pp. 238-9, italics his)

This is Winnicott's way of talking about something which Freud took for granted -- that the object is the creation of the drives -- except that Winnicott wanted to know how and under what conditions that works and how it translates into experience in terms of the relationship to inner and outer reality that develops from it. This entailed a new consideration, as I discussed earlier, of the meaning and nature of infantile omnipotence. What Winnicott discerned is that omnipotence is contingent:

In infancy...good and bad things happen to the infant that are quite outside the infant's range. In fact infancy is the period in which the capacity for gathering external factors into the area of the infant's omnipotence is in process of formation. The ego-support of the maternal care enables the infant to

live and develop in spite of his being not yet able to control, or to feel responsible for, what is good and bad in the environment....The paradox is that what is good and bad in the infant's environment is not in fact a projection, but in spite of this it is necessary, if the individual infant is to develop healthily, that everything shall seem to him to be a projection. Here we find omnipotence and the pleasure principle in operation, as they certainly are in earliest infancy. (1960/1965, pp. 37-8)

Thus the good enough mother, by allowing the illusion of omnipotent creating and controlling of whatever occurs, enables the infant to include whatever goes on within the sphere of his fantasied omnipotence, which is at the beginning his only mode of experiencing anything at all.²⁹ Only on this basis, Winnicott maintains, does the feeling or sense of reality, the capacity to believe in reality, whether internal or external, truly develop.

I shall end this discussion of Winnicott's developmental theory by pointing out how the concepts of handling and object-presenting in the context of transitional functioning give a theoretical coherence to an often noted clinical phenomenon -- namely, that in many seriously ill patients,

²⁹ Assuming this is the case, it is a question how bad things that happen to the infant, things that fall outside the sphere of his omnipotence, are registered or recorded in the psyche. Winnicott is clear that they are and that they turn up and are repeated in the transference: "The events of these earliest stages cannot be thought of as lost through what we know as the mechanisms of repression, and therefore analysts cannot expect to find them appearing as a result of work which lessens the forces of repression. It is possible that Freud was trying to allow for these phenomena when he used the term primary repression, but this is open to argument" (1960/1965, p. 38). Metapsychologically, it seems to concern the quality of the boundary in the psychical apparatus between the undifferentiated core and the more differentiated structural institutions of id and ego. (This is taken up again in Chapters 4 and 5.)

despite gross disturbances of the total personality, many basic ego functions (including reality-testing) seem to develop relatively unimpaired and can even be specially effective while remaining uninvested with a feeling of reality or agency or ownership. This phenomenon has been discussed by Frosch (1966, 1983), in particular, in relation to the complexity of the ego's position and functioning vis a vis reality. Frosch notes that a number of distinct functions seem to be involved, which contribute to what he calls the relationship with reality, the sense of reality, and reality testing, each of which appears to have its own developmental history and can function well or badly, relatively independent of the others.

Winnicott, whose work (along with others') is plainly visible behind this, is mainly concerned with the developmental origins of the sense of reality and the relationship with reality, which he regards as prior to the development of reality-testing. Frosch's characterization of the feeling or sense of reality -- "One is concerned here with the feelings and sensations of outer and inner reality as perceived by the patient" (1970, p. 36) -- corresponds exactly to what Winnicott attributes developmentally to the mother's object-presenting as it contributes to the infant's realization.

As to the relationship with reality, Frosch remarks:

The relationship with reality involves a person's capacity to preserve the external and internal world and the appropriateness of his relationships to them. There should be awareness of the limits of these areas

since an important factor in a healthy relationship with reality is the existence of consistent and clearly defined ego boundaries with adequately developed differentiation of self. (1964, p. 84)

This is to be compared with Winnicott on the transitional or intermediate area of experiencing, to which inner reality and external life both contribute. It is an area which is not challenged, because no claim is made on its behalf except that it shall exist as a resting-place for the individual engaged in the perpetual human task of keeping inner and outer reality separate yet inter-related. (1953/1975, p. 230)

The main difference, which is a crucial one, is that whereas Frosch, in keeping with the rather ascetic (and, to my mind, paternalistic) tenor of so much of traditional ego psychology with all its normative affirming of separation, individuation and autonomy, puts the emphasis on "limits", "appropriateness", and the clear definition of boundaries, Winnicott emphasizes that in health the boundary between inner and outer both separates and joins and that a relationship with reality which is not playful and fluid and does not include the capacity for illusion is a dreary and empty affair.

CHAPTER 4

THE THIRD PRINCIPLE OF MENTAL FUNCTIONING

The most ordinary and elementary things are the most obscure. Both conceptually and phenomenologically, health and ordinary creativity are far more varied, complex, and enigmatic matters than illness, for example. Psychoanalysis is shadowed by this dilemma in all shapes and degrees, one of which is the patient whose contact with reality presents the most obstinate difficulty when that reality is his own mental state. The question arises, what makes for ordinary psychic aliveness and creativeness, the feeling that one's experience is vital, varied, and real?

Freud worried over this question in its negative form, from the angle of the obstacles to success against which analysis, in a great many cases, seemed to keep coming up. In his inexhaustibly rich and pessimistic meditation on the subject in "Analysis Terminable and Interminable", he considers the influence of early traumas, the constitutional strength of the instincts, and what he calls alterations of the ego which may either be acquired (early distortions due to primitive defense), inherited, or something between the two. Concerning normality, Freud avows the following:

A normal ego...is, like normality itself, an ideal fiction....Every normal person, in fact, is only normal on the average. His ego approximates to that of the psychotic in some part or other and to a greater or lesser extent. (1937, p. 235)

Freud is then led to muse along this spectrum on certain "bewilderingly strange" alterations of the ego, going far beyond the expected in the degrees of resistance they put up "which we can no longer localize and which seem to depend on fundamental conditions in the mental apparatus" (p. 241). He speaks of peculiar qualities of adhesiveness, an inability to let go or exchange one object-cathexis for another, or of an extreme fluidity in which nothing seems to stick or take hold, or of a kind of depletion and inertia in which "all the mental processes, relationships and distributions of forces are unchangeable, fixed and rigid" (p. 242).

Freud speculates somewhat obscurely about such types that "probably some temporal characteristics are concerned -- some alterations of the rhythm of development in psychical life which we have not yet appreciated." He goes on to discuss another problematic group of cases, the distinguishing characteristics of whose egos and resistances manifest in a formidable intensity of conflict and derive, he believes, from an inherited predominance of the aggressive or death instinct. As about the previous types, he suggests "we are dealing with...things which we cannot think of as being confined to a single province of the mental apparatus, the id, the ego or the superego." Freud's assumption here that the origin and meaning of all these peculiarities must ultimately be traceable to the instincts is less important, I think, than his reasoning that they arise out of fundamental conditions attaching to the

undifferentiated state, when id and ego are still one.

(Though Freud isn't led to educe a category of borderline or other disorders of character, we may well have it in mind.)

Freud, as I said, tended to approach the question of health from the negative standpoint of pathology. It would follow that the converse, the implied characteristics of the normal, healthy, 'unaltered' ego, must also be unlocalizeable and dependent on certain fundamental conditions in the originally undifferentiated mental apparatus.

This matter of the source of such fundamental conditions, whether of normal psychic aliveness and creativity or of its varieties of absence and pathological deformation, has been taken up in different ways by many analysts since Freud. In the contemporary era of psychoanalysis, I think it is Winnicott who has most penetratingly approached the whole question. Indeed, it is my view that his articulation of the form of relationship and mode of functioning belonging to the earliest stage of development supplies the content for Freud's speculation that what is involved are "some temporal characteristics...some alterations of the rhythm of development in psychical life which we have not yet appreciated."

Winnicott states the task for psychoanalysis in this way:

Starting as we do from psychoneurotic illness and with ego defences related to anxiety that arises out of the instinctual life, we tend to think of health in terms of the state of ego defences. We say it is healthy when those defences are not rigid, etc. 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. (1967a, p. 98, italics his)

I want to approach Winnicott's suggestions about this by setting the question up in a somewhat different way and in reference to the work of Wilfred Bion, a contemporary and colleague of Winnicott's in the British Society.

Bion (1970) invokes Keats' concept of negative capability -- "that is, when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason" (1817/1952) -- to express the idea that what matters for growth and creativity is the unknown, and tolerance of the unknown. This merits amplification.

We are, in the first place, creatures who make distinctions. Distinctions, differences between one thing and another, between this and not-this, are all we know or can know. This appears to be the case neurophysiologically, and it is immanent in our use of language with which we split the total situation artificially into various elements, order them in a particular way, and then bring them together again in a reintegration. Choosing one perception over another means not choosing the other. It is doubtful that in reality anything is separable from anything else in the way one word can be separated from another. Nor is experience or personality delimited by the same boundaries and discreteness as we like to attribute to the appearances of distinct physical bodies or physiologies, though these are so impressive that we are liable to assume it is so.

The paradigmatic situation which is at the heart of Winnicott's work -- that of the infant for whom there is as yet no distinction between an inside and an outside and whose moment-to-moment states of integration and unintegration include the mother and her holding -- is only the prototypal example, and, at that, almost certainly not the earliest form of it, as Freud himself discerned: "There is much more continuity between intra-uterine life and earliest infancy than the impressive caesura of birth would have us believe" (1926, p. 138). And not only earliest infancy, we may add. Indeed, it is Winnicott's view that even in normal maturity, the instances in which the boundaries of experience and the perceived boundaries of the body do happen to coincide are nearly a special case -- one possibility among a host of others, elicited in a specially emphatic way at certain times, perhaps, but without any exclusive privilege. Thus, although it represents a landmark achievement of normal development, it is still only one aspect of normal experience and never the whole thing except if things have gone very wrong.

Freud's use of the term 'caesura', borrowed from prosody and music, is intriguing. It derives from the Latin stem of 'caedere', to cut, and signifies a break or interruption or pause. I mean to suggest an alignment here between Freud's notion and that of the mathematical philosopher, G. Spencer Brown, when he says that "a universe comes into being when a space is severed or taken apart"

(1969, p. v). Brown, in fact, takes note of a formal resemblance between psychoanalytic thinking as a method of enquiry and his own project to treat mathematically the subject matter of logic as "a treatment of the form in which our way of talking about our ordinary living experience can be seen to be cradled" (p. xx). He portrays the similarity in the following way:

In each discipline we attempt to find out, by a mixture of contemplation, symbolic representation, communion, and communication, what it is we already know. In mathematics, as in other forms of self-analysis, we do not have to go exploring the physical world to find what we are looking for....This analogy suggests that we have a direct awareness of mathematical form as an archetypal structure....Here the work of Einstein, Schrodinger, and others seems to have led to the realization of an ultimate boundary of physical knowledge in the form of the media through which we perceive it. It becomes apparent that if certain facts about our common experience of perception, or what we might call the inside world, can be revealed by an extended study of what we call, in contrast, the outside world, then an equally extended study of this inside world will reveal, in turn, the facts first met with in the world outside: for what we approach, in either case, from one side or the other, is the common boundary between them. (pp. xv-xvii, italics mine)

To make a distinction -- as, say, between inside and outside, subject and object, psyche and soma, or unreal and real -- is to establish a boundary in conceptual and psychical space. What is important is that a boundary so established serves simultaneously to separate and to join. It separates what it joins, and joins what it is separating. One can only have it both ways. To attack either function of the boundary (by a mechanism of defense, for example) is to attack the other as well. This, however, need not lead to the same result as no boundary or distinc-

tion at all. A boundary may become a barrier, or a maze, or be split into a chaos of minute fragments (Bion, 1957). This is to be contrasted with the condition of making no distinctions, which is formally what we mean by the state of not-knowing. (Freud was pointing to this contrast, I believe, when he distinguished topographical and temporal regression from formal regression.)

Winnicott's work is an attempt to articulate in the context of psychoanalytic theory how, developmentally, some of these fundamental distinctions structuring our experience of the world arise out of the undifferentiated background of experience; what relationship they maintain with that background; how they coordinate with one another; and what complex progressive and regressive vicissitudes they may undergo in both normal and pathological conditions. The inescapable difficulty, of course, is that, to do this, thought has to extend through and beyond the point of simplicity where language ceases to act normally as a currency for communication.

In a letter to Lou Andreas-Salome, Freud describes his method for achieving a state of mind that seemed fit for investigating the more obscure phenomena of the psyche:

I have to blind myself artificially in order to focus all the light on one dark spot, renouncing cohesion, harmony, edifying effects and everything which you call the symbolic element, frightened as I am by the experience that any such claim, such expectation, carries within it the danger of distorting the truth, even though it may embellish it. (1873-1939, p. 318)

In Bion's terms, this state (of renouncing the symbolic element) is approached (in an ideal sense) by suspension of all memory, desire, understanding, and sensory impressions:

A bad memory is not enough: what is ordinarily called forgetting is as bad as remembering. It is necessary to inhibit dwelling on memories and desires....Continuing and extending the process, I include understanding and sense perception with the properties to be eschewed. The suspension of memory, desire, understanding, and sense impressions may seem to be impossible without a complete denial of reality; but the psycho-analyst is seeking something that differs from what is normally known as reality; a criticism that applies to what is ordinarily meant by reality does not indicate undesirability for the purpose of achieving contact with psychic reality. (1970, pp. 41 & 43)

This is to say, the contact with psychic reality is achieved by putting into abeyance the fundamental distinctions by which reality is ordinarily constituted and known (what we refer to as our "common sense") -- distinctions like internal and external, imaginary and real, or between now and not-now (encompassing both past and future), for instance. The reason this is necessary is that any particular concatenation of such distinctions, any particular view (almost always unconscious) of what is the case, will act as "a protective shell of familiar ideas" (1967, p. 150), becoming a barrier against the possibility of any other. Thus, remembering may act as a barrier to a sensory impression or a fantasy. The object is, so to speak, to clear the field. What is approximated under these conditions are the initial evolved characteristics of what Bion calls the domain of 'O' -- the domain of things-in-themselves, things-as-they-are, which is at once unknowable and the

source and ground of all subsequent knowledge. As Brown puts it, at this stage of the "original act of severance", the first tentative distinctions, "the universe cannot be distinguished from how we act upon it, and the world may seem like shifting sand beneath our feet" (p. v).

The act of knowing anything which starts from this point may be enlivening and creative, so long as it remains in a potential contact with the undifferentiated source or background, or deadening and inhibiting if it becomes cut off. Winnicott talks about this in terms of two opposing developmental tendencies: a centripetal one toward increasing differentiation and integration (and such allied concepts as independence, separation, and autonomy) and one going in the other direction, concerning the need to retain or to be able to regain the relationship with one's own infancy, "to get back to...the centre or back to the beginning, at any appropriate moment, perhaps in the flash of a dream or in the form of a poem or in a joke." He states, "It is this second tendency which makes the first tendency a part of growth instead of a disruption of the individual personality" (1965, p. 91).

The disruption or the cutting-off can occur in two possible directions, for the feeling of reality may be quite as numbing as its absence. A common example of the latter is the patient for whom the analyst is no more meaningfully present than he is to himself, and who regards with the eye of an outsider his own inner world as one might a collection

of curios. For an example of the former, one need look no further than to the everyday analytic situation: the analysand who is stuck and unknowingly in the grips of a transference fantasy, and the analyst who may unknowingly be being manipulated into playing a part in the fantasy of the analysand. As Bion remarks, both may have "a sense of experiencing strong feelings and at the same time a belief that these feelings are quite adequately justified by the objective situation" (1961, p. 149).

This raises the issue of the functions and risks of interpretation in analysis. The problem is not only that any new codification can stand as a barrier to further progress. Bach (1984) makes the point that with certain patients whose ways of dividing up the world do not coincide with

our discrete, discursive, linear, and causal modes of analysis, based upon Cartesian subject-object differentiation....we may find ourselves in some way speaking beside the point: derogatorily describing what is not there from our viewpoint rather than what is there from the patient's viewpoint. (p. 157, italics his)

This leads to non-communication. Bion (1959, 1967, 1970) suggests that to avoid misunderstandings in the treatment of certain psychotic and borderline cases, it is useful for the analyst to adopt the view that there may exist thoughts and thinking without a thinker, since some patients may experience their minds as reposing in the analyst. One example of such a misunderstanding is the patient who, when he says, "I see what you mean", means that he is visually hallucinating the content of the analyst's words (1967, p. 164).

Winnicott (1965b) cautioned that to make the usual defense interpretations to a patient with a false self organization is to collaborate in a false analysis. While agreeing that an interpretation at the right moment can be a good thing, partly by virtue of its mobilizing intellectual forces, he adds that "it is...a bad thing to mobilize the intellectual processes when these have become seriously dissociated from psycho-somatic being" (1965c, p. 167). He is also said to have remarked that he makes interpretations mainly for two reasons: to let the patient know that he is still alive and to show that he can be wrong (Giovacchini, 1972). Grunes (1984) enlarges on this object-relational impact of interpretation toward mobilizing mental activity in a direction of increased differentiation:

Interpretation is...the primary instrument for the activation of the separational aspects of relationship via its implicit demand for the use of language and thought in intra- and inter-psycho differentiation and painful self reorganization. (p. 137)

Winnicott's ideas about play and creativity and their relationship to health come in here. In a late (1967a) paper, "The Location of Cultural Experience", he gives his reflections on a quotation from Tagore which had always intrigued him -- "On the seashore of endless worlds, children play." I shall quote him at length, because it connects up with the previous discussion. What I mean to draw attention to is the relationship between knowing, not-knowing, and playing.

When I first became a Freudian I knew what it meant. The sea and the shore represented endless intercourse

between man and woman, and the child emerged from this union to have a brief moment before becoming in turn adult or parent. Then, as a student of unconscious symbolism, I knew (one always knows) that the sea is the mother, and onto the seashore the child is born. Babies come up out of the sea and are spewed out upon the land, like Jonah from the whale. So now the seashore was the mother's body, after the child is born and the mother and the now viable baby are getting to know each other. Then I began to see that this employs a sophisticated concept of the parent-infant relationship and that there could be an unsophisticated infantile point of view, a different one from that of the mother or the observer, and that this infant's viewpoint could be profitably examined. For a long time my mind remained in a state of not-knowing, this state crystallizing into my formulation of the transitional phenomena. In the interim I played about with the concept of 'mental representations' and with the description of these in terms of objects and phenomena located in the personal psychic reality, felt to be inside; also, I followed the effects of the operation of the mental mechanisms of projection and introjection. I realized, however, that play is in fact neither a matter of inner psychic reality nor a matter of external reality. (pp. 95-6, italics his)

It is characteristic of Winnicott's work that what is of the greatest theoretical interest is sometimes found not only in what he says, the specific formulations he arrives at, but also in his depiction of the mental processes by which he arrives at them. (Incidentally, I think this is his way of getting around the problem of language Bach raised [above], except in relation not to clinical communications but to theoretical ones.) That is, there are two forms of play on exhibit here -- that of Tagore's children and Winnicott's own imaginative play in the service of theorizing about it.

In the case of either, Winnicott suggests, it is imaginative play which mediates between "a state of not-knowing" ("endless worlds") and the possible forms of

knowing ("the seashore"). In the theoretical case, the forms of knowing are Winnicott's various formulations about Tagore's meaning, which are readily associated to the developmental formulations we link up with either Freud or Klein. Winnicott is concerned with playing as a kind of psychical activity, not with its content. Thus, play, he decides, is not the exercising of an oedipal fantasy about parental intercourse nor of a (Kleinian) fantasy about allocating good and bad stuff between the inside and the outside, although play might, as a matter of content, be used in those ways at one or another time (or, indeed, at the same time). Rather, play itself is a mode of psychic functioning with its own specificity, the qualities of which originate in the era of primary narcissism, just at the point at which there is arising a "potential space" between the baby and the mother and hence between an inside and an outside, subjective and objective, conception and perception, imaginary and real.

In short, play is an activity belonging to the transitional mode of functioning, by virtue of which all these domains are simultaneously constituted so that there comes to be "somewhere to put" (project or introject) "what we find" (representations). In Winnicott's view, "there is a direct development from transitional phenomena to playing, and from playing to shared playing, and from this to cultural experiences" (1971c, p. 51). I want to suggest that play points to the mode of functioning behind the

phenomenon of exchange of function in psychic life and that this is to be contrasted with the instinctually-based concept of sublimation as a way of understanding everyday creative and imaginative activity.

There are inevitable difficulties about re-formulating this idea of play and of transitional functioning in the more familiar terms of ego psychology founded on Freud's structural theory. (I discussed some of them in Chapter 3.) Giovacchini, for example, attempts to restate Winnicott's notion of the transitional area (where play takes place) in structural terms, but there is a considerable loss of meaning:

There is not sufficient psychic structure to project in that it is not possible to transfer psychic content from one distinct ego system into another. Instead, the child's psychic periphery seems to stretch outwards much like the pseudopodia of an amoeba engulfing an external object and making it part of itself. This is an incorporation, but the psyche reaches out into the world which it believes is part of the self. (1984, pp. 88-9).

The thing is, it is not an incorporation at all, and like Freud's own analogy between the infant and an amoeba (or a bird's egg), Giovacchini's imagery is mired in conceptual difficulties.

Winnicott himself attempts the coordination in the following way:

It will be seen that if this area is to be thought of as part of the ego organization, here is a part of the ego that is not a body-ego, that is not founded on the pattern of body functioning but is founded on body experiences. These experiences belong to object-relating of a non-orgiastic kind, or to what can be called ego-relatedness, at the place where it can be said that

continuity is giving place to contiguity. (1967a, p. 101, italics his)

It is important to see that, for Winnicott, the body is as much involved in play and what he calls ego-relating as it is in the instinctual experiences from which the body-ego derives, but the quality of involvement is different.

Body-functioning concerns states of instinctual tension and excitement, which have, in Winnicott's view, the following distinctive characteristics: they arise when they will, set going by physiological patterns; they have an imperative, urgent quality and, at the same time, that quality of impersonality which attaches to the biological character of the id; they have a pre-determined (lawful) course and direction (toward discharge); and they summon and gather the resources of the psyche in that tendency toward the object which is connoted by the term cathexis and which is linked to that use of the object which concerns the project "of finding externality itself" (1969/1971, p. 91).

Body experiences, on the other hand, concern states of non-purposive exploration, have an indeterminate, highly variable course, permit (in one of their moments) the elements of the psyche a maximum of unintegration, and involve, via the mother's holding, handling, and object-presenting, a relationship to the object in which externality is felt to be something created:

This means that the mother (or part of mother) is in a 'to and fro' between being that which the baby has a capacity to find and (alternatively) being herself waiting to be found. (1971c, p. 47)

The relationship between the 'ego-relatedness' which belongs to the initial merged-in state of the infant and mother and that belonging to play, when the baby first tentatively approaches to ideas about inside and outside, is connoted by the difference between a resting state of "desultory formless functioning", "a sort of ticking over of the unintegrated personality" in conditions of trust based on experience, and a kind of physical and mental activity which Winnicott describes as "a creative reaching out" (1971d, pp. 64 & 55). This activity, he emphasizes, involves excitement no less than does instinct, but it is a different quality of excitement³⁰, and, in fact, instinctual excitement is the main threat to play (as it is to the ego).

Playing is inherently exciting and precarious. This characteristic derives not from instinctual arousal but from the precariousness that belongs to the interplay in the child's mind of that which is subjective (near-hallucination) and that which is objectively perceived (actual, or shared reality). (1971c, p. 52)

"Near-hallucination" is to be distinguished from hallucination, which belongs more to instinct, but in a particular way. An hallucination is what (supposedly) occurs under the dominance of the pleasure principle at a certain intensity of instinctual arousal, or rather it is what might occur if the mother were to fail to present the object which the baby is toying with creating. It is in this sense that I think Winnicott's term 'ego-relatedness'

³⁰ Playing, Winnicott notes, is always liable to become frightening: "Games and their organization must be looked at as part of an attempt to forestall the frightening aspect of playing" (1971c, p. 50).

probably really refers to an undifferentiated ego-id relatedness to the object, as opposed to id- and ego-functioning that have become separated (because of the mother's failure to adapt and fit in). Another way of putting it would be to say that conflict and defense are not a feature. Winnicott characterizes it as a state of preoccupation, a near-withdrawal state akin to concentration in adults.

While both these modes of functioning, play (the transitional mode) and instinct (the mode belonging to the pleasure principle), are equally fundamental in psychic life, as regards their interaction Winnicott gives play a kind of conceptual primacy or priority. It is not exactly a temporal or a developmental priority, since all the elements are there, though in an undifferentiated way, from the beginning, and I don't think it means that Winnicott is demoting the drives to a secondary status or suggesting separate lines of development. The relationship is rather that it is on the basis of the capacity to play, which depends initially on the quality of the mother's adaptations, that the drives either empower and enhance experience or not: "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" (1967a, pp. 98-9, italics his). It is when they become dissociated, when there is a failure of the

transitional mode to provide a fluid matrix of differentiating and undifferentiating elements, that there is illness in Winnicott's sense and a divergence between different lines of development.

This notion of transitional or undifferentiated ego-id functioning links up, I think, with the "oceanic feeling" and the "primary ego feeling" which Freud (1930) relates to the blurring of mental frontiers and to the return of the undifferentiated infantile state of mind. Freud was led to wonder about such feelings when he got a gracefully critical letter from his esteemed and famous friend, Romain Rolland, about his recent book, The Future of an Illusion (1927), in which he had attacked the consolations offered by religious doctrines and promises. Rolland wrote, says Freud, that

he entirely agreed with my judgment upon religion, but that he was sorry I had not properly appreciated the true source of religious sentiments. This, he says, consists in a peculiar feeling, which he himself is never without, which he finds confirmed by many others, and which he may suppose is present in millions of people. It is a feeling which he would like to call a sensation of 'eternity', a feeling as of something limitless, unbounded....This feeling, he adds, is a purely subjective fact, not an article of faith...One may, he thinks, rightly call oneself religious on the ground of this oceanic feeling alone, even if one rejects every belief and illusion. (1930, p. 64)

In 1929, two years after getting Rolland's letter, Freud wrote back that his remarks about this feeling had "left me no peace" and that in his new work in progress he was "trying to interpret it from the point of view of our psychology." The following week Freud wrote again:

Please don't expect...any evaluation of the 'oceanic' feeling; I am experimenting only with an analytical

diversion of it; I am clearing it out of the way, so to speak. How remote from me are the worlds in which you move! To me mysticism is just as closed a book as music. (1873-1939, pp. 388-9)

Six months later, writing to thank Rolland for a copy of his work on Indian mysticism and joking at his having referred to him (Freud) in it as an "extreme rationalist", Freud remarks on "the limits of one's nature", consisting, in his own self-appraisal, of "an uncertain blending of Hellenic love of proportion...Jewish sobriety and philistine timidity" which prevent him penetrating "into the Indian jungle". He alludes in this connection to the psychoanalytic ideas about regression, narcissism, and "the enhanced harmony of the Ego which is expected to mediate...between inner and outer reality", commenting that "even reflecting is a regressive process without losing any of its dignity or importance in being so". Freud adds a remark about "intuition", which was Rolland's term for the psychological activity pertaining to mystical states:

We [analysts] believe it cannot reveal to us anything but primitive, instinctual impulses and attitudes -- highly valuable for an embryology of the soul when correctly interpreted, but worthless for orientation in the alien, external world. (pp. 392-3)

Freud's associating mysticism to music is arresting, even though he claims to be deaf to both. William James (1902), who was more at home with mystical experience, makes the same comparison, noting that the mystical state may have no specific intellectual content and that such experiences are less easily represented in conceptual speech than in the language of music. In Civilization and its Discontents,

Freud, confessing that he could not discover such feelings in himself, says "nothing remains but to fall back on the ideational content which is most readily associated with the feeling", which he then interprets as an attempt to restore "limitless narcissism" (1930, pp. 65 & 72, italics mine). He does associate it to one "normal function" -- namely, "the height of being in love" -- though one may be reminded that Freud was never quite sure what to make of love and felt compelled, at least by his theory, to regard it as akin to an illness, albeit a normal one.

Winnicott discerns a difference between the climactic, 'id-related' qualities of love and its quieter 'ego-related' background or matrix. In that sense, I think, his view is close to Rolland's, that the primary ego feeling is, in health, so ordinary an aspect of experience that it easily escapes notice -- certainly the notice of psychoanalytic theory. He links it to a great variety of phenomena (the capacity for friendship is one) and suggests that it may be the matrix of the transference, meaning what Freud called the 'unobjectionable' part or the working alliance or the 'real' relationship, all of which refer to the normal ego's capacity to cooperate with the analyst in the analytic process, the lack of which in some cases led Freud to his meditation on interminable analysis. It is also (as I discussed in the last chapter) the basis "for the initiation of all subsequent experiences of identification" (1971b, p. 80). As for music and mysticism, one of the examples

Winnicott gives of the failure of psychoanalysis to tell us much about a great deal of ordinary experience concerns its failure to tell us what we are doing "when we are listening to a Beethoven symphony", or, for that matter, when we are looking at pictures in a gallery, or reading in bed, or playing tennis (1971e, p. 105).

Let me put the position in the following way: we may distinguish mystical experience from the experience of the mystic, which is a special case in which there is a heightened apperception of this unnoticed background of ordinary, healthy experience. Freud's last (posthumously) published remark, the very last entry in the Standard Edition, apparently written on August 22nd, 1938, about a year before his death, was on this subject: "Mysticism is the obscure self-perception of the realm outside the ego, of the id" (1941, p. 300). I am suggesting that alongside this remark one might place his remark to Rolland about intuition, his letter to Lou Andreas-Salome, Bion's similar recommendations for achieving contact with undifferentiated psychic reality, and Winnicott's theory of play.

If we accept Freud's hypothesis of an original (and ongoing) undifferentiated matrix out of which both id and ego (and object) arise, then the id as much as the ego has to be developed, and when it comes to the undifferentiated matrix, we cannot properly speak of either. This is Winnicott's meaning when he says, "There is no id before ego" (1965a, p. 56). It is clear that Freud's conception of

the id is, in general, not of something formless or chaotic but already differentiated, with a language and logic (primary process) whose laws and formal qualities only appear chaotic from the viewpoint of the already differentiated ego (the secondary process).

Related to this, there is an ambiguity (noted by the editors of the Standard Edition [1915, pp. 111-13]) in Freud's conception of the domain of instinct which points to an intrinsic variability in the functioning of the id. This variability is analogous to the variability he attributes to the ego in relation to the blurring of frontiers between the ego and reality. (I am indebted for this to Green, 1977.)

According to Freud,

an 'instinct' appears to us as a concept on the frontier between the mental and the somatic, as the psychical representative of the stimuli originating from within the organism and reaching the mind, as a measure of the demand made upon the mind for work in consequence of its connection with the body. (1915, pp. 121-2)

The ambiguity here concerns Freud's idea of a frontier (a boundary) between two domains, the mental and the somatic. Instinct, he indicates, is a 'concept', a psychical representative, arising out of some prior, unrepresentable domain "of the stimuli originating from within the organism".³¹ I

³¹ In "The Unconscious" Freud makes the same point: "An instinct can never become an object of consciousness -- only the idea that represents the instinct can. Even in the unconscious, moreover, an instinct cannot be represented otherwise than by an idea. If the instinct did not attach itself to an idea or manifest itself as an affective state, we could know nothing about it" (1915a, p. 177). I am suggesting that this (representability) is part of the development out of the undifferentiated matrix that Winni-

take "the organism" to refer to that undifferentiated and unrepresentable domain, before there is established a distinction between the psychical ("the mental") and the somatic.

Instinct, then, only makes its appearance at the (theoretical) point at which that distinction or boundary or frontier is established, which implies some development. This, I think, is what Freud is referring to when he speaks of instinct "reaching the mind" as a result of a "demand made upon the mind for work". I also suggest that "the mind" here refers to the nascent ego, the organ of representing and experiencing, which is also just emerging, simultaneous with instinct, from the undifferentiated matrix. As Green remarks,

It is clear that the measure of such a demand for work is of variable strength, and the frontiers between the organism and its mind are not sharply delineated. So within this concept of the frontier (grenzbegriff) one can also think of borderline states between the somatic and the mental or psychic, between the body and the mind, on which a process of transformation is at work. (p. 30)

I would add that the variability of the demand on the mind (the ego) for work is, by Winnicott's account, a function of the quality of the mother's adapting and fitting in.

Freud never developed the implications, either for the id or for the ego, of his positing an original undifferentiated state of the psyche. He continued to regard the id in a differentiated way, as the motive force of the ego's

cott is trying to articulate.

development (and of development in general) and also as the source of the variable qualities of aliveness attaching to the mental apparatus as a whole. On the other hand, we recall Freud's concluding about these qualities that "we are dealing with...things which we cannot think of as being confined to a single province of the mental apparatus, the id, the ego or the superego" and "which we can no longer localize and which seem to depend on fundamental conditions in the mental apparatus" (1937, pp. 241-2). These fundamental conditions pertain to the undifferentiated (unlocalized) domain. They do not derive from the instincts any more than from the ego or the object, for none of these, as a differentiated matter of experience or functioning, have yet made their appearance. There is no ego before id, either.

Hartmann (1939/1958) claimed for the ego its own (genetic, neurological) maturational blueprint, giving rise as a purely biological matter to the primary autonomous ego functions which only in exceptional circumstances become involved in regressive alterations. I think this was a marked departure from Freud's ideas about the development of the mental apparatus, and, in my view, Winnicott, for all his differences from Freud, is in this respect in fact nearer to Freud than Hartmann was.

While as a trained neurologist, Freud presumed a built-in readiness or potentiality in the organism, by virtue of biological structure, for psychical development along certain lines, there is a sense in which he persist-

ently maintains that the distinguishing characteristics of these functions are acquired, not inherited. This concerns the ways in which these functions are evoked or called into activity by the demands of the reality principle. That is, strictly speaking, Freud does not regard them (as Hartmann does) as "automatisms" or distinguish their "biological purposiveness" (adaptiveness) from their psychical purposiveness -- meaning, specifically, the ways in which they serve to mediate at the boundary between inner and outer reality. This goes not just for functions Hartmann regarded as secondarily autonomous, but for perception, attention, memory, judgment, action, and thinking.

Here, for instance, is how Freud, in "Formulations on the Two Principles of Mental Functioning", depicts the evolution of perception:

The increased significance of external reality heightened the importance, too, of the sense-organs that are directed toward that external world, and of the consciousness attached to them.

Or attention:

A special function was instituted which had periodically to search the external world, in order that its data might be familiar already if an urgent internal need should arise -- the function of attention.

Or memory:

At the same time, probably, a system of notation was introduced, whose task it was to lay down the results of this periodical activity of consciousness -- a part of what we call memory.

And concerning action, Freud says,

A new function was now allotted to motor discharge, which, under the dominance of the pleasure principle, had served as a means of unburdening the mental

apparatus of accretions of stimuli, and which had carried out this task by sending innervations into the interior of the body (leading to expressive movements and the play of features and to manifestations of affect). Motor discharge was now employed in the appropriate alteration of reality; it was converted into action. (1911, pp. 220-221, italics his)

Winnicott's views about how the mature ego functions come about involve a similar notion of an evolution that is the product of interactions between the infant and the environment, but with all-important differences. (I discussed this in relation to perception and reality-testing in Chapter 3.) About Freud's highly compacted view of the evolution of purposive action, what I want to note is that, for Winnicott, there is a great deal more to be said about that primitive form of motor discharge which Freud parenthetically attaches to "expressive movements and the play of features and to manifestations of affect" and which he distinguishes from the more sophisticated phenomenon of directed, purposive motility. According to Freud, the latter is called into activity by the demands of reality (the reality principle), whereas the earlier motor discharge is under the dominance of the pleasure principle, before the reality principle makes its appearance.

This, of course, directly concerns Winnicott's ideas about the ways in which the mother meets and gives meaning and coherence to the spontaneous gestures of the infant (the signal function, if you like, of the infant's "expressive movements", the play of his features, and his manifestations of affect). These gestures occur in the context of the

baby's looking at the mother's face as into a mirror (1967b) and, if she is responsive, getting back, via the complementary play of her features, reflections which connect up with whatever experience in him is behind his manifestations of affect. It is by virtue of this two-way process (play), according to Winnicott, that what Freud calls "motor discharge" acquires a meaning or "a quality of communication" (1971c, p. 43), and it is only on the basis of this intermediate development that action in the service of "the appropriate alteration of reality" can come to be felt as owned and as belonging to the self:

This if reflected back, but only if reflected back, becomes part of the organized individual personality, and eventually this in summation makes the individual to be, to be found; and eventually enables himself or herself to postulate the existence of the self. (1971d, p. 64)

Freud doesn't include this reciprocity as a factor, and in fact his view is of the infant as an isolate, which is to say, an entity that has already achieved unit status. It is to this view of the infant as an already differentiated entity that both the pleasure and reality principles belong. For Winnicott, the reciprocity belongs to neither but rather concerns a distinctive mode of psychic functioning, on the basis of which the pleasure and reality principles themselves are able to evolve.

In my view, this addition to Freud's theory, of a third principle of mental functioning, is already suggested by Freud's own scheme of ego development, both here (1911) and in "Instincts and their Vicissitudes" (1915), in which he

posits an "original 'reality-ego'" that precedes both the "purified 'pleasure-ego'" (under the dominance of the pleasure principle) and its subsequent transformation into the final reality-ego (under the impact of the reality principle).³² For the pleasure ego, the boundary between an inside (the place pleasurable experience is now localized and stored) and an outside has already been established: "It has separated off a part of its own self, which it projects into the external world and feels as hostile" (1915, p. 136). The transitional mode of functioning and of relating to the mother as a subjective object belongs to the original reality-ego, with this difference -- that whereas Freud attributes to it an almost a priori capacity to distinguish inner from outer by muscular action, Winnicott maintains that this boundary is the creation of the interactions and reciprocity between the mother and infant and is a function of play.

After discussing action, Freud turns to thinking, which he notes is closely related to action in that "it is essentially an experimental kind of acting" (p. 221). As with the other ego functions, Freud distinguishes a relatively sophisticated form from the more archaic one belonging to the pleasure principle:

³² The terms are not used in quite the same way in the 1911 and 1915 papers. In this context, the 1915 version is more germane, since Freud is there concerned (as in the paper on "Negation" [1925]) with "the genesis of the opposition between subject (ego) and object (outside world) in so far as it is correlated with the pleasure-unpleasure antagonism" (Laplanche & Pontalis, 1973, p. 320).

With the introduction of the reality principle one species of thought-activity was split off; it was kept free from reality-testing and remained subordinated to the pleasure principle alone. This activity is phantasying, which begins already in children's play, and later, continued as day-dreaming, abandons dependence on oral objects. (p. 222, italics his)

Though Freud regards play as archaic, it is clear, again, that he is thinking about it in a quite different way than Winnicott. In "The Loss of Reality in Neurosis and Psychosis", Freud discusses the differences between the uses of fantasy in neurotic and psychotic conditions, and one can discern both an anticipation of Winnicott's notion of transitional phenomena and the great differences between his and Freud's concepts of play:

But whereas the new, imaginary external world of a psychosis attempts to put itself in the place of external reality, that of a neurosis, on the contrary, is apt, like the play of children, to attach itself to a piece of reality -- a different piece from the one against which it has to defend itself -- and to lend that piece a special importance and a secret meaning which we (not always quite appropriately) call a symbolic one. Thus we see that both in neurosis and psychosis there comes into consideration the question not only of a loss of reality but also of a substitute for reality. (1924a, p. 187, italics his)

Play, for Freud, is a substitute and a matter of defense. In an early paper linking children's play and imagination to the creativity of writers, he remarks, "We may lay it down that a happy person never phantasies, only an unsatisfied one" (1908, p. 146). Fantasy, whether conscious or unconscious, and however far removed from its origins, is ultimately linked to auto-erotism and masturbation and represents a wish-fulfilling substitute for something that was originally better which was foregone.

In Beyond the Pleasure Principle, perturbed by the puzzling phenomenon of the compulsion to repeat, Freud is led to question the dominance of the pleasure principle and to reconsider his views about play. The famous cotton-reel game of his 18-month-old grandson leads him to the conclusion that play can have another motive, to master an unpleasurable experience (the mother's departure) by turning a passive situation into one in which the child has an active part. But here, too, Freud also perceives it as another substitution for instinctual satisfaction. Freud doubts that the motive to master is ever independent of some expression of an instinctual wish-fulfillment (the pleasure principle). When a year later the same grandson is seen playing a variation of the same game, exclaiming, "Go to the fwont!", as he throws away his toy, Freud perceives in it the boy's wish to be rid of his father, leaving him in sole possession of the mother (1920, pp. 15-16).

What strikes Freud about his grandson's game is that it "was repeated untiringly". Indeed, he marvels at this quality of repetitiveness and, tellingly, contrasts it with other sorts of experiences -- hearing a joke, watching a play, enjoying reading a book -- which precisely do not admit of this quality of repetition:

Nor can children have their pleasurable experiences repeated often enough, and they are inexorable in their insistence that this repetition shall be an identical one. If a joke is heard for the second time it produces almost no effect; a theatrical production never creates so great an impression the second time as the first; indeed, it is hardly possible to persuade an adult who has very much enjoyed reading a book to

re-read it immediately. Novelty is always the condition of enjoyment. But children will never tire of asking an adult to repeat a game that he has shown them or played with them, till he is too exhausted to go on. And if a child has been told a nice story, he will insist on hearing it over and over again rather than a new one; and he will remorselessly stipulate that the repetition shall be an identical one and will correct any alterations of which the narrator may be guilty -- though they may actually have been made in the hope of gaining fresh approval. None of this contradicts the pleasure principle; repetition, the re-experiencing of something identical, is clearly in itself a source of pleasure. (pp. 35-6, italics mine)

It is some few lines later that Freud suggests this compulsion to repeat is derived from the most intimate nature ("a universal attribute") of the instincts -- "an urge inherent in organic life to restore an earlier state of things" (italics his).

But what of the forms of enjoyment which will not bear repeating? In fact, what can Freud mean by enjoyment? He is certainly not very sanguine about the possibility of happiness, if that's at all what he means:

What do [men] demand of life and wish to achieve in it? The answer to this can hardly be in doubt. They strive after happiness; they want to become happy and to remain so....As we see, what decides the purpose of life is simply the programme of the pleasure principle. This principle dominates the operation of the mental apparatus from the start. There can be no doubts about its efficacy, and yet its programme is at loggerheads with the whole world...There is no possibility at all of its being carried through; all the regulations of the universe run counter to it. One feels inclined to say that the intention that man should be 'happy' is not included in the plan of 'Creation'. What we call happiness in the strictest sense comes from the (preferably sudden) satisfaction of needs which have been dammed up to a high degree, and it is from its nature only possible as an episodic phenomenon. When any situation that is desired by the pleasure principle is prolonged, it only produces a feeling of mind contentment....We may go on from here to consider the interesting case in which happiness in

life is predominantly sought in the enjoyment of beauty....The enjoyment of beauty has a peculiar, mildly intoxicating quality of feeling. Beauty has no obvious use; nor is there any clear cultural necessity for it. Yet civilization could not do without it.... Psychoanalysis, unfortunately, has scarcely anything to say about beauty...All that seems certain is its derivation from the field of sexual feeling. (pp.76 & 82)

Some few pages earlier (69-70) there is an example, however, of Freud enjoying himself quite a lot by imagining. He is discussing the "general problem of preservation in the sphere of the mind", and he goes on a long, imaginary walk through ancient Rome as it becomes visible to his mind's eye at the same time that he is visualizing modern Rome. What would Freud say he was doing there?

This is Winnicott's question, and it is clear that his answer would probably not resemble Freud's, nor would he necessarily have looked at Freud's little grandson's game in quite the same way. To the degree that either is truly imaginative play, what would strike Winnicott is not the 'stuckness' or repetitiveness of the play but the multiple function or the exchange of function among all the possible meanings. That is, in play the object is polymorphous and polysemous; it is in a perpetual transition within a network of relationships with shifting boundaries and with variable degrees and kinds of investment. Thus, for the infant sitting on his mother's lap who felt free and safe enough to take up the shiny spatula which Winnicott always kept handy at consultations, the spatula might sometimes be just itself, a thing he could take or leave without connecting it

to people, and sometimes equivalent to a part-object (the mother's breast), and sometimes, possibly (if he put it in his mouth), an attempt at cannibalistic annihilation, or a gesture of differentiation, or a way of trying to undo separation.

It is plain that Freud and Winnicott are not talking about the same thing at all. For Winnicott, play is not a masturbatory fantasy, not a substitute, not a defense, not an attempt to master, not a product of instinctual renunciation, and not repetitive. Whereas Freud asserts a continuity under the pleasure principle among the phenomena belonging to play, fantasizing, daydreaming, and dreaming, Winnicott suggests a quite different alignment, distinguishing repetitive play and daydreaming and fantasizing from imaginative play, which he links to health, in which dreaming and living ("object-relating in the real world") have not become dissociated:

Fantasizing remains an isolated phenomenon, absorbing energy but not contributing-in either to dreaming or living....Creative playing is allied to dreaming and living but essentially does not belong to fantasizing. (1971f, pp. 26 & 31, italics his)

This repetitive fantasizing is, for Winnicott, not a function of repression but of dissociation. Dissociation connotes a particular kind of breach or splitting which may occur at the point at which the psychical and the somatic and the inside and the outside are just beginning to be distinguished. It concerns a failure of transitional function-

ing. When the dissociation breaks down, fantasizing changes into imagination.

These are differences arising out of quite distinct conceptions of the functioning of the early ego and of the ego's relationship to reality. "The opposite of play," writes Freud, "is not what is serious but what is real" (1908, p. 144). But this only belongs to play conceived as a product of the antagonism between the pleasure and reality principles. There is the same contrast between Freud's and Winnicott's conceptions of infantile omnipotence, which Freud again links to wish-fulfilling fantasy under the pleasure principle. Winnicott wants to distinguish the omnipotence of fantasizing which belongs to defense (as in what he termed early on "the manic defence" [1975c]) from that "experience of omnipotence" which for the infant is his principal mode of experiencing anything at all.

The suggestion, I think, is of quite different modes of psychical activity, whose functioning is simultaneous but which involve different relationships to externality (and internality as well) and lead to the building up over the course of development of quite different versions of them. Freud's two principles of mental functioning lead to a relationship which, as he wrote to Rolland, is useful "for orientation in the alien, external world". This is to say that when conflict between them is well-modulated, the individual can live 'realistically', and there will be an absence of illness. Living realistically means that inner

and outer reality, the two areas of experience of concern to Freud, are clearly distinguished. Winnicott points out that, under the pleasure and reality principles, in so far as a degree of mature integration has been reached, both external and internal reality are relatively fixed. About the fixity of internal reality, Winnicott is referring to a quality of the more differentiated aspects of psychic structure (the personality organization) which derives from both the fixity of inherited factors and the lawfulness belonging to instinctual vicissitudes like introjection and projection which allocate psychical contents to the inside or the outside. This is the domain of Freud's principle of psychic determinism.

Imaginative play and transitional functioning, on the other hand, pertain to an intermediate area of experience, between inner and outer, which remains highly variable and is exempt from the principle of psychic determinism. This transitional principle of mental functioning involves a relationship to externality and internality which brings inner and outer reality into close conjunction such that neither is experienced as alien, is creative and enjoyable rather than useful, is allied to the sense of wonder, and, in Winnicott's view, is the basis of health conceived in a positive way, such that living is felt to be worthwhile.

I want to suggest a way of thinking about this in terms of my earlier discussion about knowing, not-knowing, and boundaries. Any view of primary narcissism yields the

proposition that the undifferentiated, unintegrated state is conceptually prior to the differentiated, integrated one. These terms differentiation and integration are, as in mathematics, complementary, referring to different aspects of the same thing. Recalling Spencer Brown's meaning about "the original act of severance", we say that no-distinctions is the background of all subsequent distinctions, or, as Bion puts it,

The idea of infinitude is prior to any idea of the finite. The finite is "won from the dark and formless infinite." Restating this more concretely the human personality is aware of infinity, the "oceanic feeling". It becomes aware of limitations, presumably through physical and mental experience of itself and the sense of frustration. A number that is infinite, a sense of infinity, is replaced, say, by a sense of threeness. The sense that an infinite number of objects exists is replaced by a sense that only three objects exist; infinite space becomes finite space. The thoughts which have no thinker acquire or are acquired by a thinker. (1967, p. 165)

I would think that a sense of twoness precedes the sense of threeness. Also, there is a distinction between the sense of infinity and a sense of oneness which, being overlooked, has led to confusion in discussions of primary narcissism. The sense of infinity belongs to the infant at the theoretical beginning in the merged-in state with the mother. Winnicott regards this as the source of "the sense of being" or aliveness as well as the basis "for the initiation of all subsequent experiences of identification". It is not the same as a feeling of being-at-one-with the mother. That is something which only occurs later on and belongs to certain aspects of regression:

The sense of being is something that antedates the idea of being-at-one-with, because there has not yet been anything else except identity. Two separate persons can feel at one, but here at the place that I am examining the baby and the object are one. (1971b, p. 80, italics his)

The sequence I wish to point out is that, first, there is awareness or a sense of infinity, then a sense of twoness, then, on the basis of that, the possibility of being-at-one-with, from which follows the sense of threeness and all the permutations belonging to Freud's three-person psychology. Starting from infinity, each of these forms of experience is constituted by an arrangement of distinctions and boundaries in psychical space of a successively greater complexity. The transitional mode of functioning is what mediates between all of them. Play and creativity thus first come in as the psychical activity of the infant at the boundary between infinity and twoness by which a sense of number is first established, which is what Winnicott means by "continuity...giving place to contiguity". It is not that infinity is replaced by the number two or one or three, but rather that they are added to it. By a sense of number, I mean that infinity and the numbers one, two, and three, while pointing to different domains, coexist simultaneously.

It is necessary to make a distinction between a boundary and a representation or a structure. A psychical representation may be conceived as a complex arrangement of boundaries (of inter-related, differentiated distinctions) which may, at a higher level of integration, acquire a

boundary of its own, and consequently an appearance of stability, which may come to be defended with more or less fervor. Many such representations may, in turn, join up, acquire a boundary of a still higher order, and become some aspect or other of what is called a psychic structure, like the ego organization, with its own boundary. It is important to see that neither the ego nor any of its constitutive elements has any more 'solidity' or 'discreteness' or 'reality' than the fundamental element -- a boundary -- by which they all are constituted.

When Winnicott speaks of a "place" or of the transitional or intermediate "area", he is speaking of a place that has no dimensions. A boundary has no dimensions. It is either present or not present, and when it is present, a continuity becomes a contiguity, and vice-versa. This is what he means by referring to it as a "potential space". It is always only potential. It is a space of no dimensions in which boundaries arise and vanish.

The establishment of a boundary, a contiguity, means that there are now two potential spaces (to either side) which may become the locus of further arrangements of boundaries, as inside and outside, for example, become the locus of other psychical representations (of instincts, affects, self, object, past, future, and so on). The term 'psychical' is itself constituted by virtue of a boundary separating and linking it to the term 'somatic'. (This is the difficulty about talking about the undifferentiated,

unlocalized experiential field. In the previous chapter this came up in relation to the term subjectivity.) These are all localizations occurring within the original experiential field, which itself remains 'infinite' or unlocalized. A perception, for example, is distinguished as an experience having the qualities of being outer, present, and real. A memory of a perception is distinguished phenomenologically from a perception and from other kinds of representations by virtue of having the experiential qualities of being inner, past, and real. A thought or a conscious fantasy has the qualities of being inner, present, and (in Freud's sense) unreal. As Freud was quick to realize, these may undergo transformations of mode and quality. A perception which comes to be experienced as inner, present, and unreal is an instance of what Freud called withdrawal of interest or cathexis from the external (object) world. If the thought and the memory were to be experienced as outer, present, and real, we would then refer to them as auditory and visual hallucinations respectively. It needs to be emphasized that this exchange of form and function is not only a feature of pathology.

Winnicott's contention is that imaginative play, the psychical activity belonging to ordinary creativity, is what is occurring in the potential space where boundaries come and go. This idea may at least in a notional way suggest a possible coordination between the domains of drive, ego, object relations, and self psychology. Also, I think it

recommends a conceptual solution to the apparent theoretical impasse between the self conceived as experiencing, active subject, which does not seem reducible to a thing or a content or even a bunch of contents in some kind of dynamic relationship to each other, and the self conceived as an aspect of the so-called ego-organization or structure. At bottom, the problem is how to characterize and account for the apparent stability and the repetitive features of mental life (like character) while still doing justice to its qualities of fluidity and freedom.

The potential space is the locus, let us say, of a ceaselessly ongoing shifting of boundaries, of rapid, fleeting processes of fusion and defusion of the proto-forms of id and ego elements and part-functions and whatever goes into psychosomatic aliveness. In Winnicott's terms, this is the locus of the true self, the continuity of being which supplies what becomes the feeling of self and of reality and of aliveness which invests the representations that begin to be. There would begin to be representations of, among other things, part-selfobjects going toward selfobjects separating out into part-self and part-objects and reforming in new combinations and so on. That is, before there are boundaries there is neither self nor object, or the relationship to each is the same, and this becomes installed (immanent) in the play of boundaries as a self-to-self relationship in the form of an intra-ego relationship, but always maintaining the connection, the continuity, with the

undifferentiated background against which it appears. Also, the various forms of the ego's functioning would begin to be discriminated in coordination with the differentiating elements of the id. This, of course, has its own dynamism and momentum, as Freud described, so that eventually one might speak of structures or an organization which "contain" things, though this is and remains, in a sense, a lively illusion, like the illusion in which now one sees the outline of a vase and now two faces in profile facing each other and now only lines on a blank field. Unless, of course, there is (in Winnicott's sense) illness, a dissociation, such that play stops, and the foreground of the illusion, the contiguous, differentiated forms or structures, becomes cut off from the background, so that there is no longer any way to get from one to the other.

Winnicott's term 'unintegrated' is to be understood as bearing a complementary and symmetrical relationship to the term 'integrated' and not one of opposition or exclusion. Each separated term of the pair admits its symmetrical complement as defining a continuum, and both are to be construed in a positive way. Unintegration/integration, then, are simultaneous, inextricable, fluidly related terms which point to the healthy state of the psyche. What matters is the flexibility, the to-and-fro over time (both developmental time and contemporaneous, experiential time), and not any absolute characterization or fixed progression. Obviously this is not to say there is no development. There

is a shift, however, away from the simpler idea of a linear progression toward increasing integration and toward the notion of increasing complexity in the relations between differentiated and undifferentiated states. In health, the balance between unintegration and integration is in a perpetual flux, and the ratio between them will vary not only from one developmental era to another but, within any one, from one moment to the next. So will the particular distinctions or arrays of transient meanings that belong to them. This might concern the appearance and disappearance of a cotton-reel, or the fantasied presence or absence of a penis in the female, or Hamlet's question, "To be or not to be".

The negative of unintegration/integration appears, it seems to me, along quite another axis and with respect to a different pair of symmetrical, complementary terms which may be said to haunt or mock the other. This comes in when the relationship (the boundary or potential space) between unintegration and integration is frozen or ruptured, such that the play of potential distinctions becomes rigidified or fragmented. Thus, the negative of unintegration is not integration but disintegration or fragmentation or chaos, and integration is to be contrasted with what is connoted by the term 'splitting' in the sense of a pathological organization.

Winnicott's new positioning of unintegration in relation to integration and as opposed to disintegration and

splitting demands of theory that it acknowledge the ubiquity and the positive role of unorganized states in psychic life as a primary phenomenon, not merely a defensive, regressive one. It recommends a viewpoint which is far more inclusive and complex, I think, than the progressivist idea of normal development as a march toward some Mecca of ultimate integration (or genitality or autonomy or adaptation or compromise-formation). This latter view seems to have been a by-product of Freud's physics and neurophysiology. It is as if somehow or other the physiological notion underlying the pleasure-unpleasure principle, of a unidirectional, downhill discharge of tension, got extended by an unwarranted conceptual leap into a doggedly linear scheme of development.

Freud was protective of the solutions he found and frequently critical of alternative viewpoints, often on the grounds that they explained too much. At the same time, he was aware of the difficulties about crossing the gap between description and explanation, one of which is that an explanatory theory, by simplifying matters, may explain too little:

We know that the first step towards attaining intellectual mastery of our environment is to discover generalizations, rules and laws which bring order into chaos. In doing this we simplify the world of phenomena; but we cannot avoid falsifying it, especially if we are dealing with processes of development and change. what we are concerned with is discerning a qualitative alteration, and as a rule in doing so we neglect, at any rate to begin with, a quantitative factor. In the real world, transitions and intermediate stages are far more common than sharply differentiated opposite states" (1937, p. 228)

There is a kind of pathology to which theory has been prone that may be likened to schizoid splitting -- a radical dissociating or splitting apart of complementary distinctions in a way that gets stuck and is recalcitrant to reunion. The distinctions that come to mind include inside and outside, somatic and psychic, fantasy and reality, here and there, now and then, unreal and real, pleasurable and unpleasurable, good and bad, self and object, the pleasure principle and the reality principle, the primary process and the secondary process, the transference relationship and the real relationship. The list could be extended.

Freud was alive to this danger and tried to be careful not to make his distinctions too hard and fast. The concern, here is with the ambiguity about boundaries, for things that seem discontinuous under one perspective appear continuous under another. Freud's uses of the term 'splitting' is one example, for it is applied in relation to nearly every aspect of psychic functioning, occurring not only between different psychical contents and agencies but within a structure like the ego, the agency of experiencing itself, and ranging from conditions he describes as normally neurotic to psychotic states of hallucinatory confusion. Moreover, different kinds of splitting could occur simultaneously in the same individual, so that in the fetishist, for example, the delusional reality (the belief that the female has a penis) exists alongside the normal one (the belief that she does not), and as a consequence "we come

across fetishists who have developed the same fear of castration as non-fetishists and react in the same way to it" (1940, p. 203).

Concerning the splitting of the ego in fetishism and psychosis, Freud was struck by the fact that, while, on the one hand, the mind seemed capable of splitting itself into segments so isolated from one another that health and illness could exist side by side in the same personality, on the other, splitting never seemed complete:

Even in a state so far removed from the reality of the external world as one of hallucinatory confusion, one learns from patients after their recovery that at the time in some corner of their mind (as they put it) there was a normal person hidden, who, like a detached spectator, watched the hubbub of illness go past him. (1940, pp. 201-2)

It is scarcely a surprise that Freud should have found himself "in the interesting position of not knowing whether what I have to say [about splitting of the ego] should be regarded as something long familiar and obvious or as something entirely new and puzzling" (1940a, p. 275). The conclusion, it would seem, is that splitting varies in kind and degree, different kinds able to coexist simultaneously in the same individual's experience, and that there is a continuum of splitting which ranges from normal to psychotic, which is probably neither ever completely absent nor ever absolutely complete.

What, then, distinguishes normal from pathological splitting? In my view, Winnicott's concept of dissociation between the true and false self supplies this. This, too,

is a continuum concept, for the false self organization represents a dissociation in the psyche which varies in degree, ranging from the severe case to health or normality where it consists of "the whole organization of the polite and mannered social attitude" (1965b, p. 143). In the healthy case, in other words, it represents what for Freud were the normal consequences of the processes of socialization -- the relinquishment of infantile omnipotence and the giving way of the primary process to the secondary process. In the more severe case, the dissociation amounts to a cutting off at the boundary between the primary process (and all the other features that characterize the undifferentiated core of the psyche, which is the locus of the 'true self') and the more differentiated aspects of psychical functioning.³³ It is the degree of this dissociation, which is a function of the degree to which the potential space and the transitional mode of functioning has survived, that determines the severity of splitting in Freud's sense of the term.

³³ Dissociation is conceptually of a different order or at a different level than what is called splitting. As with splitting, however, dissociation is not a unitary concept. There are different kinds as well as degrees of dissociation. These correspond to failures to allow transitional functioning in each of the three aspects of maternal care -- holding, handling, and object-presenting. Thus a failure of handling leads to a dissociation between psyche and soma (affects and bodily sensations), a failure of object-presenting leads to a dissociation between internal and external and real and unreal, and a failure of holding probably results in psychotic fragmentation. Each of these would have different effects on the kinds and degree of splitting that would be observed.

I would argue that the true and false self and the transitional principle of mental functioning are metapsychological concepts on a par with the concepts of id, ego, superego, and the pleasure and reality principles. Whereas id, ego, and superego point to the relationships between differentiated aspects of psychic functioning, the true and false self points to the relationship between differentiated functioning as a whole and undifferentiated functioning as a whole. And whereas the pleasure and reality principles underlie the processes of conflict, individuation, adaptation, and increasing autonomy, the transitional principle underlies play, imagination, ordinary creativity, and the processes of linking, conjoining, and uniting.

CHAPTER 5

TECHNIQUE AND THE TRUE AND FALSE SELF

The case material that follows is offered by way of attempting to discuss certain theoretical, diagnostic, and technical issues that have arisen in a treatment which I have thought about along lines suggested by Winnicott's work on that form of ego distortion which he called the false self. Fairbairn's (1940) discussion of "Schizoid Factors in the Personality" and Deutsch's (1942) studies of patients with what she termed 'as if' personalities point in the same direction.

A vast psychoanalytic literature now exists concerning how to enable a patient to make use of the analytic situation and process. The classical ego-psychological approach has focused on gradually analyzing the patient's conscious and preconscious defenses in order to establish a working alliance. According to the Kleinians, the earlier one interprets and exposes the patient's archaic unconscious fantasy systems and the corresponding anxieties, the sooner the patient can get into the analytic process. Winnicott, on the other hand, along with Balint and others, emphasizes the need with certain patients to create an unobtrusive climate of accommodation or "holding" before interpretations can be effective or experienced as meaningful, without which

there is at best only compliance accompanied by a sense of futility.

In practice, of course, the lines between these approaches can be very unclear. Deciding when it is right to work from the surface down, or when from the depths up, or when what is needed is to create a space in which the very categories of experiential surface and depth can be allowed to differentiate in fantasy by the gradual undoing of dissociations in the ego, or, indeed, how to discern which of these one is actually doing, whatever one may have thought one was doing, are quite ambiguous matters. It is at least a question, it seems to me, whether in a certain context an interpretation mightn't serve the function of "holding", for example, as much as that of uncovering, of making the unconscious conscious. The case of Ms. M. has been fraught with ambiguities such as these.

Ms. M., a shy, softspoken, conventionally pretty, 28-year-old, divorced operating-room nurse of Irish-Catholic extraction, sought treatment because of what she termed her "moodiness" which she feared would drive away her current boyfriend (an orthopedic surgeon) as it apparently had his many predecessors. She explained when we first met, "It's not just that I get depressed and don't know why. I don't even know why I feel good when I feel good." Her small, high voice was plaintive but oddly vacant and with a childlike quality of ingenuousness. Unlike most children,

however, she seemed quite uninvested and incurious about what she was saying, offering it more as idle report than as a question or a reflection.

Ms. M. cancelled her first scheduled appointment, failed to turn up for the next, and a half-hour before the third called up to ask if she might reschedule yet again as she had dropped a crate on her wrist and broken it. When we did finally meet, she did not think to mention that she had the week before had an abortion. This omission was not out of shame, guilt, embarrassment, or any other acute sense of delicacy on the part of an inexperienced patient but rather, it seemed to me, because the abortion had, simply, no more importance or meaning to her than had any of her four previous pregnancies and abortions which sometime later she mentioned in passing.

Early in the first session there was the following exchange:

Pt: ...Am I supposed to begin?...Do you want to ask me any questions?...Isn't there anything you want to know?
T: Sure, whatever you'd like me to know about you. You can talk about anything you want.
Pt: ...(silence)...I thought you'd ask me questions ...(silence)...
T: How about if I ask you what you're thinking?
Pt: What do you mean?
T: Whatever is on your mind right now.
Pt: Oh, I can't do that. I couldn't possibly do that.
T: How come?
Pt: ...(silence)...(softly) I don't know what I think.

Toward the end of the session Ms. M. asked if she could pay for her treatment in cash as she had no checking account. She used to have one, but she'd had to close it on account of always bouncing checks because she could not stop herself

writing a check for anything she saw that she wanted. It also emerged that Ms. M. was driving her car uninsured and unregistered because of having accrued several thousand dollars in unpaid parking tickets. She explained matter-of-factly that she had no patience for looking for parking places, and when she couldn't find one right away, she'd simply leave the car wherever in the street she wanted to stop. She recognized that this was a somewhat unusual way to behave to the extent of remarking, albeit without much interest or distress, that she really didn't know why she did it. When I asked what thoughts she had about these things, Ms. M. replied with evident surprise, "You mean I should know the meaning? But I don't think I know what anything means."

Ms. M. has been in treatment for two-and-a-half years. When treatment began, she was working as an operating room nurse and was sharing an apartment with another nurse. She has since changed jobs and hospitals three times, is presently working in a renal dialysis unit, and recently moved in with her latest boyfriend, Dr. C., a cardiac surgeon to whom she is engaged to be married in June, when they plan to move to Minnesota. Aside from a brief treatment when Ms. M. was 8-years-old for what sounds to have been a psychotic-like episode of some months' duration, she had never before been in psychiatric treatment.

She entered treatment because of the "moodiness" which was always throwing both her intimate and work

relationships into crisis and was at the time threatening to drive away Dr. B., her then boyfriend of 9 months' standing. In her accounts of the strains in that relationship, she alternated between blaming her own passive-dependent demandingness (what she called her "nagging") and Dr. B.'s seeming callous indifference toward her.

One got the impression that both were probably true, for Ms. M. found herself in a curious bind of her own creating. There were, she avowed, two types of men she had known: strong, independent-minded ones and "wimps", men who were "out of it", passive, insecure, without initiative, real friends, or minds of their own, and generally exploitable and the butt of jokes by their colleagues. She had learned to prefer wimps as being the more dependable. They, at any rate, were more likely to stay and not betray her, if only out of inertia; for being left was tantamount for Ms. M. to being killed -- in fact, worse than being killed. "I don't think dying would be so bad," she often mused in her bland, vacant way. "I really wouldn't mind dying, you know, I really wouldn't." Enjoyment, liking, or enthusiasm did not appear to be factors for her in these relationships. And as for passion, it was not even a consideration, and she appeared dismissive and even genuinely bewildered if the question were raised. Security, feeling sure, was all. It was certainly not that she avoided sex, but what looked like it might have been erotic interest and sometimes even promiscuity, was more

just passive compliance in the interests of exciting an attachment, then of keeping the relationship going, and then a highly effective bargaining chip when she needed leverage to tighten the attachment. The feeling that she sought above all was "a feeling of no distance" between her and the other and the feeling that he all the time had her uppermost in his mind. This enabled her to feel that "things could just go on and on. Everything else is just extra."

She had no doubts about the sense and validity of this, and it was clearly an illusion that was easier to maintain around someone like Dr. B., whose presence was apparently so unintrusive and unemphatic, than around someone like Kevin, the bigotted and willful lawyer she felt had toyed with her the year before, or than Robert, her former husband, who'd betrayed her with her best friend even before they were married. Even so, maintaining the illusion required a great deal of precarious juggling, for Ms. M. had somehow to insure that Dr. B. believed he needed her more than she needed him and that he was the one at risk of being left, all without showing that she needed him to believe it. The trouble was, dependable wimps like Dr. B. were as stolid, passive, out of it, impenetrable, and unconvincingly present or committed around her as they were around anyone else, compelling Ms. M. to take active charge of the relationship, which she disliked intensely, and to have to nag, as she felt, incessantly in order to get the meagerest scraps of recognition, affection, reassurance, and engagement. This

had the doubly intolerable consequence of making her expose her vulnerability and neediness, which always left her feeling in the utmost jeopardy, and then it was no good even if she succeeded by her nagging, since whatever confirmations she got felt forced and could not be trusted to be genuine. Moreover, when on occasion she managed to incite in her stolid lovers a momentary show of initiative or independence, the whole topsy-turvy structure would begin to wobble for her, and she would fall into a tizzy of self-doubt.

Ms. M. thus lived in perpetual anticipation of a catastrophe which she took to be virtually inevitable. Though Dr. C., her now fiance, has so far proved more pliable than did Dr. B., in all other respects, if Ms. M.'s doleful descriptions were to be believed, they are uncannily carbon copies, and the prospect of actually succeeding in getting Dr. C. to the altar has only deferred the inevitable doom into a timeless future. For, married or not, there seems no way she can feel assured that she is all the time at the center of Dr. C.'s thoughts.

As therapy progressed, it emerged that what Ms. M. called her "moodiness" consisted of extreme sensitivity to any hint of criticism, rejection, or even just momentary indifference. Any of these would catapult her into overwhelming fears of abandonment, followed by sulky withdrawals and a collapse of her self-esteem, a feeling of ceasing to exist along with a fearful sense that everything was on the

verge of destruction, and then painful efforts, mainly in secret, by great indirection, and with much internal plotting and intriguing that was highly obsessional and frequently magical in quality, to retaliate, regain what she felt to be the upper hand, and restore some semblance of inner equilibrium. In connection with "this pattern" (as she called it), Ms. M. reported frequent, brief (1 - 3 day) periods of insomnia, anorexia, anhedonia, feelings of hopelessness, decreased concentration, episodes of depersonalization and derealization, and positively tinged thoughts of passive suicide (by getting into an accident, for instance) which she fantasied about in terms of a pleasurable sensation of whirling, melting dissolution. She had had such feelings to varying degrees all her life, she recalled, though there were also brief times, few and far between and mainly, notably, following the failure and loss of a major relationship, when she felt, always to her astonishment, "incredibly good" about herself, blissfully unconcerned about others, and able to enjoy being on her own, which most of the time she found intolerable. She also presented with a history of subtle and not-so-subtle, heedlessly self-endangering actions (usually of omission), including five pregnancies and abortions and chronic urinary tract infections which she had let go untreated.

About all these feelings and behaviors, Ms. M. claimed to be utterly mystified. Her view of most events in her life, whether current or in the past, was that "things just

somehow seem to happen." Indeed, the most striking thing about her self-presentation has been the peculiar manner in which she speaks about her experiences, in an extraordinarily vapid, vague, dizzy, matter-of-fact way, with a strange air of dreamy unreality -- so much so that it was frequently hard to remember and even harder to understand that each day Ms. M. was apparently functioning quite efficiently in an operating room. To some small degree she could at times recognize the strangely vacuous quality of unreality about her, though it was not anything she herself was complaining about. She spoke at various times of feelings of "being behind a wall", or of "being in a fog", or of "not being with my body", or of "things seeming at a distance", and of a sensation of "nothing happening." She remarked, "There's usually one moment each day, just after I wake up, when my mind is clear, and I know what I think, and I feel like myself. But then it goes away."

By Ms. M's matter-of-fact account, virtually from the time she was born as the child of an unwanted pregnancy she was hated, blamed, and rejected by her mother as the cause of that woman's unhappy marriage. When eleven months later the mother gave birth to a second, overwhelmingly preferred, and apparently rather sickly (later, phobic) daughter, Ms. M. was promptly handed over to the care of her kindly maternal grandparents with whom she remained until she was three. Her conscious memories of scenes from even her earliest years are vivid and detailed (though eerily without

affect), and she recalls reacting with desperate storms of protest to any suggestion of being returned to her mother, which apparently suited the mother well enough. When she was three, her grandfather, regarding the situation as unnatural and believing himself to be acting in the child's best interests, insisted that her mother take her back.

Ms. M. describes the rest of her childhood as a life of unrelenting torment, her every gesture, wish, and act being met by her "moody", irritable mother with scorn, ridicule, and fury, which her rather shadowy figure of a father, a police detective who spent as much time as possible out of the house, only coming home late at night when he was sufficiently drunk, did little to mitigate. Ms. M. longed for Fridays, when she'd be sent to her grandparents, and became ill on Sundays, when she'd be sent back. Time and again, year after year, whenever her mother's inexplicable rage at her reached a sufficient pitch, she was sent away again to her grandparents, only to be summoned back a few days later. More often her suitcase would only be packed and set threateningly by the door. Her mother would tell her gruesome stories about a child-eating witch in the neighborhood to whom she was considering sending her. To Ms. M. these were moments not of terror but, secretly, of hope. She developed a magical method of fleeing the nightmares that came most nights by crawling into a pillow-case, "the smallest space I could find", and creeping under the bed. Her mother joked one night that if the mailman

found her that way, he'd take her away. For the next two weeks Ms. M. placed herself in the pillowcase by the front door so the mailman might find her more easily. She was frequently slapped and beaten for insolence and disagreeing. Occasionally her mother tore the clothes off her back and set her outdoors for the night. She recalls that when she reached school age, her mother would walk her sister to and from school by the hand. Ms. M. was told to walk alone on the opposite side of the street. Her mother's habitual explanation to her about why she treated her as she did was, "If I get angry at you, it's only because I care about you."

Her father apparently had some regrets about the situation, and Ms. M. recalls with an amused and somewhat equivocal fondness his taking her with him to a bar once in a while, setting her on a barstool, and letting her watch him drink until early in the morning. She was witness to countless violent, drunken fights between her parents as well as to her mother's frequent infidelities. In one case she and her sister would sit in the back seat of the family car in a supermarket parking lot while her mother and her paramour petted and made love in the front. She also remembers a time she watched from the staircase as her mother seduced a colleague of her father who was asleep in the next room.

At about age 8, sometime after she had watched President Kennedy warning the Russians to take their missiles out

of Cuba, Ms. M. began to fear each time she heard a plane overhead that a bomb was about to be dropped on the house. She became increasingly agoraphobic, refused to go swimming out of a certainty she would drown, and eventually resisted leaving the house at all. She began having vivid hallucinations of world destruction, seeing out the window the city reduced to a smoldering rubble of collapsed buildings. It then occurred to her that her mother (and later her father as well) was hatching a plan to have her killed. Often she would catch her mother and sister whispering and, as she thought, conspiring together about her, since they always stopped as soon as they noticed her.

At this point she was taken to see "a Chinese psychologist" for treatment, who was informed by the mother that in her view the child's problems stemmed from a growing and irrational jealousy of her sister and an unfounded belief that the mother liked and treated the sister better. Despite having every reason, Ms. M. does not recall particular feelings of jealousy toward her sister (to whom she has never referred by name). She does recall once, when she was about 4, feeding her sister a bottle of aspirins and guesses maybe that was a jealous act. Concerning her treatment, Ms. M. remembers the psychologist's showing her some ink-blots, "all of which looked like bats", and asking her questions about her family, especially about her sister, and getting her to make drawings and pretend things. She went along with all this and even found it amusing, though it

struck her as odd "that a grown man should want to get down on the floor and play with a little girl."

One day when she'd been brought for her appointment she noticed a hat and gloves hanging on the coat-rack that had never been there before, and she realized that the Chinese psychologist was the one her mother had found to kill her. She refused to play or talk any more, thinking them all very stupid for imagining they could fool her, and the treatment was soon broken off. Ms. M. does not recall feeling terrified about her family's plotting to murder her, at least not once she realized what they were up to. Knowing what they were up to somehow made it alright. She can't remember precisely how long this all went on.

Ms. M.'s teachers had for years complained to her parents that she was always in a daze and seemed unable to concentrate. When her father finally left the house and sued for divorce when Ms. M. was 12, she became increasingly truant, not so much because she disliked school as because she knew it enraged her mother, and enraging her mother had now become her principal vocation in life, the thing that gave her a special kind of pleasure and some sense of power. She particularly liked to taunt her with professions of fondness for her father, something she, in fact, didn't especially feel since he had, after all, left her behind. Her mother retaliated by repeatedly sending her away to the father, repeating the early drama. Some of Ms. M.'s ways of revenging herself on her mother were secret and

poignantly magical. A few years on, for example, spitefully forbidden the use of her mother's car, which was given freely to her sister, Ms. M. would get up in the middle of the night, take the car keys, and drive around quite aimlessly for hours, nursing a sense of triumph about which her mother would never know.

Her mother's reaction to the father's leaving was to become a drunk. Ms. M. frequently had to drag her mother's body out of the way so that she and her few friends could listen undistracted to their favorite records. She claims she could tell the time of day by her mother's state of intoxication. When Ms. M. turned 16, her father for some reason finally got worked up about the situation and sued for custody. The judge took Ms. M. aside and asked her which parent she'd rather live with. She thought that was very nice of him and chose her father.

She stayed with him a short time but didn't get along too well with his new wife, so, having already quit school and earned sufficient money from odd jobs, she took a trip to Ireland with her grandmother and bought herself a car. She then visited California, liked it, returned home with the thought of picking up her car and belongings and going back to California to live, "but instead of picking up my car I got married." She married Robert, an ambulance paramedic, "because he asked me" -- this despite having caught him in bed with her best friend, a fact that preyed on her mind incessantly for the year of their marriage.

Most of that year she spent at home, hoping to hear that Robert had somehow or other been killed on the job. She became pregnant, had an abortion, and left, returning home to live with her mother. It was then that she "suddenly became motivated", got her high school equivalency, and enrolled in nursing school, where apparently she did very well. She regards it, with reason, as the greatest accomplishment of her life. Her friends at nursing school, she recalls, marvelled at how little anxiety she ever exhibited, whether about exams or about surgery.

I shall begin a discussion of this case by making some remarks about how I have thought about Ms. M. in relation to a particular quality of the clinical material.

Ms. M.'s conscious attitude toward her mother, with whom she continues to maintain a mutually provocative relationship -- still plainly repeating the pattern of her early years by frequently going to see the woman, quickly getting into some fight or other, and then fleeing in a much-professed state of disgust, banishing her from her life forever, or at any rate until the next time -- is outwardly scornful and dismissive. She likes to say, only partly facetiously, that she has molded her self taking her mother as her guide, consciously trying as best she can to be in every respect the opposite, for fear and loathing of being in any respect the same. Her mother, for instance, "always yells and screams and calls names." Ms. M. has never raised

her voice, and if anyone yells at her, she "can't even look at them."

Just as in her relationships with men, which have a similarly repetitive and stereotyped quality, the compulsion to repeat in the interests of mastering the merciless succession of traumas she suffered at her mother's hands is evident enough. Indeed, the only wonder is how Ms. M. succeeded as well as she did to preserve herself as intact as she is. The question is, how intact is she, what solutions did she come up with in the face of being dependent on a mother who actively hated her, and what, precisely, is the dilemma she is so evidently still rehearsing?

There is something unconvincing and unconvinced about Ms. M.'s superficially appropriate revulsion toward her mother, but it is not a matter of ambivalence. Indeed, the one affect one might expect -- a decent and convincing hatred -- is conspicuously absent. Her disgust with her mother, interestingly enough, mostly concerns the mother's weakness, that she fell apart and became a drunk when her husband finally left her. It is as though the hatred never even achieved representation. It is present only hypothetically, in the sense that Ms. M. is in search of an attitude. She has, in fact, lots of attitudes. Attitudes are what she has in place of true affects.

This is a distinction that would perhaps be made more clear by giving part of an unusually active exchange that took place in a session about six months into the treatment,

which highlights the hypothetical quality I am talking about. The subject came round to Ms. M.'s explanations to herself of her mother's behavior toward her as a child. She remarked that she'd always supposed she was hated for being the cause of her mother's wretched marriage. I pointed out that, though this might well have been true (my own suspicion, which seems never to have occurred to her, is that her sister is the mother's child by another man), it is an explanation she'd only been told (by her father) when she was already 12, that in any case she doesn't recall what she felt about it, if anything at all, and that there were many years before that when she had no such explanation at hand and had surely developed theories or fantasies of her own. "Oh, you mean when I was very small?" she replied. "Maybe I sensed it, though. Do you think maybe I could have sensed it?" I said maybe so, and after a silence Ms. M. began to reminisce about the period when she was 8 or so and had come to believe that her mother was plotting to kill her:

Pt: You know, I didn't even feel angry at her because of it.... It was like it was just something that had to be done. I thought, that's just how things are, and nobody could do anything about it...(smiling)... I remember feeling I was very smart because I knew about it, and they didn't know I knew.

T: You weren't frightened? Don't you think that's odd?

Pt: I just thought that's the way mothers are.

T: That they murder their children?

Pt: No...I guess not...

T: You know, I think maybe you did, but you couldn't believe it, you had to do something with the feelings, something in your mind.

Pt: I just thought mothers just weren't supposed to like their children. Children just come along, and

they're just a burden that you have to feed and house and clothe, you know. I thought that's just how things are.

T: You sound as though somehow you just accepted that. I wonder how you managed that, not to feel hurt, angry...

Pt: Oh, but when I was small, I thought my mother was it! I thought she was the most beautiful, wonderful person in the world. Everything she did was right.

T: Including hating and wanting to kill her child?

Pt: ...I don't know..... I really did think that's just the way mothers are. It's only lately that I've realized that's not so.

T: You know I'm getting quite confused here.

Pt: I guess it's confusing.

T: You say you thought that's how mothers are, but you've often told me how different your mother was with your sister.

Pt: Yeah, that's true. She got whatever she wanted. Anything she did, anything she said, was wonderful. Nothing I did was right. Sometimes I'd even try it out, I'd say exactly the same thing my sister did or do the same thing, but it didn't matter. If I did it, it was no good, it was stupid.

T: So how did you understand that?

Pt: I don't know.....maybe...I guess maybe I thought there must be something bad about me?...something wrong, for her to treat me that way. Otherwise why would she? I didn't know what it was, but it had to be pretty bad. Very bad. I'd try different things to see if I could change her mind about me, but it never worked. There was always something wrong.... Do you think that could be it? Do you think that's part of my problem, that I think I'm bad because of my mother?

T: Do you think you're bad?

Pt: I don't know...maybe not....

T: Lots of maybe's, aren't there? Maybe the maybe's are the problem. I have the sense you really didn't know what to feel. Maybe it wasn't possible to feel anything really, only to react and fit in, whatever made it possible to go on at the moment.

Pt:(silence)...Do you think maybe I should never speak to my mother again? Do you think if I got very angry at her that might help? Sometimes I got angry at her I remember. Sometimes I'd sit and tear out my hair, thinking why does she hate me, and I'd get so angry sometimes I even wanted to kill her....

The hypothetical quality I am pointing to here is not, I should add, confined to Ms. M.'s memories of the past. It is an omnipresent feature of her experience as she conveys

it. Most sessions by far are spent mulling over and over the latest vicissitudes of her current relationship, and I could not even estimate the number of times she has come in all downcast and tearful, saying, "I don't think I've ever been so upset in my life, really never ever..." only to look up a moment later and say, "Have I? Have I been this upset before? Maybe I have, I don't know." I want to be clear that by making a distinction between this sort of thing -- what I am calling an attitude -- and a true affect, I do not mean that Ms. M.'s attitudes are not felt. I mean that they are felt somehow tentatively, searchingly, as though she cannot be quite sure they are her own, or as though their psychical reality were in some doubt.

There is another aspect of the material I have cited that is connected to this and that in another patient might rightly be regarded as splitting. Certainly it is striking how many contradictory views of the mother (I would say hypotheses) follow one another in quick succession. This, too, is characteristic of Ms. M., and, again, almost any session on any subject would show a similar oscillation in feeling-states and perceptions, with no apparent awareness of the contradictions: Dr. C. is so attentive and kind, or he is so cruel, selfish, and gloating, or so weak, dependent, and insecure, or so impervious and self-absorbed. In another sort of patient one would no doubt set about identifying and teasing out the contradictory or muddled projected and introjected part-object and part-self repre-

sentations, maybe confront the patient with the contradictions, eventually interpret them, and so on. In the case of Ms. M., this is quite futile. She can hear it, even acknowledge it, but it means nothing to her. This is not to say that one is wrong about it. The identifications and cross-identifications with the mother, fragments of aspects or of fantasied aspects of their relationship, are plainly there in the material, and one can readily discern the inability to integrate good and bad, libidinal and aggressive, idealized and hated, elements that is characteristic of splitting. Nevertheless, in my view it is not splitting, though it resembles it. Or perhaps it would be more accurate to say that, although splitting in a purely formal sense does seem to have occurred, this was a relatively sophisticated development (as is hatred) and that, in Ms. M's case, what has been split somehow never acquired the affective investment of a true psychical reality and hence is lacking the quality or feeling of reality, the quality of belief.

It will be clear that I am in the territory of Winnicott's concept of the false self, a pathological form of ego-development that Ms. M., I feel, exemplifies to a striking degree. As I discussed in the previous chapters, in Winnicott's view, the origin and necessary condition of those qualities of experience which are later interpreted as the feeling that something is part of the self and the feeling that it is real is inclusion in the ego of whatever

goes on for the infant at the stage of primary narcissism. Whether this does or doesn't happen depends on whether or not the mother is able to sense and fit in well enough with the state of her infant from moment to moment, meeting the infant's spontaneous gestures (impulses) in a way that to some extent makes sense of them for him.

The feeling of reality depends in particular on the contribution of the mother's object-presenting to allowing a moment of transitional functioning. By presenting the right object in the right way at the right moment (the one that fits and makes sense of the infant's impulse), the mother allows the experience to go to completion. The object thereby becomes available for cathexis, and a bit of psychical reality is established (the psychical reality of the drive linked to the object).

Thus the "good-enough mother" allows the infant to include what goes on within the sphere of his fantasied omnipotence, which is at this point his only mode of experiencing anything at all. What must be allowed is the "illusion of omnipotent creating and controlling" of whatever occurs, without needing to recognize that it is only an illusion (1965b, p. 146). This, as I discussed earlier, is Winnicott's way of saying that the infant is permitted to experience the object as the creation of his drives. Freud took this for granted. Winnicott is concerned with what is actually happening there and under what conditions it does or doesn't succeed. It is in this

way that the "particular form of existence" which Freud (1900, p. 620) called "psychical reality" first becomes established, a psychical reality that in the first place is unprejudiced with respect to what is inner or outer. Only on this basis, Winnicott maintains, does a capacity to believe in reality, whether internal or external, truly develop, as well as the capacity to play, imagine, and use symbols.

The mother who is "not good enough", who is unable to implement the infant's omnipotence by meeting his spontaneous gesture in a way that makes sense of it, substitutes and imposes instead her own gesture, which can only be given sense by the compliance of the infant. In this case the possibility of completing an experience is aborted. The drive doesn't find the object, and as a result the drive is experienced as a senseless impingement and disruption, and the object, instead of becoming cathected as the infant's own creation, imposes itself as a thing with an impenetrable reality of its own, forcing a premature recognition that there is an outside beyond one's control, with which one has no choice but to comply:

This compliance on the part of the infant is the earliest stage of the False Self, and belongs to the mother's inability to sense her infant's needs....When the mother's adaptation is not good enough at the start the infant might be expected to die physically, because cathexis of external objects is not initiated. The infant remains isolated. But in practice the infant lives, but lives falsely....The infant gets seduced into a compliance, and a compliant False Self reacts to environmental demands and the infant seems to accept them. Through this False Self the infant builds up a false set of relationships, and by means of introjec-

tions even attains a show of being real, so that the child may grow to be just like mother, nurse, aunt, brother, or whoever at the time dominates the scene....In the extreme examples...spontaneity is not a feature in the infant's living experiences. Compliance is then the main feature, with imitation as a speciality. When the degree of the split...is not too great there may be some almost personal living through imitation, and it may even be possible for the child to act a special role, that of the True Self as it would be if it had had existence. (pp. 145 - 147, italics his)

I might add a few words here to my earlier discussion about Winnicott's conception of the relation between the true and false self. The true self is the locus within the psyche of the domain of undifferentiated functioning. It is related, I think, to Freud's (1915) idea of instinct as "a concept on the frontier between the mental and the somatic", except that Winnicott's concern is developmental, with how that frontier arises out of the original undifferentiated (id-ego) matrix of psychosomatic aliveness. At this level, psychical reality is not synonymous with inner reality. Inner and outer are distinctions which only develop over time and in a complex and persistingly fluid way within the domain of psychical reality, but not at its core. Only in the pathological case is the distinction prematurely and rigidly established.

What the false self organization is defending is the source of the feeling of existing (the true self) which subsequently generates and on which depend the feeling of reality and the sense of self. What it is defending against is the exploitation of that source, the wellspring of psychical reality. Winnicott is obscure about the mechanism

by which this undifferentiated core may become dissociated, though he thinks Freud may have had something like it in mind, at least in its more normal manifestations, in his (equally obscure) concept of primary repression. He is definite, however, that the failures of transitional functioning which are responsible for the dissociation are somehow registered and recorded and that they turn up in the form of the transference.

Winnicott's conceptualizations bear directly on the case of Ms. M. in a number of ways I would like to point out. One concerns how surprisingly intact she appears to be over a considerable range of everyday functioning and, professionally, in what one might presume to be quite stressful circumstances. This is consonant with one of the implications of Winnicott's work on ego-development (reinforced by Hartmann's concept of conflict-free areas), that despite gross disturbances of the total personality, many basic ego-functions can develop relatively unimpaired and even be specially effective while remaining uninvested with a feeling of reality or agency or ownership. Indeed, it is possible to see how their very effectiveness may actually be symptomatic of the false self defense, in that certain ego-developments may be precociously promoted as a way of maintaining the dissociation (by side-tracking strong affects, for example). As I discussed earlier, in this sense perception of reality and reality-testing may be

intact while the sense of reality and the relationship to reality are not.

Another point Winnicott makes, which is connected to this, is that the false self development is a different order of defense, at the level of the ego's primary organization as structure, and "does not belong to the theory of early mechanisms of ego-defence organized against id-impulse, though of course these two subjects overlap" (1965b, p. 144). That is to say, all the vicissitudes of instinctual development may proceed and leave their marks, only superimposed on a dissociation in the ego such that they (destructive experiences, for example) cannot truly be felt or owned as such.³⁴

Thus, as we noted in the material I cited earlier, there may be plenty of what looks like bona fide psychic structure and contents and dynamics -- introjected and projected identifications, split-off good and bad self- and object-representations, as well as higher-level products of impulse and defense -- but these are all relatively sophisticated developments belonging to "a false set of relationships" based on compliance, and hence their hypothetical quality. That quality is not, I think, the product of splitting or of the other distancing and derealizing devices Ms. M. appears to employ. Rather, it precedes them.

³⁴ Though it is beyond the scope of the present discussion, the concept of a defense of this order presents an interesting alternative, I think, both to the usual drive-defense formulations and to the so-called 'deficit' psychology that is frequently invoked in a case like Ms. M.'s.

This is a difficult matter to grasp, because there is a strange doubleness at the heart of it. Nothing is ever quite what it seems. One way of putting it might be simply to say that there is conflict, impulse and defense, but that it has no felt meaning. The instinctually cathected object-relationships were inauthentic, so that even gratifications (maybe especially gratifications) -- what I take Ms. M. to be referring to when she says that at least her mother "fed and clothed and housed" her -- were experienced as seductions away from the real. What was real was that between gratifications and even during them her mother was effectively absent, only apparently present. When speaking as I just have about 'felt meaning' and 'experience', however, one needs to remember that this is all unconscious, and it's a bit hard on one's theory when one has to face the possibility that even the repressed unconscious is a kind of charade. Another way, perhaps, is to say that whereas authentic conflict (including very severe conflict, of the sort belonging to, say, Kernberg's [1975] idea of borderline pathology) ordinarily derives its liveliness, if you will, from the omnipotence of fantasy, in Ms. M.'s case, the stuff of conflict never truly attained the liveliness of a psychical reality because it did not occur within the sphere of her fantasied omnipotence. Indeed, the whole therapeutic endeavor in her case is somehow to convert this inability to believe in the reality of her own experiences into a defense by undoing the

dissociation and bringing those experiences within the sphere of omnipotent fantasy for the first time.³⁵

This brings me to another aspect of the material I cited earlier -- namely, Ms. M.'s compliance, or at any rate her attempts to comply, with what she takes my expectations of her to be, by producing whatever motives or feelings she has inferred I want to find in her on the basis of interpretations and reconstructions I have made (often incorrect ones). This, as one might imagine, poses quite a dilemma, since almost any interpretation is taken up as a positive or negative demand, including the interpretation that that is what she is doing, just as she did as a child. One must suppose, according to Winnicott, that in such a case an interpretation is perceived as yet another impingement and act of attribution by a non-empathic parent, with which the patient has no recourse but to fit in, reinforcing the secret feeling of futility.

My dilemma, of course, is as nothing compared to Ms. M.'s, whose every moment is dominated and all of whose

³⁵ There is a diagnostic question at stake here. If one grants that Kernberg has laid claim to the borderline category, then Winnicott's false self and schizoid patients don't seem to belong. It seems to me the question hangs on how one regards the quality of unreality about a patient like Ms. M. To regard it as the product of a defense or as an attack on reality (as I think Kernberg would of a true borderline case) is to attribute it, as in the case of all defenses, to the attempt in fantasy omnipotently to control the object. Winnicott's point, however, is that omnipotence was never permitted to become a matter of experience, because the object (reality) refused to be controlled. It may be that the patients Winnicott is talking about are the ones Kernberg regards as unanalyzable.

resources are commandeered by the need to fit in, to make an effect on the other, to find just the right attitude that will work. In a recent session she described this dilemma in relation to Dr. C. in a way that uncannily evokes Winnicott's portrayal of the infant's reactions to impingement and subsequent struggle to adapt. She and Dr. C. had recently returned from a vacation in California, where Ms. M. felt she finally had got his whole attention. This perfect state of affairs had begun to crumble for her, however, soon after they returned, when Dr. C. went back to work:

It was like there was no distance between us, he wasn't thinking about anything else, only about us, I didn't have to share his mind with anyone else, and we didn't have any fights, not even one. But now he's gone back to work, and he's preoccupied with that all the time, and now it's like there's distance, a gap, and that's where fights come in, anger and bad feelings.....I don't know, it's like I have to start all over again, like everything got ruined, destroyed somehow, all broken up, and I have to start all over, figure out how to get back in his mind. Now when he comes home I don't know what to expect, I don't know where his mind will be. I hate that, that I can't predict.

There is much more that could be said about the bearing of Winnicott's work on understanding the kind of borderline case represented by Ms. M. There is an important diagnostic distinction to be made, for instance, between depression as it is usually conceived and the kind of depression Ms. M. exhibits, which is a radical decathexis engendering blank states of mind without affective components -- a way of warding off psychical reality (Green, 1977). Also, Winnicott's concept of the false self provides a way of under-

standing the different quality and function of the narcissistic features so evident in Ms. M.'s case as compared with the usual features of so-called narcissistic personalities. Because the false self is built not on the patient's own, real experiences but on compliance with the mother, its features reflect not the narcissism of the self but the narcissism of the object. It is a borrowed narcissism. Much of the bewilderment and sense of unreality I have felt in relation to Ms. M. can, I think, be attributed to this, since the transference situation, while it is narcissistic in form, has the same unreality about it, or rather the same quality of a hypothetical and borrowed reality.

My image of Ms. M. is of a child standing speechless, incredulous, and aghast, staring uncomprehendingly at the inexplicable wreckage of everything that ought to have been familiar. The accent is on her incredulity, her disbelief -- she cannot believe it. The quality of belief is beyond reach. I take the position of the false self to be something like this. I suppose she can count herself lucky that her mother only hated her, and, apparently, did so consistently, without much let-up, instead of needing to confuse her and drive her mad.

I have already alluded in this discussion to some of the kinds of technical difficulty that I have encountered in this case, but I want to make some remarks on the matter of interpreting and how it has affected the transference.

There is no difficulty about getting Ms. M. to remember or to dream, since she has surmised that I like that sort of thing. She can produce memories galore and will, if prompted, do something like associate (though nothing like freely) to what often seem transparently analyzeable dreams (though her own inclination is to interpret dreams prophetically, superstitiously, and very concretely, so that if she has a dream about jogging, she thinks maybe it means she should take up jogging, or if she has a particularly upsetting dream, she won't sleep in her bed for the next couple nights because that's where the upsetting dream happened to her). When it comes to asking about feelings, on the other hand, things are not so easy, for Ms. M.'s affective states are imperfectly developed and dimly perceived at best (being "upset" or "disgusted" is just about the strongest, most differentiated, and most articulate it gets, and positive affects are even vaguer). And as for reflecting or making use of her dreams and memories, that is quite out of the question, since they are as much a mystery to her (a mystery about which she shows no curiosity) as most other experiences that happen to happen to her.

It is as though her unconscious were virtually inaccessible to her, and, anyhow, she reckons that her unconscious and the business of making sense of things, giving them meaning, is my job, not her's. She appears to think I'm very good at it, too, although she also appears not to remember

much of what goes on or what I've said from one session to the next.

This is to say that instead of real giving there is showing, instead of communication, exhibition (I do not mean exhibition in any instinctually backed sense). Ms. M. is thus a passive spectator not only of her own life but also of that part of it that is taking place in the therapeutic setting. Instead of signifying a working alliance or transference in the usual sense of an object tie, her ready production of material is a substitute for one, as though she were offering me a relationship to the material in place of one to her. Needless to say, it is very tantalizing, and it is nearly impossible not to end up reciprocating by offering her a similar proxy relationship to the interpretations one is tempted to make. This risks silently becoming a mutually admiring folly of showing and exhibiting, without any risk of truly communicating.

Even so, within a relatively short time after beginning the treatment I became quite uninhibited about making interpretations. My rationale was not to uncover, however, but to give Ms. M. some hope. This, at any rate, was the use she seemed able to make of them -- as assurances of my reliability and interest in her. The interpretations, which carried in both directions, from present to past and past to present, had generally two components: a genetic or reconstructive one, based on the various identifications present in the material, and an interpretation of what looked like

attacks on or defenses against the quality of reality (denial, negation, splitting, projective identification, and so on). These constituted, in a sense, 'as if' interpretations -- as if Ms. M.'s experiences were the products of omnipotent fantasy -- and I usually said something to that effect, acknowledging that it probably made little sense or had little meaning to her at this point.

Ms. M. generally responded with an affirming nod, but it was clear that the content hardly mattered to her. What mattered was the assurance of my interest, and what developed over time as a result was a belief in my magical omnipotence and that she could somehow share in it and would eventually get all better by passively absorbing the goodness and magic she attributed to my questions and interpretations, without needing to participate or do anything herself. (It is perhaps what Anna Freud was describing about a patient of her's, that "what should have been an object tie had been turned into an ego interest" [1954].) This interest wasn't anything Ms. M. talked about (she never said a word about me or her feelings about me until a year into treatment when she quietly remarked that I was all she had), and my articulating the fantasy, commenting on her passivity, seemed to be the only truly serious offense I could commit in her eyes, and was always, in my view, a mistake.

This, of course, represents the other side of the transference situation that developed -- Ms. M.'s absence

from the treatment. It is what Winnicott calls "the negative side of relationships" (1971a, p. 21), and it refers to such concepts as negative investment, negative symbolization, and negative hallucination. (It may also, I think, offer a new perspective on the concept of negative therapeutic reaction.) It is not the same as negative transference as it is usually conceived and not a matter of aggression or destructiveness. It is more closely related to decathexis. It is transference in the sense that an infantile situation is being repeated, but it is transference of another kind, for the situation being repeated is the trauma of the mother's absence, the unreality of her devotion and reliability. Thus, the object that was not there was more real than the object that was there. Trauma in this sense is not something which occurred (a seduction, for example) but something which did not occur, owing to an absence of response on the part of the mother. The question is how to transform this enactment of absence as non-existence into a concept of absence as potential presence.

Put another way, the question for technique is how to respond to this repetition in a way that gives it the quality of a communication. This, in my view, is at the core of Winnicott's contributions to technique for the early stages of treatment (which may be years) of a patient like Ms. M. (His recommendations about later stages, involving his concept of regression, is a different matter and is

beyond the scope of this discussion, since Ms. M.'s treatment hasn't got that far.) To state it again, the problem one faces is that the real communication is the patient's absence and non-communication, not the material he or she fills up the time with.

In Freud's theory of technique, the activity proper to the analyst is interpreting and that proper to the patient is remembering. The object is for the patient to come eventually to a realistic view of what is the case. This includes his view of the analyst. Thus transference (and countertransference) are regarded as distorting factors that need to be dispelled. In order that the patient's psychic history be allowed to unfold objectively and uncontaminated, the recommended posture for the analyst is one of neutrality, abstinence, and a minimum of self-disclosure. The patient's compensation for putting up with this, for his renunciation of omnipotence and gratification, is objective knowledge and autonomy.

Winnicott suggests that this view of the process and of the goals it purports to aim at is too narrowly conceived, certainly for some patients, probably for all. It's not that it's incorrect, just rather limited and entailing an extremely partial view of reality. The sort of objective knowledge it facilitates under the shadow of fears of castration -- a clear differentiation between what is inner and what is outer, unreal and real, acceptance of the sexual difference, and acceptance of the difference between the

generations -- is obviously valid and necessary to functioning in the world at the genital level. For a patient like Ms. M., however, the basic problem is not (at this point) reality-testing or discriminating inner from outer, fantasy from reality. In fact, it is a feature of the false self development that inner and outer, psyche and soma, primary process and secondary process, were discriminated too soon and too rigidly. They became dissociated. The injury was not to the capacity to perceive reality or distinguish it from fantasy but to a quite different aspect of experience, the capacity to feel that either matters.

It is a question here of how 'reality' is constituted in the first place. Winnicott maintains that it is not just found, it is also created (imagined). If it is not also created, it fails to be cathected. It is perceived, but it is meaningless. In Ms. M.'s case, reality was not given a chance to be created, only to be found and accepted and complied with. The distinction between inside and outside was prematurely imposed and became a feature of the false self experience. The capacity to imagine and create reality, on which the capacity to believe in it depends, requires not a hard and fast separation between inner and outer, or between primary and secondary process, but rather an ability to move freely between them. In a sense one could almost say that Ms. M. suffers from too much autonomy -- the inside and the outside are cut off from one another and can't get in touch.

Winnicott's way of talking about this is to say that someone like Ms. M. is unable to "play", and his revisions to technique are concerned with how to foster a capacity to play via the analytic setting and process so that the patient can have an experience of creating and imagining reality, constituting a true object (the analyst), for the first time.³⁶ As in the case of the infant with the mother, this can't be done by the patient alone. There is a mutuality and spontaneity required here that is quite different from the classical idea, and, as with the mother originally, it requires the 'actual' presence of the 'actual' analyst. Winnicott is firm that it is a mistake to regard this as a form of gratifying the patient. The wholly abstinent analyst, for instance, would only be repeating the mother's absence. Indeed, in such a case it would amount to a form of 'acting-in'. The focus here is thus not on the psychic contents the patient produces in the material of each session, but on a formal dimension of the process -- the quality of reciprocity between analyst and patient. The reciprocity that is needed is not only not fostered by interpreting, which is an activity focused on content (including latent content) and unidirectional in force (from the analyst to the patient), it is stopped and even undone by it. Play, Winnicott points out, is not to be commented

³⁶ This, in my view, goes well beyond a concept of a 'corrective emotional experience'. Indeed, I would argue that Winnicott's theory of play provides some of the theoretical elements required for conceptualizing the elusive notion of structural change.

on. At a certain stage in certain analyses (probably in all analyses at certain moments), the positive thing is not-interpreting, which is not necessarily the same as being silent.

Regarding the use made of the transference, for example, the idea is not so much to dispel (interpret) it as to facilitate the patient's ability to move freely between the transference (the analyst as imagined -- sometimes as the magical mother who never existed, sometimes as the absent mother who did) and the 'real' features of the relationship and setting (the analyst, reality, as found). The analyst, like the good-enough mother, has an active role to play, since he must meet the patient's gestures and contributions with contributions of his own which bestow on them the quality of being a communication.

Again as with the mother, the analyst's contributions play about the boundary between the imaginary and the real, sometimes falling one way, sometimes the other. Sometimes, that is, the thing that is needed is to fit in with the transference (the imaginary) -- permitting a patient to fall asleep, say, or responding to a silence (depending on its quality) by remarking, "Only my absence is real." Other times what is required is acknowledging the real (the found). This means acknowledging the significance not only of real aspects of the setting and the relationship (that the hours have an end, for instance, or that the analyst has a cold), but also of whatever intrusions may occur because

of the analyst's state that day (he wasn't listening for a moment, or he forgot some dream).

There is still another kind of contribution required of the analyst which one can discern in Winnicott's writings on technique. He is never quite explicit about it, never addresses or formulates it directly, but it is implicit in the examples he gives of his way of working. I find it the most challenging part of his technical theory to grasp and perhaps, in the end, the most revolutionary. It concerns those communications whose character falls neither within the imaginary nor within the real but right on the boundary between. These involve the analyst's revealing bits of his own inner processes.

This raises the whole heretical issue about an analyst's revealing things about himself -- one of the more impassioned reasons Winnicott was blamed for distorting the classical analytic setting. In my view, he has been misunderstood. Revealing oneself in Winnicott's sense does not mean chatting or telling a patient that one is married or that, yes, you do sometimes fancy her and think about taking her home, although, as I remarked, it could mean acknowledging that you don't know something or that your mind was wandering. It could also mean thinking aloud. The issue concerns the analyst's spontaneity and his use of the countertransference.

Countertransference no longer has the bad name it once did, and much is made of its usefulness as a source of

information about the patient. This is not the use Winnicott is talking about. In my view, this notion, while perfectly valid, represents no more than an extension of the classical model of the analytic process. Even if the countertransference is used explicitly and articulated, it is still in the service of interpretation (of the patient's projections or projective identifications, for example): you are doing this or that to me in order to such-and-such or just as with your mother you did such-and-such. Winnicott's way of using it is quite different. He might, for example, think or muse aloud, associate to something the patient said, show hesitancy, uncertainty, tentativeness, wonder about some feeling of confusion, or tell a fantasy he was having at a particular juncture (and call it that). The intent is to communicate and join with the patient at the level of the true self, of the primary process and of primary identification, where the boundary between inside and outside, self and not-self, is not a factor; and interjections such as these constitute a way of conveying an invitation to play with and at that boundary, between the primary and the secondary processes.³⁷

³⁷ Kohut's (1971, 1977) notions about the analyst's use of empathy to foster the evolution of the various narcissistic transferences is comparable in many ways to Winnicott's ideas about the analyst's allowing himself to be used (created and destroyed) and his fitting in with the transference. (The transference is not quite the same, though, since the kind Winnicott is talking about is narcissistic at one remove, representing the narcissism of the object, which has been borrowed, as it were. Nevertheless, his idea of a kind of transference that is a form of ego-relatedness rather than id-relatedness resembles the distinction Kohut

While both uses of the countertransference require the analyst's having access to his own primary process, the one converts it into a secondary process statement about the patient, the other presents it as something evolving between them, to which both have somehow contributed. By revealing and owning his part, the analyst leaves it an open question whether it is something that has been created (primary process) or found (secondary process). The analogy Winnicott makes is to the kind of thing going on between the infant and the mother in her state of primary maternal preoccupation. In the other case, the interpretation, even if it is offered as only something tentative, has inescapably the form of something found (in the patient). For a patient like Ms. M., the experience (keeping up the analogy) is of the mother's imposing her own gesture. This would be so even if the interpretation were correct.

wants to make, though Kohut draws quite different theoretical and developmental conclusions from it.) Furthermore, Kohut's emphasis on the need to discern and interpret failures in empathy seems close to Winnicott's about acknowledging the significance of real aspects of the relationship. What I do not find in Kohut, however, is anything corresponding to Winnicott's idea of play, that form of activity on the part of the analyst by which he enters the patient's world through offering bits of his own inner processes with a view to enabling the patient to constitute him as a true object for the first time. This, in my view, represents a significant technical and theoretical omission in Kohut's work. His concept of 'transmuting internalization' may refer to something like it he has in mind, but, unlike Winnicott's conceptualization of play, I find it remains theoretically opaque as a notion of how structural change comes about. It may be that this is why it is hard to see how Kohut gets from the narcissistic transference relationship to a readiness for a transference onto the analyst as a true object.

The technical problems I have been discussing -- how to work with the "negative side of relationships" -- have been at the heart of the work in Ms. M.'s treatment for some time now. At a certain point I stopped interpreting. It was around a time that she remarked, "I don't know how you can sit here and listen to people all day. I guess it's your job, and I guess you wouldn't be doing it if you weren't interested, but even so. I guess you just must put it out of your mind when you go home." I replied that I guess it is hard for her to put out of her mind the thought that she is not always at the center of my thoughts and that somehow that is more real to her than my being present with her now.

At some later point she began to complain about my silences. I asked what my being silent meant to her. "I don't know what it means," she said. "I don't know what you're thinking. How could I? That's important, you know. I need to know how I'm doing. How am I supposed to know if you don't say anything?" I persisted in being obtuse and remarked that she seemed to think I should know how she was doing better than she. "But you do!" she insisted. "Of course you do! You know me much better than I do!" Since then, whenever a particular sort of silence comes along, or a particular feeling of absence about what she is saying, I talk about what I'm thinking or about the trouble I'm having thinking, or I imagine out loud about aspects of her experience, like a tourist in a strange city, fumbling with his Baedeker's and his pocket dictionary.

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