

# Through Pediatrics to Psychoanalysis, by D. Winnicott

## a. Quotes:

- "acceptance of personal responsibility...is an essential part of individual development." - Author (pg. 93)
- "[I]n fantasy things work by magic..." - Author (pg. 153)
  - "Fantasy is more primary than reality..." - Author (pg. 153)
- "it is a hallmark of madness when an adult puts too powerful a claim on the credulity of others, forcing them to acknowledge a sharing of illusion that is not their own." - Author (pg. 231)

## b. General Notes:

- Introduction, by M. Khan (pg. xi)
  - "For Winnicott **the human individual was an unknowable isolate, who could personalise and know himself only through the other...**" (pg. xiii-xiv)
  - "For Winnicott it became progressively more important to define the role of imagination, illusion and playing in the transitional area and space from which all true spontaneous gestures of self-actualization are initiated and crystallised into a personal tradition of inner reality, which is more than fantasising." (pg. xvi)
  - "For Winnicott the paradox of infant-mother relationship lay in that the environment (mother) makes the becoming self of the infant feasible. Winnicott was the first among analysts to point out the obvious fact that a mother cherishes, enjoys and creates her baby: not only in the somatic inside of her womb, but also in the early stages of the infant's finding and realising of its innate givens of endowment and the person it will differentiate and actualise into in time." (pg. xxxvii)
    - "According to Winnicott it is the reactions to impingements that count and not the impingements as such." (pg. xli)
- Chapter 1 - A Note on Normality and Anxiety (pg. 3)
  - "When actual situations are absent, imagined ones are ever present - indeed these are often the more powerful..." (pg. 5)
  - "Anxiety is normal in childhood" (pg. 6)
  - "**It is in the years between one and five that the foundations of mental health are laid,** and here, too, is to be found the nucleus of psychoneurosis." (pg. 7)
- Chapter 2 - Fidgetiness (pg. 22)
  - See text
- Chapter 3 - Appetite and Emotional Disorder (pg. 33)
  - "I should like to put forward the suggestion that greed is never met with in the human being, even in an infant, in undisguised form, and that greediness, when it appears as a symptom, is always a secondary phenomenon, implying anxiety. Greed means to me something so primitive that it could not appear in human behaviour except disguised and as part of a symptom complex." (pg. 33)
- Chapter 4 - The Observation of Infants in a Set Situation (pg. 52)
  - "The idea that infants have fantasies is not acceptable to everyone, but probably all of us who have analysed children at two years have found it necessary to postulate that an infant, even an infant of seven months like the asthma baby whose case I have already quoted, has fantasies. These are not yet attached to word-presentations, but they are full of content and rich in emotion, and it can be said that they provide the foundation on which all later fantasy life is built. These fantasies of the infant are concerned not only with external environment, but also with the fate and interrelationship of the people and bits of people that are being fantastically taken into him — at first along with his ingestion of food and subsequently as an independent procedure - and that build up the inner reality. A child feels that things inside are good or bad, just as outside things are good or bad. The qualities of good and bad depend on the relative acceptability of aim in the taking-in process. This in turn depends on the strength of the destructive impulses relative to the love impulses, and on the individual child's capacity to tolerate anxieties derived from destructive tendencies. Also, and connected with both of these, the nature of the child's defences has to be taken into account, including the degree of development of his capacity for making reparation. These things could be summed up by saying that **the child's ability to keep alive what he loves and to retain his belief in his own love has an important bearing on how good or bad the things inside him and outside him feel to him to be;** and this is to some extent true even of the infant of only a few months. Further, as Melanie Klein has shown, there is a constant interchange and testing between inner and outer reality; the inner reality is always being built up and enriched by instinctual experience in relation to external objects and by contributions from external objects (in so far as such contributions can be perceived); and the outer world is constantly being perceived and the individual's relationship to it being enriched because of the existence in him of a lively inner world. The insight and conviction gained through the analysis of young children can be applied backwards to the first year of life, just as Freud applied what he found in adults to the understanding of children, and to the understanding not only of the particular patient as a child, but of children in general. It is illuminating to observe infants directly, and it is necessary for us to do so. In many respects, however, the analysis of two-year-old children tells us much more about the infant than we can ever get from direct observation of infants. This is not surprising; the uniqueness of psycho-analysis as an instrument of research, as we know, lies in its capacity to discover the unconscious part of the mind and link it up with the conscious part and thus give us something like a full understanding of the individual who is in analysis. This is true even of the infant and the young child, though direct observation can tell us a great deal if we actually know how to look and what to look for. The proper procedure is obviously to get all we can both from observation and from analysis, and to let each help the other." (pg. 60-61)
- Chapter 5 - Child Department Consultations (pg. 70)
  - See text
- Chapter 6 - Ocular Psychoneuroses of Childhood (pg. 85)
  - "A great deal is always being taken in by the eyes. The eyes also represent an organ of excretion. Everyone has seen a friend 'into a bus', and in a sense everything we see comes out from ourselves on to the object. I have already described a girl who hallucinated a page as she woke. There are those who read the newspapers to gain information, but many expect the paper to put out before their eyes the things they are already thinking and feeling and, in fact, they cannot be said to take much notice of the actual information supplied, except as a mild corrective to their imagination." (pg. 90)
- Chapter 7 - Reparation in Respect of the Mother's Organized Defence Against Depression (pg. 91)
  - "In the analyses that we do we can reach the guilt in its relation to aggressive and destructive impulses and ideas, and we can watch the urge to make reparation appear as the patient becomes able to account for, tolerate, and hold the guilt feeling. There are other roots for creativeness, but **reparation provides an important link between the creative impulse and the life the patient leads. The attainment of a capacity for making reparation in respect of personal guilt is one of the most important steps in the development of the healthy human being,** and we now wonder how we did analytic work before we consciously made use of this simple truth." (pg. 91)
    - "I have been able to see that the depression of the child can be the mother's depression in re-flection. **The child uses the mother's depression as an escape from his or her own;** this provides a false restitution and reparation in relation to the mother, and this hampers the development of a personal restitution capacity because the restitution does not relate to the child's own guilt sense." (pg. 92)
      - *\*this is highly significant....really the notion that we use other's emotions as a mean to deflect engagement with our own. This is mimetic.*

- "An individual's reparation urge may be related less to the personal guilt-sense than to the guilt-sense or depressed mood of a parent." (pg. 96)
- Chapter 8 - Anxiety Associated with Insecurity (pg. 97)
  - "In my view there are certain types of anxiety in early infancy that are prevented by good-enough care, and these can be studied with profit. I think that the states that are prevented by good infant care are all states that group naturally under the word mad, if they are found in an adult. A simple example would be the state of unintegration. With good infant care this state is the natural state and there is no one there to mind about it. Good care produces a state of affairs in which integration begins to become a fact, and a person starts to be there. In so far as this is true, so far does failure of care lead to disintegration instead of to a return to unintegration. Disintegration is felt to be a threat because (by definition) there is someone there to feel the threat. Also it is a defence. **Three main types of anxiety resulting from failure in technique of child care are: unintegration, becoming a feeling of disintegration; lack of relationship of psyche to soma, becoming a sense of depersonalization; also the feeling that the centre of gravity of consciousness transfers from the kernel to the shell, from the individual to the care, the technique.**" (pg. 98-99)
  - "In a quieter way today I would say that before object relationships the state of affairs is this: that **the unit is not the individual, the unit is an environment-individual set-up. The centre of gravity of the being does not start off in the individual. It is in the total set-up. By good-enough child care, technique, holding, and general management the shell becomes gradually taken over and the kernel** (which has looked all the time like a human baby to us) **can begin to be an individual**. The beginning is potentially terrible because of the anxieties I have mentioned and because of the paranoid state that follows closely on the first integration, and also on the first instinctual moments, bringing to the baby, as they do, a quite new meaning to object relationships. **The good-enough infant care technique neutralizes the external persecutions, and prevents the feelings of disintegration and loss of contact between psyche and soma. In other words, without a good-enough technique of infant care the new human being has no chance whatever**. With a good-enough technique the centre of gravity of being in the environment-individual set-up can afford to lodge in the centre, in the kernel rather than in the shell. The human being now developing an entity from the centre can become localized in the baby's body and so can begin to create an external world at the same time as acquiring a limiting membrane and an inside. According to this theory there was no external world at the beginning although we as observers could see an infant in an environment. How deceptive this can be is shown by the fact that often we think we see an infant when we learn through analysis at a later date that what we ought to have seen was an environment developing falsely into a human being, hiding within itself a potential individual. Continuing in this same dogmatic way I want to make a comment on the clinical condition known popularly as hysteria. The term neurosis covers nearly the same ground. It is normal for the infant to feel anxiety if there is a failure of infant-care technique. An infant at the very beginning, however, would go into an unintegrated state, or lose contact with the body, or shift over to being the socket instead of the content, without pain. Inherent in growth, then, is pain, anxiety in respect of these various phenomena that result from failure of infant care. In health, the environment (taken over by the mother or nurse) makes a graduated failure, starting off with almost perfect adaptation. There is a state of affairs in which the fear is of a madness, that is to say a fear of a lack of anxiety at regression to an unintegrated state, to absence of a sense of living in the body, etc. The fear is that there will be no anxiety, that is to say, that there will be a regression, from which there may be no return. The consequence of this is a repeated testing of capacity for anxiety and temporary relief whenever anxiety is felt, the worse the better (Balint, 1955)." (pg. 99-100)
- Chapter 9 - Symptom Tolerance in Paediatrics (pg. 101)
  - See text
- Chapter 10 - A Case Managed at Home (pg. 118)
  - See text
- Chapter 11 - Manic Defence (pg. 129)
  - "Internal reality is to be itself described in fantasy terms; yet it is not synonymous with fantasy since it is used to denote the fantasy that is personal and organized, and related historically to the physical experiences, excitements, pleasures, and pains of infancy. **Fantasy is part of the individual's effort to deal with inner reality**. It can be said that fantasy and day-dreams are omnipotent manipulations of external reality. Omnipotent control of reality implies fantasy about reality. The individual gets to external reality through the omnipotent fantasies elaborated in the effort to get away from inner reality." (pg. 130)
    - "Omnipotent fantasies are not so much the inner reality itself as a defence against the acceptance of it. One finds in this defence a flight to omnipotent fantasy, and flight from some fantasies to other fantasies, and in this sequence a flight to external reality. This is why I think one cannot compare and contrast fantasy and reality." (pg. 130)
      - "It should be possible to link the lessening of omnipotent manipulation and of control and of devaluation to normality, and to a degree of manic defence that is employed by all in everyday life." (pg. 131)
  - "In manic defence a relationship with the external object is used in the attempt to decrease the tension in inner reality. But it is characteristic of the manic defence that the individual is unable fully to believe in the liveliness that denies deadness, since he does not believe in his own capacity for object love; for making good is only real when the destruction is acknowledged." (pg. 131-132)
  - "Its characteristics are omnipotent manipulation or control and contemptuous devaluation; it is organized in respect of the anxieties belonging to depression, which is the mood that results from the coexistence of love and greed and hate in the relations between the internal objects. The manic defence shows in several different but interrelated ways, namely: **Denial of inner reality; Flight to external reality from inner reality; Holding the people of the inner reality in 'suspended animation'; Denial of the sensations of depression — namely the heaviness, the sadness — by specifically opposite sensations, lightness, humorousness, etc.; The employment of almost any opposites in the reassurance against death, chaos, mystery, etc., ideas that belong to the fantasy content of the depressive position.**" (pg. 132)
    - "[R]ising has a phallic, that is to say, erection significance, as is obvious, but this is not the same as its ascensive or contra-depressive significance. Balloons are employed in fantasies and games as symbolic of the mother's body or breasts, of the flatus pregnancy, flatus erection, flatus; they are also employed as contra-depressive symbols. In regard to feelings they are contra-depressive, whatever the object they displace. Falling has a sexual, or a passive-masochistic significance; it also has a depressive significance; and so on." (pg. 136)
  - "The term manic defence is intended to cover a person's capacity to deny the depressive anxiety that is inherent in emotional development, anxiety that belongs to the capacity of the individual to feel guilt, and also to acknowledge responsibility for instinctual experiences, and for the aggression in the fantasy that goes with instinctual experiences." (pg. 143-144)
- Chapter 12 - Primitive Emotional Development (pg. 145)
  - "The main object of this paper is to present the thesis that the early emotional development of the infant, before the infant knows himself (and therefore others) as the whole person that he is (and that they are), is vitally important: indeed that here are the clues to the psychopathology of psychosis." (pg. 149)
  - "There are three processes which seem to me to start very early: (1) integration, (2) personalization, and (3), following these, the appreciation of time and space and other properties of reality — in short, realization. A great deal that we tend to take for granted had a beginning and a condition out of which it developed." (pg. 149)
    - "Integration starts right away at the beginning of life..." (pg. 150)
  - "According to my view there grows out of unintegration a series of what are then called dissociations, which arise owing to integration being incomplete or partial." (pg. 151)

- "Dissociation is an extremely widespread defence mechanism and leads to surprising results. For instance urban life is a dissociation, a serious one for civilization. Also war and peace." (pg. 152)
- Chapter 13 - Paediatrics and Psychiatry (pg. 157)
  - "The theory that I am putting forward is that in **the emotional development of every infant complicated processes are involved, and that lack of forward movement or completeness of these processes predisposes to mental disorder or breakdown; the completion of these processes forms the basis of mental health.** The mental health of the human being is laid down in infancy by the mother, who provides an environment in which complex but essential processes in the infant's self can become completed." (pg. 159-160)
  - "It is not difficult to see that in the case of every infant at least these three things have to happen: (1) The infant has to make contact with reality; (2) The personality of the infant has to become integrated, and the integration has to gain stability; (3) The infant has to come to feel he lives in what we see so easily as the body of that infant, but which at first is not felt by the infant to be significant in the special way we know it is. Three things: reality contact, integration, sense of body." (pg. 162)
- Chapter 14 - Birth Memories, Birth Trauma and Anxiety (pg. 174)
  - "**The mental health of the individual is laid down by the mother** who, because she is devoted to her infant, is able to make active adaptation. This presupposes a basic state of relaxation in the mother, and also an understanding of the individual infant's way of life, which again arises out of her capacity for identification with her infant. This relationship between the mother and the infant starts before the infant is born and is continued in some cases through the birth process and after. As I see it, the trauma of birth is the break in the continuity of the infant's going on being, and when this break is significant the details of the way in which the impingements are sensed, and also of the infant's reaction to them, become in turn significant factors adverse to ego development. In the majority of cases the birth trauma is therefore mildly important and determines a good deal of the general urge towards rebirth. In some cases this adverse factor is so great that the individual has no chance (apart from rebirth in the course of analysis) of making a natural progress in emotional development, even if subsequent external factors are extremely good. In consideration of the theoretical point of the origin of anxiety it would be a false step to link such a universal phenomenon as anxiety with a special case of birth, birth that is traumatic. It would be logical, however, to attempt to relate anxiety with the normal birth experience, but the suggestion is made in this paper that not enough is known yet about the normal birth experiences from the infant's point of view for us to be able to say that there is an intimate relationship between anxiety and normal untraumatic birth. Traumatic birth experience seems to me to determine not so much the pattern of subsequent anxiety as to determine the pattern of subsequent persecution." (pg. 189)
- Chapter 15 - Hate in Countertransference (pg. 194)
  - See text
- Chapter 16 - Aggression in Relation to Emotional Development (pg. 204)
  - "The main idea behind this study of aggression is that if society is in danger, it is not because of man's aggressiveness but because of the repression of personal aggressiveness in individuals." (pg. 204)
    - "In a study of the psychology of aggression a severe strain is imposed on the student, for the following reason. In a total psychology, being-stolen-from is the same as stealing, and is equally aggressive. Being weak is as aggressive as the attack of the strong on the weak. Murder and suicide are fundamentally the same thing. Perhaps most difficult of all, possession is as aggressive as is greedy acquisition; indeed acquisition and possession form a psychological unit, either is incomplete without the other. This is not saying that acquiring and possessing are good or bad. These considerations are painful, because they draw attention to dissociations that are hidden in current social acceptance; they cannot be left out of a study of aggression. Also, the basis for a study of actual aggression must be a study of the roots of aggressive intention." (pg. 204)
      - "Prior to integration of the personality there is aggression. A baby kicks 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 to hurt. **At origin aggressiveness is almost synonymous with activity**; it is a matter of part-function." (pg. 204)
    - "Integration of a personality does not arrive at a certain time on a certain day. It comes and goes, and even when well attained it can be lost through unfortunate environmental chance. Nevertheless, purposive behaviour 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.**" (pg. 205)
      - "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. No one act of aggression can be fully understood as an isolated phenomenon; and in fact the study of any one act of a child involves consideration of the following:" (pg. 205)
        - The child in his environment, with adults caring for him.
        - The child mature according to his chronological and emotional age.
        - The child who, although mature according to his age, contains within himself all degrees of immaturity reaching right back to the primary state.
        - The child as an ill person, having fixations at immature levels.
        - The child in a relatively unorganized emotional state, still liable with more or less ease to regression and to spontaneous recovery from regression.
    - "The psychology of the infant from now on becomes more complicated. The individual child becomes concerned not only with the effect on his mother of his impulses, but he also notes the results of his experiences in his own self. Instinctual satisfactions make him feel good, and he perceives intake and output in a psychological as well as in a physical sense. He becomes filled with what he feels to be good, and this initiates and maintains his confidence in himself and in what he feels he may expect from life. At the same time he has to reckon with his angry attacks, as a result of which he feels he becomes filled with what is bad or malign or persecuting. These evil things or forces, being inside him, as he feels, form a threat from within to his own person, and to the good which forms the basis of his trust in life. He now starts a **life-long task of management of his inner world**, a task which, however, cannot be started until he is well lodged in his body and able to differentiate between what is inside himself and what is external, and between what is actual and what is his own fantasy. **His management of the external world depends on his management of his inner world.** An extremely complex series of defence mechanisms develops, which should be examined in any attempt to understand aggression in a child who has reached this stage of emotional development. It will be impossible here to do more than enumerate some of the ways in which this part of human psychology is relevant to the present theme. First I will describe the return from introversion, since this is an important and common source of actual aggression." (pg. 207)
      - "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)." (pg. 208)
      - "In health, the individual can store badness within for use in an attack on external forces that seem to threaten what is felt to be worth preserving. Aggression then has social value. The value of this (as compared with maniacal or delusional aggression) lies in the fact that objectivity is preserved, and the enemy can be met with economy of effort. The enemy then does not need to be loved in order to be attacked."

(pg. 209)

- **"The personality comprises three parts: a true self, with Me and Not-Me clearly established, and with some fusion of the aggressive and erotic elements; a self that is easily seduced along lines of erotic experience, but with the result of a loss of sense of real; a self that is entirely and ruthlessly given over to aggression. This aggression is not even organized to destruction, but it has value to the individual because it brings a sense of real and a sense of relating,** but it is only brought into being by active opposition, or (later) persecution. **It has no root in personal impulse,** motivated in ego spontaneity. The individual may achieve a false fusion of the aggressive and erotic by converting this pure de-fused aggression into masochism, but for this to occur there must be a reliable persecutor, and the reliable persecutor is a sadistic lover. In this way masochism can be primary to sadism. However, in following the development of an emotionally healthy human being we see sadism as primary to masochism. In health sadism implies successful fusion, that which is absent in the conditions in which masochism develops straight out of the pattern of reactive aggression, unfused. The main conclusion to be made out of these considerations is that **confusion exists through our using the term aggression sometimes when we mean spontaneity. The impulsive gesture reaches out and becomes aggressive when opposition is reached. There is reality in this experience,** and it very easily fuses into the erotic experiences that await the new-born infant. **I am suggesting: it is this impulsiveness, and the aggression that develops out of it, that makes the infant need an external object, and not merely a satisfying object.** Many infants, however, have a massive aggressive potential that belongs to reaction to impingement, that becomes activated by persecution: in so far as this is true the infant welcomes persecution, and feels real in reacting to it. But this represents a false mode of development since the infant needs continued persecution." (pg. 217)
- Chapter 17 - Psychoses and Child Care (pg. 219)
  - **"The mental health of each child is laid down by the mother during her preoccupation with the care of her infant."** (pg. 220)
  - **"Mental health, then, is a product of the continuous care that enables a continuity of personal emotional growth.** It is already an accepted view that neurosis has its origin in the early interpersonal relationships that arise when the child is beginning to take a place as a whole human being in the family. In other words, the health of an individual in terms of socialization and of absence of neurosis is laid down by the parents when the child is at the toddler age; but this statement assumes normal growth during infancy. It is not so well known (and indeed it is still a matter for proof) that disturbances which can be recognized and labelled as psychotic have their origin in distortions in emotional development arising before the child has clearly become a whole person capable of total relationships with whole persons." (pg. 220)
    - **"The capacity to feel concerned, to feel grief, and to react to loss in an organized way so that recovery may take place in the course of time, is a developmental stage of great importance in healthy growth;** and this capacity is laid down by the careful management of weaning, using weaning in the very broad sense of the management of infants of roughly speaking 9-18 months." (pg. 221)
  - **"At first the individual is not the unit. As perceived from outside the unit is an environment-individual set-up.** The outsider knows that the individual psyche can only start in a certain setting. In this setting the individual can gradually come to create a personal environment. If all goes well the environment created by the individual becomes something that is like enough to the environment that can be generally perceived, and in such a case there arrives a stage in the process of development through which the individual passes from dependence to independence. This is an extremely tricky developmental era and it is in success here that mental health in respect of psychosis is principally laid down." (pg. 221-222)
- Chapter 18 - Transitional Objects and Transitional Phenomena (pg. 229)
  - "I have introduced the terms 'transitional object' and transitional phenomena' for designation of the intermediate area of experience..." (pg. 230)
  - "It is generally acknowledged that a statement of human nature is inadequate when given in terms of interpersonal relationships, even when the imaginative elaboration of function, the whole of fantasy both conscious and unconscious, including the repressed unconscious, is allowed for. There is another way of describing persons that comes out of the researches of the past two decades, that suggests that of every individual who has reached to the stage of being a unit (with a limiting membrane and an outside and an inside) it can be said that there is an inner reality to that individual, an inner world which can be rich or poor and can be at peace or in a state of war. My claim is that if there is a need for this double statement, there is need for a triple one; there is the third part of the life of a human being, a part that we cannot ignore, an 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 interrelated. It is usual to refer to 'reality-testing', and to make a clear distinction between apperception and perception. I am here staking a claim for an intermediate state between a baby's inability and growing ability to recognize and accept reality. I am therefore studying the substance of illusion, that which is allowed to the infant, and which in adult life is inherent in art and religion." (pg. 230)
    - "We can share a respect for illusory experience, and if we wish we may collect together and form a group on the basis of the similarity of our illusory experiences. This is a natural root of grouping among human beings. Yet it is a **hallmark of madness when an adult puts too powerful a claim on the credulity of others, forcing them to acknowledge a sharing of illusion that is not their own.**" (pg. 231)
  - "It is true that the piece of blanket (or whatever it is) is symbolical of some part-object, such as the breast. Nevertheless the point of it is not its symbolic value so much as its actuality. Its not being the breast (or the mother) is as important as the fact that it stands for the breast (or mother). **When symbolism is employed the infant is already clearly distinguishing between fantasy and fact, between inner objects and external objects, between primary creativity and perception. But the term transitional object,** according to my suggestion, **gives room for the process of becoming able to accept difference and similarity.** I think there is use for a term for the root of symbolism in time, a term that describes the infant's journey from the purely subjective to objectivity; and it seems to me that the transitional object (piece of blanket, etc.) is what we see of this journey of progress towards experiencing." (p. 233-234)
    - "It is interesting to compare the transitional object concept with Melanie Klein's concept of the internal object. **The transitional object is not an internal object (which is a mental concept) - it is a possession. Yet it is not (for the infant) an external object either.** The following complex statement has to be made. The infant can employ a transitional object when the internal object is alive and real and good enough (not too persecutory). But this internal object depends for its qualities on the existence and aliveness and behaviour of the external object (breast, mother figure, general environmental care). Badness or failure of the latter indirectly leads to deadness or to a persecutory quality of internal object. After a persistence of failure of the external object the internal object fails to have meaning to the infant, and then, and then only, does the transitional object become meaningless too. The transitional object may therefore stand for the 'external' breast, but indirectly so, through standing for an 'internal' breast. **The transitional object is never under magical control like the internal object, nor is it outside control as the real mother is.**" (pg. 237)
  - **"There is no possibility whatever for an infant to proceed from the pleasure-principle to the reality principle or towards and beyond primary identification (see Freud, 1923, p. 14), unless there is a good enough mother. The good enough 'mother' (not necessarily the infant's own mother) is one who makes active adaptation to the infant's needs, an active adaptation that gradually lessens, according to the infant's growing ability to account for failure of adaptation and to tolerate the results of frustration.** Naturally the infant's own mother is more likely to be good enough than some other person, since this active adaptation demands an easy and unresented preoccupation with the one infant; in fact, success in infant care depends on the fact of devotion, not on cleverness or intellectual enlightenment. The good-enough mother, as I have stated, starts off with an almost complete adaptation to her infant's needs, and as time proceeds she adapts less and less completely, gradually, according to the infant's growing ability to deal with her failure. The infant's means of dealing with this maternal failure include the following: (1) The infant's experience, often repeated, that there is a time limit to frustration. At first, naturally, this time limit must be short. (2) A growing sense of process. (3) The beginnings of mental activity. (4) The

- employment of auto-erotic satisfactions. (5) Remembering, reliving, fantasizing, dreaming; the integrating of past, present, and future. If all goes well the infant can actually come to gain from the experience of frustration, since incomplete adaptation to need makes objects real, that is to say hated as well as loved. The consequence of this is that if all goes well the infant can be disturbed by a close adaptation to need that is continued too long, not allowed its natural decrease, since exact adaptation resembles magic and the object that behaves perfectly becomes no better than an hallucination. Nevertheless at the start adaptation needs to be almost exact, and unless this is so it is not possible for the infant to begin to develop a capacity to experience a relationship to external reality, or even to form a conception of external reality." (pg. 237-238)
- "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, and in the solution of this problem there is no health for the human being who has not been started off well enough by the mother. 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 transitional phenomena represent the early stages of the use of illusion, without which there is no meaning for the human being in the idea of a relationship with an object that is perceived by others as external to that being." (pg. 239)
    - "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." (pg. 239)
  - "It is assumed here that the task of reality-acceptance is never completed, that **no human being is free from the strain of relating inner and outer reality, and that relief from this strain is provided by an intermediate area of experience which is not challenged (arts, religion, etc.).**" (pg. 240)
    - "In infancy this intermediate area is necessary for the initiation of a relationship between the child and the world, and is made possible by good enough mothering at the early critical phase. Essential to all this is continuity (in time) of the external emotional environment and of particular elements in the physical environment such as the transitional object or objects. The transitional phenomena are allowable to the infant because of the parents' intuitive recognition of the strain inherent in objective perception, and we do not challenge the infant in regard to subjectivity or objectivity just here where there is the transitional object." (pg. 241)
  - **"The transitional objects and transitional phenomena belong to the realm of illusion which is at the basis of initiation of experience.** This early stage in development is made possible by the mother's special capacity for making adaptation to the needs of her infant, thus allowing the infant the illusion that what the infant creates really exists. This intermediate area of experience, unchallenged in respect of its belonging to inner or external (shared) reality, constitutes the greater part of the infant's experience and throughout life is retained in the intense experiencing that belongs to the arts and to religion and to imaginative living, and to creative scientific work. A positive value of illusion can therefore be stated. An infant's transitional object ordinarily becomes gradually decathected, especially as cultural interests develop. In psychopathology: Addiction can be stated in terms of regression to the early stage at which the transitional phenomena are unchallenged. Fetishism can be described in terms of a persistence of a specific object or type of object dating from infantile experience in the transitional field, linked with the delusion of a maternal phallus." (pg. 242)
  - Chapter 19 - Mind and its Relation to the Psyche-Soma (pg. 243)
    - **"To study the concept of mind one must always be studying an individual, a total individual, and including the development of that individual from the very beginning of psychosomatic existence."** (pg. 243)
    - "The mind does not exist as an entity in the individual's scheme of things provided the individual psyche-soma or body scheme has come satisfactorily through the very early developmental stages; mind is then no more than a special case of the functioning of the psyche-soma. In the study of a developing individual the mind will often be found to be developing a false entity, and a false localization. A study of these abnormal tendencies must precede the more direct examination of the mind-specialization of the healthy or normal psyche." (pg. 244)
    - "Let us assume that health in the early development of the individual entails continuity of being. The early psyche-soma proceeds along a certain line of development provided its continuity of being is not disturbed; in other words, for the healthy development of the early psyche-soma there is a need for a perfect environment. At first the need is absolute. The perfect environment is one which actively adapts to the needs of the newly formed psyche-soma, that which we as observers know to be the infant at the start. A bad environment is bad because by failure to adapt it becomes an impingement to which the psyche-soma (i.e. the infant) must react. This reacting disturbs the continuity of the going-on-being of the new individual. In its beginnings the good (psychological) environment is a physical one, with the child in the womb or being held and generally tended; only in the course of time does the environment develop a new characteristic which necessitates a new descriptive term, such as emotional or psychological or social. Out of this emerges the ordinary good mother with her ability to make active adaptation to her infant's needs arising out of her devotion, made possible by her narcissism, her imagination, and her memories, which enable her to know through identification what are her baby's needs. The need for a good environment, which is absolute at first, rapidly becomes relative. The ordinary good mother is good enough. If she is good enough the infant becomes able to allow for her deficiencies by mental activity. This applies to meeting not only instinctual impulses but also all the most primitive types of ego need, even including the need for negative care or an alive neglect. The mental activity of the infant turns a good-enough environment into a perfect environment, that is to say, turns relative failure of adaptation into adaptive success. What releases the mother from her need to be near-perfect is the infant's understanding. In the ordinary course of events the mother tries not to introduce complications beyond those which the infant can understand and allow for; in particular she tries to insulate her baby from coincidences and from other phenomena that must be beyond the infant's ability to comprehend. In a general way she keeps the world of the infant as simple as possible." (pg. 245)
  - Chapter 20 - Withdrawal and Regression (pg. 245)
    - See text
  - Chapter 21 - The Depressive Position in Normal Emotional Development (pg. 262)
    - "In terms of environment: the toddler is in a family situation, working out an instinctual life in interpersonal relationships, and the baby is being held by a mother who adapts to ego needs; in between the two is the infant or small child arriving at the depressive position, being held by the mother, but more than that, being held over a phase of living. It will be noted that a time factor has entered, and the mother holds a situation so that the infant has the chance to work through the consequences of instinctual experiences; as we shall see, the working through is quite comparable to the digestive process, and is comparably complex. The mother holds the situation, and does so over and over again, and at a critical period in the baby's life. The consequence is that something can be done about something. The mother's technique enables the infant's co-existing love and hate to become sorted out and interrelated and gradually brought under control from within in a way that is healthy." (pg. 262-263)
    - "To reach the depressive position a baby must have become established as a whole person, and to be related to whole persons as a whole person. Here I am counting the breast as a whole person, because, as the baby becomes a whole person, then the breast, the mother's body, whatever there is of her, any part, becomes perceived by the baby as a whole thing. If we take for granted everything that has gone before, we can say, in talking of a whole baby related to a whole mother, that the stage is set in which the depressive position can be reached. If this wholeness cannot be taken for granted, then nothing I have to say about the depressive position is relevant. The infant just gets on without it; and many do. In fact in schizoid types there may be no significant depressive position achievement, and magical re-creation has to be exploited in default of what is described as reparation and restitution." (pg. 264)

- Chapter 22 - Metapsychological and Clinical Aspects of Regression within the Psycho-Analytical Set-up (pg. 278)
  - "For me, the word regression simply means the reverse of progress. This progress itself is the evolution of the individual, psyche-soma, personality, and mind with (eventually) character formation and socialization. Progress starts from a date certainly prior to birth." (pg. 280)
  - "In the early development of the human being the environment that behaves well enough (that makes good-enough active adaptation) enables personal growth to take place. The self processes then may continue active, in an unbroken line of living growth. If the environment behaves not well enough, then the individual is engaged in reactions to impingement, and the self processes are interrupted. If this state of affairs reaches a quantitative limit the core of the self begins to get protected; there is a hold-up, the self cannot make new progress unless and until the environment failure situation is corrected in the way I have described. With the true self protected there develops a false self built on a defence-compliance basis, the acceptance of reaction to impingement. **The development of a false self is one of the most successful defence organizations designed for the protection of the true self's core**, and its existence results in the sense of futility. I would like to repeat myself and to say that while the individual's operational centre is in the false self there is a sense of futility, and in practice we find the change to the feeling that life is worth while coming at the moment of shift of the operational centre from the false to the true self, even before full surrender of the self's core to the total ego. From this one can formulate a fundamental principle of existence: that which proceeds from the true self feels real (later good) whatever its nature, however aggressive; that which happens in the individual as a reaction to environmental impingement feels unreal, futile (later bad), however sensually satisfactory." (pg. 291-292)
- Chapter 23 - Clinical Varieties of Transference (pg. 295)
  - "As we look back now we may say that cases were well-chosen as suitable for analysis if in the very early personal history of the patient there had been good-enough infant care. This good-enough adaptation to need at the beginning had enabled the individual's ego to come into being, with the result that the earlier stages of the establishment of the ego could be taken for granted by the analyst. In this way it was possible for analysts to talk and write as if the human infant's first experience was the first feed, and as if the object relationship between mother and infant that this implied was the first significant relationship. This was satisfactory for the practising analyst but it could not satisfy the direct observer of infants who are in the care of their mothers. At that time theory was groping towards a deeper insight into this matter of the mother with her infant, and indeed the term 'primary identification' implies an environment that is not yet differentiated from that which will be the individual. When we see a mother holding an infant soon after the birth, or an infant not yet born, at this same time we know that there is another point of view, that of the infant if the infant were already there; and from this point of view the infant is either not yet differentiated out, or else the process of differentiation has started and there is absolute dependence on the immediate environment and its behaviour. It has now become possible to study and use this vital part of old theory in a new and practical way in analytical work, work either with borderline cases or else with the psychotic phases or moments that occur in the course of the analyses of neurotic patients or normal people. This work widens the concept of transference since at the time of the analysis of these phases the ego of the patient cannot be assumed as an established entity, and there can be no transference neurosis for which, surely, there must be an ego, and indeed an intact ego, an ego that is able to maintain defences against anxiety arising out of instinct, the responsibility for which is accepted. I have referred to the state of affairs that exists when a move is made in the direction of emergence from primary identification. Here at first is absolute dependence. There are two possible kinds of outcome: by the one, environmental adaptation to need is good enough, so that there comes into being an ego which, in time, can experience id impulses; by the other, environmental adaptation is not good enough, and so there is no true ego establishment, but instead there develops a pseudo-self which is a collection of innumerable reactions to a succession of failures of adaptation. I would like here to refer to Anna Freud's paper: 'The Widening Scope of Indications for Psycho-Analysis' (1954). The environment, when it successfully adapts at this early stage, is not recognized, or even recorded, so that in the original stage there is no feeling of dependence; whenever the environment fails in its task of making active adaptation, however, it automatically becomes recorded as an impingement, something that interrupts the continuity of being, that very thing which, if not broken up, would have formed itself into the ego of the differentiating human being. There may be extreme cases in which there is no more than a collection of reactions to environmental failures of adaptation at the critical stage of emergence from primary identification. I am sure this condition is compatible with life, and with physical health. In the cases on which my work is based there has been what I call a true self hidden, protected by a false self. This false self is no doubt an aspect of the true self. It hides and protects it, and it reacts to the adaptation failures and develops a pattern corresponding to the pattern of environmental failure. In this way the true self is not involved in the reacting, and so preserves a continuity of being. However, this hidden true self suffers an impoverishment that derives from lack of experience. The false self may achieve a deceptive false integrity, that is to say a false ego-strength, gathered from an environmental pattern, and from a good and reliable environment; for it by no means follows that early maternal failure must lead to a general failure of child care. The false self cannot, however, experience life or feel real. In the favourable case the false self develops a fixed maternal attitude towards the true self, and is permanently in a state of holding the true self as a mother holds a baby at the very beginning of differentiation and of emergence from primary identification." (pg. 295-297)
- Chapter 24 - Primary Maternal Preoccupation (pg. 300)
  - "The mother who develops this state that I have called primary maternal preoccupation' provides a setting for the infant's constitution to begin to make itself evident, for the developmental tendencies to start to unfold, and for the infant to experience spontaneous movement and become the owner of the sensations that are appropriate to this early phase of life. The instinctual life need not be referred to here because what I am discussing begins before the establishment of instinct patterns. I have tried to describe this in my own language, saying that if the mother provides a good enough adaptation to need, the infant's own line of life is disturbed very little by reactions to impingement. (Naturally, it is the reactions to impingement that count, not the impingements themselves.) **Maternal failures produce phases of reaction to impingement and these reactions interrupt the 'going on being' of the infant**. An excess of this reacting produces not frustration but a threat of annihilation. This in my view is a very real primitive anxiety, long antedating any anxiety that includes the word death in its description. In other words, **the basis for ego establishment is the sufficiency of 'going on being', uncut by reactions to impingement**. A sufficiency of 'going on being' is only possible at the beginning if the mother is in this state that (I suggest) is a very real thing when the healthy mother is near the end of her pregnancy, and over a period of a few weeks following the baby's birth." (pg. 303)
    - "According to this thesis a good enough environmental provision in the earliest phase enables the infant to begin to exist, to have experience, to build a personal ego, to ride instincts, and to meet with all the difficulties inherent in life. All this feels real to the infant who becomes able to have a self that can eventually even afford to sacrifice spontaneity, even to die. On the other hand, without the initial good-enough environmental provision, this self that can afford to die never develops. The feeling of real is absent and if there is not too much chaos the ultimate feeling is of futility. The inherent difficulties of life cannot be reached, let alone the satisfactions. If there is not chaos, there appears a false self that hides the true self, that complies with demands, that reacts to stimuli, that rids itself of instinctual experiences by having them, but that is only playing for time. It will be seen that, by this thesis, constitutional factors are more likely to show up in the normal, where the environment in the first phase has been adaptive. By contrast, when there has been failure at this first phase, the infant is caught up in primitive defence mechanisms (false self, etc.) which belong to the threat of annihilation, and constitutional elements tend to become overridden (unless physically manifest). It is necessary here to leave undeveloped the theme of the infant's introjection of illness patterns of the mother, though this subject is of great importance in consideration of the environmental factor in the next stages, after the first stage of absolute dependence. In reconstructing the early development of an infant there is no point at all in talking of instincts, except on a basis of ego development. There is a watershed: (1) Ego maturity - instinctual experiences strengthen ego. (2) Ego immaturity - instinctual experiences disrupt ego. Ego here implies

a summation of experience. The individual self starts as a summation of resting experience, spontaneous motility, and sensation, return from activity to rest, and the gradual establishment of a capacity to wait for recovery from annihilations; annihilations that result from reactions to environmental impingement." (pg. 304-305)

- Chapter 25 - The Antisocial Tendency (pg. 306)
  - See text

c. Further Readings:

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