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life lasts long enough, so that looking back becomes allowable, one discerns an urgent tendency that has integrated all the various and varied activities of one's private life and one's professional career. As for me I can already see what a big part has been played in my work by the urge to find and to appreciate the ordinary good mother . . . for me it has been to mothers that I have so deeply needed to speak.⁶⁶

It is an uncharacteristically pious moment in Winnicott's writing. But he is, of course, describing a destiny vulnerable to those particular ironies that Freud's work makes possible.

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'Impeded aggressiveness seems to involve a grave injury.'

Sigmund Freud

'We have yet to tackle the question', Winnicott wrote in one of his last published papers, 'The Location of Cultural Experience' (1967), 'of *what life itself is about*.'¹ It was the large question, Winnicott believed, that psychoanalysts seemed to have ignored, but that psychotic patients 'force us to give attention to'. And in the last years of his life Winnicott answered the question with a necessary kind of elusiveness. He proposed an essentialist theory but with an essence, the *True Self*, that by definition could not be formulated except in the most rudimentary terms. 'It does no more', he wrote, 'than collect together the details of the experience of aliveness.'² Minimal definition allowed for maximal variety. It was, for Winnicott, not a question of what was real about human beings – which would presuppose a *known essence* – but of what, for each person, 'gives the feeling of real'. This could only be found by each person for himself.

The experience of aliveness, Winnicott had discovered, could not be taken for granted. There were people who had experienced such severe failure of the early holding environment that they felt they had not started to exist. Their lives were characterized by a sense of futility born of compliance. Psychoanalysis became, for these people, the provision of an environment in which, Winnicott writes, 'the patient

will find his or her own self, and will be able to exist and to feel real. Feeling real is more than existing; it is finding a way to exist as oneself, and to relate to objects as oneself, and to have a self into which to retreat for relaxation.³ Winnicott assumes that everyone 'has' a self that, like a plant, depends for its realization on a nurturing environment. But to begin with, 'the self of the infant ... is only potential'.⁴ It is gradually constituted through recognition by the mother of the infant's spontaneous gestures, through being reliably seen by her, and it is consolidated through aggression, the mother's survival – meaning her non-retaliation – of the infant and child's destructiveness. In three important papers that can be usefully read as a series – 'The Mirror-Role of Mother and Family in Child Development' (1967),⁵ 'The Use of an Object and Relating through Identifications' (1969),⁶ and 'Ego Distortion in Terms of True and False Self' (1960)⁷ – Winnicott provides a final statement of his developmental theory.

As we have seen, each of Winnicott's contributions to psychoanalytic theory came out of his always evolving sense of what mothers did for their infants. In 'The Mirror-Role' Winnicott suggests that 'the precursor of the mirror is the mother's face' and that the 'mother's role [is] of giving back to the baby the baby's own self'. When the infant looks at the mother's face he can see himself, how he feels, reflected back in her expression. If she is preoccupied by something else, when he looks at her he will only see how she feels. He will not be able to get 'something of [himself] back from the environment'. He can only discover what he feels by seeing it reflected back. If the infant is seen in a way that makes him feel he exists, in a way that confirms him, he is free to go on looking.

The mother's face is an essential feature in the process Winnicott describes of an object being presented 'in such a way that the baby's legitimate experience of omnipotence

is not violated'. If the object is unable to respond to the infant's gesture of personal need 'the central self suffers insult'. If the mother is unable to fit in with her baby at the beginning, he will be unable to recognize himself in her distracted response. By direct analogy psychoanalysis, Winnicott proposes, 'is a complex derivative of the face that reflects what is there to be seen'. Like the mother's long-term tending of her infant and child, psychoanalysis is a 'giving the patient back what the patient brings'.

The French analyst Lacan had proposed, in a seminal paper to which Winnicott refers, 'Le Stade du miroir' (1949),⁸ that when the child looked in the mirror he saw a unified image of his own disarray. Though he experienced himself as all over the place, in bits and pieces, he observed himself collected into an image. This disparity – this formative misrecognition – offered the child the lure of a spurious image of completeness that would, in actuality, forever seduce and elude him. The mirror, Lacan suggested, was deeply misleading; it gave the child a false promise. But for Winnicott what the child saw in the mirror was determined by his experience of the mother's face. If his mother is sufficiently responsive the child experiences himself being seen 'for what he in fact [is] at any moment'. A sense of misrecognition, or a feeling of conflict in the child, Winnicott sees, predictably perhaps, as the consequence of a failure of the maternal provision. Mirrors, like mothers before them, could be usefully looked into, because they were potentially, in the fullest sense, reflective. Just like Winnicott's good-enough mother, they could be reliable and accurate in their acknowledgement.

But the child can only begin looking by first seeing himself, 'being seen is at the basis of creative looking'. Perception – looking at things – is an addition to, but must never be separated from, apperception – seeing oneself. The child with an unresponsive mother – the mother whose face

is frozen by a depressed mood – is forced to perceive, to read the mood at the cost of his own feelings being recognized. This perception that pre-empts apperception is an early form of compliance, unable to get 'the mirror to notice and approve' the child, in the simple reversal I have described, is compelled to see only what the mother feels. And he has no way of knowing what, if anything, he has contributed to her mood.

There is, Winnicott suggests, a 'historical process (in the individual) which depends on being seen:

When I look I am seen, so I exist.

I can now afford to look and see.

I now look creatively and what I apperceive I also perceive.

In fact I take care not to see what is not there to be seen (unless I am tired).⁹

Not to be seen by the mother, at least at the moment of the spontaneous gesture, is not to exist. In Winnicott's account, being seen by the mother is being recognized for who one is, and what the infant is, is what he feels. The infant cannot risk looking, if looking draws a blank, he must get something of himself back from what he looks at. This makes the mother of infancy the arbiter of the infant's truth. Her responsive recognition – not, for example, a conflict of recognitions between them – makes up his sense of himself. The mother is the constitutive witness of the True Self. If she violates the infant's initial omnipotence – forcing him to see her – she 'insults' the infant's self and drives it into hiding. Everything hinges on the changeover from mother as a subjective object to an object objectively perceived, from seeing himself through the other, to seeing the other. It is a process in which the infant, not the mother, must take the lead. Forcing the pace can only be managed by the infant through compliance.

But if the infant feels real, at the very beginning, through the mother's reflective recognition, how does this develop into contact with, and perception of, real other objects? Winnicott describes this process – 'the most difficult thing, perhaps, in human development' – as the changeover from relating to objects to use of objects. 'From relating to usage' is his description of the shift from the infant's experience of a subjective object to one objectively perceived and outside omnipotent control. To be used, in Winnicott's sense, the object must be real, and the capacity to use objects is not an automatic development but depends, absolutely, on a facilitating object.

In 'The Use of an Object' Winnicott gives a lucid account of this process, from relating to usage, that necessitates a 'statement of the positive value of destructiveness'. And in this simple statement Winnicott makes his final, and in some ways decisive, revision of the work of Freud and Klein. If, in Winnicott's terms, the self is first made real through recognition, the object is first made real through aggressive destruction, and this, of course, makes experience of the object feel real to the self. The object, Winnicott says, is placed outside omnipotent control by being destroyed while, in fact, surviving the destruction. Winnicott offers his own mock-Punch-and-Judy dialogue to illustrate his point:

The subject says to the object: 'I destroyed you', and the object is there to receive the communication. From now on the subject says: 'Hullo object!' 'I destroyed you.' 'I love you. You have value for me because of your survival of my destruction of you. While I am loving you I am all the time destroying you in (unconscious) *fantasy*.'¹⁰

It is the backdrop of destruction – in fantasy – that keeps the object real, and so available for use. But the object must

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be there to receive the communication. If the object will not allow itself to be destroyed, and does not retaliate: if it survives the full blast of the subject's destructiveness, then, and only then, can the subject conceive of the object as beyond his power and therefore fully real. The self and the other have to collaborate, their reality for each other is mutually constituted. 'It is the destruction of the object', Winnicott writes, emphasizing the point, 'that places the object outside of the area of the subject's omnipotent control. In these ways the object develops its own autonomy and life and (if it survives) contributes in to the subject, according to its own properties.'¹¹ Through the infant's and child's cumulative experience of destruction withstood – of an object resilient [non-rejecting] in the way the hostels for the evacuated children had to be resilient – 'a world of shared reality is created', Winnicott writes, 'which the subject can use and which can feed back other-than-me substance.' Patients deprived of this crucial early experience will need analysis to enable them to develop a capacity to use objects. Then, Winnicott writes, 'the essential feature is the analyst's survival and the intactness of the psychoanalytic technique.'

But this developmental process from relating to usage is a significant modification of psychoanalytic theory. In Freud or, as Winnicott writes more covertly, 'orthodox theory', the object is destroyed *because* it is beyond omnipotent control, its independent reality frustrates. For Winnicott it is the 'destructive drive that creates the quality of externality', and it is the externality, the separate reality of the object, that makes it available for satisfaction. It is destructiveness, paradoxically, that creates reality, not reality that creates destructiveness. So for Winnicott, Klein's concept of the depressive position now seemed more like a protection-racket, a sophisticated version of being nice to mother. In Winnicott's view the object was not reconstituted by the

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subject's reparation – as Klein believed – but constituted by its own survival.

The mother – as we have seen, that original Winnicottian analyst – must recognize and reflect back what the infant initiates, and must be resilient in a non-retaliatory way when the infant seeks the recognition inherent in destructiveness. It is part of Winnicott's demand on the mother that she be robust; if she is in any way rejecting, the infant has to comply with her response. It is the strategies of compliance that Winnicott calls the False Self Organization. Because of this primary and enforced attentiveness to the needs of the mother, the False Self, he writes, always 'lacks something, and that something is the *essential element of creative originality*'.¹² The creative originality that Winnicott considered to be an innate characteristic of infancy, realized through maternal care, could be muffled or felt to be lost.

In 'The True and False Self' Winnicott links 'the idea of a True Self with the spontaneous gesture'; this, he believes, is the beginning of a feeling of existing and feeling real, and depends upon what he refers to elsewhere as 'a basic ration of the experience of omnipotence'.¹³ 'The protest against being forced into a false existence', the premature abrogation of omnipotence, 'can be detected', he writes, 'from the earliest stages'.¹⁴ There is, he implies, an innate authenticity. But if the infant is unable to 'start by existing not by reacting' then he will have to develop a False Self as a measure of protection, 'a defence against that which is unthinkable, the exploitation of the True Self, which would result in annihilation'. The False Self, an 'idea which our patients give us', has three functions: it attends, within severe limitations, to the mother; it hides and protects the True Self by complying with environmental demands; and it is also a 'caretaker' [another 'patient's word'], like a nurse looking after a child, taking over the caring function of the

environment that has failed. It is a primitive form of self-sufficiency in the absence of nurture. It begins to emerge, in its severest form, in infancy:

The good-enough mother meets the omnipotence of the infant and to some extent makes sense of it. She does this repeatedly. A True Self begins to have life, through the strength given to the infant's weak ego by the mother's implementation of the infant's omnipotent expressions.

The mother who is not good-enough is not able to implement the infant's omnipotence, and so she repeatedly fails to meet the infant's gesture; instead she substitutes her own gesture which is to be given sense by the compliance of the infant. 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.¹⁵

The mother implements in the sense of fulfilling the infant's gesture by her response. If she is unable to respond to him through identification he must compulsively comply in order to survive. The False Self organization, at its most extreme, 'results in a feeling unreal or a sense of futility'. But there are, Winnicott makes clear, 'degrees' of False Self, and these can be summarized, beginning with the most severe case, as follows:

1. The False Self replaces and appears to be the real person, while the True Self is so hidden as to seem absent.
2. The False Self protects the True Self that is 'acknowledged as a potential and is allowed a secret life'.
3. The False Self has a 'main concern' which is the finding and maintaining of conditions, of an environment 'which will make it possible for the True Self to come into its own'. The False Self, 'built on identifications', copies others to protect the True Self from misrecognition.

4. The False Self represents an ordinarily adaptive 'social manner'. It is the healthy compromise of socialized politeness that is seen as such, a 'not wearing the heart on the sleeve'. This both maintains and implicitly acknowledges a more private personal self.

The True Self, by contrast, cannot be said to have degrees. It cannot strictly speaking be defined because it covers what is distinctive and original about each person. It is simply a category for the idiosyncratic. 'There is but little point in formulating a True Self idea,' Winnicott writes, 'except for the purpose of trying to understand the False Self.' In broad outline it can be characterized in the following way:

1. At first it is 'the theoretical position from which comes the spontaneous gesture and the personal idea. The spontaneous gesture is the True Self in action.'
2. The True Self is the source of what is authentic in a person. 'Only the True Self can be creative,' Winnicott insists, 'and only the True Self can feel real.'
3. The True Self is bound up with bodily aliveness. It is 'little more than the summation of sensory-motor aliveness'. In fact it 'comes from the aliveness of the body-tissues and the working of the body-functions, including the heart's action and breathing'.
4. As it is what is original about a person that derives from 'inherited potential', it is 'at the beginning, essentially not reactive to external stimuli, but primary'.
5. The True Self is the body as creative.

Somewhere between the True Self and the False Self Winnicott mentions – as a transitional figure, as it were – the actor as the paradoxical man:

In regard to actors, there are those who can be themselves and who also can act, whereas there are others who can only act, and who are completely at a loss

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when not in a role, and when not being appreciated or applauded [acknowledged as existing].¹⁶

The distinction is between choosing to act as part of a repertoire of ways of being, and being unable to do anything but act, as a derivative of early compliance. Winnicott even suggests, in a characteristically oblique sentence, that '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'.¹⁷ Is it possible to enact an idea of authenticity, and where would the idea come from if it was possible? Winnicott leaves his most extraordinary (and perhaps fruitful) idea about the Self in italics, but unelaborated.

His late division of the Self into True and False elements could not, despite his disclaimers, be easily linked with Freud's concepts of the Id and the Ego. The True Self was not a 'seething cauldron' of instincts, as Freud had once described the Id, and the Ego, which does bear some comparison with the False Self, could never have been described by Freud as a nurse. Winnicott had built his theory out of the self-descriptions of patients, not out of a special language that was divorced from clinical work, there were inevitably drawbacks to its application. One can imagine, for example, a person describing a part of himself as false because it was unacceptable, but nevertheless truly a part of him. It was, perhaps, misleading to refer to a part of the self that looked after another part as 'false', and an essentially indefinable part as True. And yet through his use of an albeit idiosyncratic ordinary language, Winnicott made the theory of psychoanalysis more accessible to people it was originally intended to help.

But given psychoanalysis had been traditionally conceived of as a treatment in words, what was the relationship of language to this elusive True Self? Could it, like the Unconscious, speak (albeit in disguise), or be spoken to? It

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was certainly not, like the Unconscious, intrinsically unacceptable. Winnicott, in fact, never confronted the difficulty of relating his True Self concept to Freud's concept of the Unconscious. As he got older he developed his own ideas in virtual disregard of the traditional languages of psychoanalysis. But it was to the role of language in psychoanalytic treatment, and its tenuous relationship with the True Self, that Winnicott turned his attention in the last years of his life.

Culture in Context

Selected writings of Weston La Barre

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