

D.W. WINNICOTT



**THE MATURATIONAL PROCESSES AND
THE FACILITATING ENVIRONMENT**

ROUTLEDGE

**THE MATURATIONAL
PROCESSES AND THE
FACILITATING
ENVIRONMENT**

**Studies in the Theory of
Emotional Development**

BY

D.W. WINNICOTT

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EDITORIAL NOTE

This volume brings together Dr Winnicott's published and unpublished papers on psycho-analysis and child development during the period 1957-1963. The series of papers presented here complements those published in *Collected Papers: Through Paediatrics to Psycho-Analysis* (London: Tavistock Publications, 1958).

There are two bibliographies at the end. The first includes all the books and papers referred to in the text. The second gives a list of Dr Winnicott's writings from 1926 to 1964.

In order that the text itself shall not be encumbered with too many cross-references and footnotes the inter-relationships of the themes and concepts discussed in Dr Winnicott's papers are provided in the index. The major themes are also broken down into sub-categories and indexed in such a way that the various implications and connotations of an idea become readily available to the reader. The basic concepts of Freud are indexed in relation to Dr Winnicott's discussions or elaborations of them. Quite often Dr Winnicott has taken a Freudian concept as his given frame of reference but has not discussed it as such, and it is intended that the index should in part remedy this by pointing out the links between Dr Winnicott's ideas and those of Freud.

M. MASUD R. KHAN

Associate Editor



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INTRODUCTION

The main theme of these collected papers is the carrying back of the application of Freud's theories to infancy. Freud showed us that psycho-neurosis has its point of origin in the interpersonal relationships of the first maturity, belonging to the toddler age. I have played a part in the exploration of the idea that mental hospital disorders relate to failures of development in infancy. Schizophrenic illness in this way shows up as the *negative* of processes that can be traced in detail as the *positive* processes of maturation in the infancy and early childhood of the individual.

Dependence in early infancy is a fact, and in these papers I have tried to take dependence right into the theory of personality growth. Ego-psychology only makes sense if based firmly on the fact of dependence, and on the study of infancy as well as on the study of primitive mental mechanisms and psychic processes.

The beginning of ego emergence entails at first an almost absolute dependence on the supportive ego of the mother-figure and on her carefully graduated failure of adaptation. This is part of what I have called 'good-enough mothering'; in this way the environment takes its place among the other essential features of dependence, within which the infant is developing and is employing primitive mental mechanisms.

One aspect of the disturbance of ego emergence produced by environmental failure is the dissociation that is seen in the 'borderline case' in terms of the true and the false selves. I have developed this theme in my own way, seeing the representatives of this dissociation in healthy persons and in healthy living (private self reserved for intimacies, and public self adapted for socialization), and also examining the pathology of the same condition. At the extreme of illness I see the true self as a potentiality, hidden and preserved by the compliant false self, which latter is then a defence organization that is based on the various functions of the ego apparatus and on self-caretaking techniques. This relates to the concept of the observing ego.

Following up the idea of absolute dependence in earliest infancy I put forward a new way of looking at classification. My intention here is not so much to label personality types as to promote thinking and research into those aspects of the psycho-analytic technique which relate to meeting the patient's need in terms of dependence in the analytic relationship and situation.

The origin of the antisocial tendency is discussed. It is postulated that the antisocial tendency is a reaction to *deprivation*, not a result of *privation*; in this way the antisocial tendency belongs to the stage of relative (not absolute) dependence. This point of origin of the antisocial tendency in a child's development may even be in latency, when the child's ego has established autonomy and now therefore the child can be traumatized instead of distorted in regard to ego-functioning.

As a corollary to all this, the more psychotic disorders are seen to be closely related to environmental factors, whereas psychoneurosis is more essentially natural, a result of personal conflict, and not to be avoided by satisfactory nurture. It is further discussed how it is in the treatment of borderline cases that these new considerations find practical application, and indeed such treatments provide the most fruitful and accurate data for the understanding of infancy and of the dependent infant.

ACKNOWLEDGEMENTS

First I wish to acknowledge my debt to my psycho-analytic colleagues. I have grown up as a member of this group, and after so many years of inter-relating it is now impossible for me to know what I have learned and what I have contributed. The writings of any one of us must be to some extent plagiaristic. Nevertheless I think we do not copy; we work and observe and think and discover, even if it can be shown that what we discover has been discovered before.

I have found great value in travelling abroad and in discussing my ideas with those who work in analytic, psychiatric, paediatric and educational settings, and in society groupings that differ from those that obtain in London.

I wish to thank my secretary Mrs Joyce Coles whose accurate work has been an important part of each of these papers at its original coming to life. I am also grateful to Miss Ann Hutchinson who has prepared the papers for publication.

Lastly, I thank Mr Masud Khan, who has provided the drive which has resulted in the publication of this book. Mr Khan has given a great deal of his time to the work of editing. He has also made innumerable valuable minor suggestions, most of which I have accepted. He is responsible for my gradually coming to see the relationship of my work to that of other analysts, past and present. In particular I am grateful to him for his preparation of the index.

D. W. WINNICOTT



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Part One

PAPERS ON DEVELOPMENT



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PSYCHO-ANALYSIS AND THE SENSE OF GUILT¹

(1958)

In this lecture I shall reach to no more profound statement than that of Burke, who wrote two hundred years ago that guilt resides in the intention. The intuitive flashes of the great, however, and even the elaborate constructs of poets and philosophers, are lacking in clinical applicability; psycho-analysis has already made available for sociology and for individual therapy much that was previously locked up in remarks like this one of Burke.

A psycho-analyst comes to the subject of guilt as one who is in the habit of thinking in terms of growth, in terms of the evolution of the human individual, the individual as a person, and in relation to the environment. The study of the sense of guilt implies for the analyst a study of individual emotional growth. Ordinarily, guilt-feeling is thought of as something that results from religious or moral teaching. Here I shall attempt to study guilt-feeling, not as a thing to be inculcated, but as an aspect of the development of the human individual. Cultural influences are of course important, vitally important; but these cultural influences can themselves be studied as an overlap of innumerable personal patterns. In other words, the clue to social and group psychology is the psychology of the individual. Those who hold the view that morality needs to be inculcated teach small children accordingly, and they forgo the pleasure of watching morality develop naturally in their children, who are thriving in a good setting that is provided in a personal and individual way.

I shall not need to examine variations in constitution. We have indeed no clear evidence that any individual who is not mentally defective is constitutionally incapable of developing a moral sense. On the other hand, we do find all degrees of success and failure in the development of a moral sense. I shall attempt to explain these variations. Undoubtedly there are children and adults with a defective guilt-sense, and such defect is not specifically linked with intellectual capacity or incapacity.

¹ Lecture given in a series as part of the celebrations of the centenary of Freud's birth: at Friends' House, April 1956, and first published in *Psycho-Analysis and Contemporary Thought*, ed. J. D. Sutherland. (London: Hogarth, 1958.)

It will simplify my task if I divide my examination of the problem into three main parts:

- (1) The sense of guilt in those individuals who have developed and established a capacity for guilt-feeling.
- (2) The sense of guilt at the point of its origin in individual emotional development.
- (3) The sense of guilt as a feature conspicuous by its absence in certain individual persons.

At the end I shall refer to the loss and recovery of the capacity for guilt-sense.

1. *A Capacity for Sense of Guilt Assumed*

How does the concept of guilt appear in psycho-analytic theory? I think I am right in saying that the early work of Freud in this field had to do with the vicissitudes of guilt-sense in those individuals in whom a capacity for guilt-sense could be taken for granted. I will therefore say something about Freud's view of the meaning of guilt for the unconscious in health, and the psychopathology of guilt-sense.

The work of Freud shows how it is that true guilt resides in the intention, in unconscious intention. Actual crime is not the cause of guilt-feeling; rather is it the *result* of guilt—guilt that belongs to criminal intention. Only legal guilt refers to a crime; moral guilt refers to inner reality. Freud was able to make sense of this paradox. In his early theoretical formulations he was concerned with the id, by which he referred to the instinctual drives, and the ego, by which he referred to that part of the whole self that is related to the environment. The ego modifies the environment in order to bring about id-satisfactions, and it curbs id-impulses in order that what the environment can offer can be used to best advantage, again for id-satisfaction. Later (1923) Freud used the term *superego* to name that which is accepted by the ego for use in id-control.

Freud is here dealing with human nature in terms of *economics*, and deliberately simplifying the problem for the purpose of founding a theoretical formulation. There is an implied determinism in all this work, an assumption that human nature can be examined objectively and can have applied to it the laws that are known to apply in physics. In ego-id terms the sense of guilt is very little more than *anxiety with a special quality*, anxiety felt because of the conflict between love and hate. Guilt-sense implies tolerance of ambivalence. It is not difficult to accept the close

relationship between guilt and the personal conflict that arises out of coincident loving and hating, but Freud was able to trace the conflict to its roots and to show that the feelings are those associated with the instinctual life. As is now well known, Freud found in analysis of adults (neurotic rather than psychotic) that he regularly came back to the early childhood of the patient, to intolerable anxiety, and to the clash of love and hate. In the simplest possible terms of the Oedipus complex, a boy in *health* achieved a relationship with his mother in which instinct was involved and in which the dream contained an in-love relationship with her. This led to the dream of the death of the father, which in turn led to the fear of the father and the fear that the father would destroy the child's instinctual potential. This is referred to as the castration-complex. At the same time there was the boy's love of the father and his respect for him. The boy's conflict between that side of his nature which made him hate and want to harm his father, and the other side by which he loved him, involved the boy in a sense of guilt. Guilt implied that the boy could tolerate and hold the conflict, which is in fact an inherent conflict, one that belongs to healthy life.

This is all quite simple, except that only through Freud has it been recognized that in health the climax of anxiety and guilt has a date; that is to say, has a first vitally important setting—the small child with biologically-determined instincts living in the family and experiencing the first triangular relationship. (This statement is purposely simplified, and I shall not make any reference here to the Oedipus complex in terms of sibling-relationships, nor any statement of the equivalent to the Oedipus complex in a child brought up away from the parents or in an institution.

In the early psycho-analytic statement there is but little reference to the destructive aims in the love impulse, or to the aggressive drives that only in health become fully fused with the erotic. All this needed eventually to be brought into the theory of the origin of guilt, and I shall examine such developments later. In the first statement guilt arises out of the clash of love and hate, a clash which is inevitable if loving is to include the instinctual element that belongs to it. The prototype has reality at the toddler age.

All psycho-analysts are familiar in their work with the replacement of symptoms by the more normal development, a sense of guilt, and an increased consciousness and acceptance of the content of the fantasy which makes the sense of guilt logical. How illogical the sense of guilt can seem! In Burton's *Anatomy of*

Melancholy there is a good collection of cases illustrating the absurdities of guilt-feeling. In long and deep analysis patients feel guilt about anything and everything, and even about early environmental adverse factors that we can easily discern as chance phenomena. Here is a simple illustration:

A boy of eight became increasingly anxious, and eventually ran away from school. He was found to be suffering from an unbearable sense of guilt because of the death of a sibling that took place some years *prior to his own birth*. He had recently heard about this, and the parents had no idea that he was disturbed by the news. In this case it was not necessary for the boy to have a long analysis. In a few therapeutic interviews he discovered that the crippling sense of guilt which he felt about this death was a displacement from the Oedipus complex. He was a fairly normal boy, and with this amount of help he was able to return to school, and his other symptoms cleared up.

The Superego

The introduction of the concept of the superego (1923) was a big step forward in the inevitably slow evolution of psychoanalytical metapsychology. Freud had done the pioneer work himself, bearing the brunt when the world was disturbed by his drawing attention to the instinctual life of children. Gradually other workers gained experience through the use of the technique, and Freud had many colleagues by the time he used the term superego. With his new term, Freud was indicating that the ego, in coping with the id, employed certain forces which were worthy of a name. The child gradually acquired controlling forces. In the over-simplification of the Oedipus complex, the boy introjected the respected and feared father, and therefore carried about with him controlling forces based on what the child perceived and felt about this father. This introjected father-figure was highly subjective, and coloured by the child's experiences with father-figures other than the actual father and by the cultural pattern of the family. (The word introjection simply meant a mental and emotional acceptance, and this term avoids the more functional implications of the word incorporation.) A sense of guilt therefore implies that the ego is coming to terms with the superego. Anxiety has matured into guilt.

Here in the concept of the superego can be seen the proposition that the genesis of guilt is a matter of inner reality, or that guilt resides in the intention. Here also lies the deepest reason for guilt-feeling related to masturbation and the autoerotic activities generally. Masturbation in itself is no crime, yet

in the total fantasy of masturbation is gathered together all the conscious and unconscious intention.

From this very much simplified statement of the psychology of the boy, psycho-analysis could begin to study and examine the development of the superego in both boys and girls, and also the differences that undoubtedly exist in the male and female in regard to superego formation, in the pattern of conscience, and in the development of a capacity for guilt-feeling. Out of the concept of the superego a great deal has developed. The idea of the introjection of the father-figure has turned out to be too simple. There is an early history of the superego in each individual: the introject may become human and father-like, but in earlier stages the superego introjects, used for control of id-impulses and id-products, are subhuman, and indeed are primitive to any degree. Thus we find ourselves studying guilt-sense in each individual infant and child as it develops from crude fear to something akin to a relationship to a revered human being, one who can understand and forgive. (It has been pointed out that there is a parallel between the maturing of the superego in the individual child and the development of monotheism as depicted in early Jewish history.)

All the time while conceptualizing the processes which underlie the sense of guilt we are keeping in mind the fact that the sense of guilt, even when unconscious and even when apparently irrational, implies a certain degree of emotional growth, ego health, and hope.

The Psycho-pathology of Guilt-sense

It is common to find people who are burdened by a sense of guilt and indeed hampered by it. They carry it round like the load on the back of Christian in *Pilgrim's Progress*. We know that these people have a potentiality for constructive effort. Sometimes when they find a suitable opportunity for constructive work the sense of guilt no longer hampers them and they do exceptionally well; but a failure of opportunity may lead to a return of guilt-feeling, intolerable and inexplicable. We are dealing here with abnormalities of the superego. In a successful analysis of individuals who are oppressed by a sense of guilt, we find a gradual lessening of this burden. This lessening of the burden of guilt-feeling follows the lessening of repression, or the approach of the patient towards the Oedipus complex and an acceptance of responsibility for all the hate and love that this involves. This does not mean that the patients lose the capacity for a sense of guilt (except in so far as in some cases there may

have been a false superego development based in an abnormal way on the intrusion of a very powerful authoritarian influence derived from the environment of early years).

We can study these excesses of guilt-feeling in individuals who pass for normal, and who indeed may be among the most valuable members of society. It is easier, however, to think in terms of illness, and the two illnesses that must be considered are melancholia and obsessional neurosis. There is an inter-relationship between these two illnesses, and we find patients who alternate between one and the other.

In obsessional neurosis, the patient is always trying to put something right; but it is quite clear to all observers, and perhaps to the patient, that there will be no success. We know that Lady Macbeth cannot undo the past and get away from her evil intentions by washing her hands. In obsessional neurosis we sometimes get a ritual which is like a caricature of a religion, as if the God of the religion were dead or temporarily unavailable. Obsessive thinking may be a feature whereby every attempt is made to annul one idea by another, but nothing succeeds. Behind the whole process is a confusion, and no amount of tidying that the patient can do alters this confusion, because it is maintained; it is unconsciously maintained in order to hide something very simple; namely, the fact that, in some specific setting of which the patient is unaware, hate is more powerful than love.

I will cite the case of a girl who could not go to the seaside because she saw in the waves someone crying out for help. Intolerable guilt made her go to absurd lengths in arranging for vigilance and rescue. The absurdity of the symptom could be shown by the fact that she could not tolerate even a picture postcard of the sea coast. If she saw one by chance in a shop-window she would have to find out who took the photograph, because she would see someone drowning, and she would have to organize relief, in spite of the fact that she knew perfectly well that the photograph was taken months and even years previously. This very ill girl was able eventually to come through to a fairly normal life, much less hampered by irrational guilt-feeling; but the treatment was necessarily of long duration.

Melancholia is an organized form of the depressed mood to which almost all people are liable. A melancholic patient may be paralysed by a sense of guilt, and may sit for years accusing himself or herself of causing the world war. No argument has any effect whatever. When it is possible to carry out an analysis of such a case, it is found that this gathering into the self of guilt for all the people in the world gives way in the treatment to the

patient's fear that hate will be greater than love. The illness is an attempt to do the impossible. The patient absurdly claims responsibility for general disaster, but in so doing avoids reaching his or her personal destructiveness.

A little girl of five reacted with a deep depression to the death of her father which took place in unusual circumstances. The father had bought a car at a time when the little girl was going through a phase in which she was hating her father as well as loving him. She was, in fact, having dreams of his death, and when he proposed a car ride she implored him not to go. He insisted on going, as would be natural since children are liable to these nightmares. The family went for a ride, and it happened that they had an accident; the car was turned over and the little girl was the only one who was uninjured. She went up to her father who was lying in the road and kicked him to wake him up. But he was dead. I was able to watch this child through her serious depressive illness in which she had almost total apathy. For hours she stood in my room and nothing happened. One day she kicked the wall very gently with the same foot that she had used to kick her dead father to wake him up. I was able to put into words her wish to wake her father whom she loved, though in kicking him she was also expressing anger. From that moment of her kicking the wall she gradually came back into life, and after a year or so was able to return to school and to lead a normal life.

It was possible to have an intuitive understanding of unexplained guilt and of obsessional and melancholic illnesses apart from psycho-analysis. It is probably true, however, to say that it is only Freud's instrument of psycho-analysis and its derivatives that have made it possible for us to help the individual who is burdened by guilt-feeling to find the true origin of the sense of guilt in his or her own nature. The sense of guilt, seen this way, is a special form of anxiety associated with ambivalence, or co-existing love and hate. But ambivalence and the toleration of it by the individual implies a considerable degree of growth and health.

2. *Guilt at its Point of Origin*

I now come to a study of the point of origin of this capacity for guilt-sense, a point which exists in each individual. Melanie Klein (1935) drew the attention of psycho-analysts to a very important stage in emotional development to which she gave the name, 'the depressive position'. Her work on the origin of the capacity for guilt-sense in the human individual is an important result of the continued application of Freud's method. It is not

possible to do justice to the complexities of the concept of the depressive position in a lecture of this length, but I will attempt a very brief statement.

It should be noted that whereas the earlier work of psychoanalysis dwelt on the conflict between love and hate, especially in the three-body or triangular situation, Melanie Klein more especially has developed the idea of conflict in the simple two-body relationship of the infant to the mother, conflict arising out of the destructive ideas that accompany the love impulse. Naturally, the date of the original version of this stage in an individual's development is earlier than the date of the Oedipus complex.

The accent changes. In previous work the accent was on the satisfaction that the infant obtained from instinctual experience. Now the accent shifts on to the aim, as it gradually appears. When Mrs Klein says that the infant aims at breaking ruthlessly through into the mother to take out of her everything that is felt there to be good, she is not of course denying the simple fact that instinctual experiences yield satisfaction. Nor was the aim altogether neglected in the earlier psycho-analytic formulations. Klein has developed the idea, however, that the primitive love impulse has an aggressive aim; being ruthless, it carries with it a variable quantity of destructive ideas unaffected by concern. These ideas may be very restricted at the beginning, but the infant we are watching and caring for need not be many months old before we can be fairly certain that we can perceive also the beginnings of concern—concern as to the results of the instinctual moments that belong to the developing love of the mother. If the mother behaves in that highly adaptive way which may come naturally to her, she is able to give plenty of time for the infant to come to terms with the fact that the object of the ruthless attack is the mother, the same person who is responsible for the total infant-care situation. It can be seen that the infant has two concerns; one as to the effect of the attack on the mother, and the other as to the results in the infant's own self according to whether there was a predominance of satisfaction or of frustration and anger. (I have used the expression primitive love impulse, but in Klein's writings the reference is to the aggression that is associated with the frustrations that inevitably disturb instinctual satisfactions as the child begins to be affected by the demands of reality.)

A great deal is being assumed here. For instance, we assume that the child is becoming a unit, and is becoming able to perceive the mother as a person. We also assume an ability to bring together the aggressive and erotic instinctual components into a

sadistic experience, as well as an ability to find an object at the height of instinctual excitement. All of these developments may go wrong in their earlier stages, those stages which belong to the very beginning of life after birth and which depend on the mother and her natural handling of her infant. When we speak of the origins of guilt-sense, we assume healthy development at earlier stages. At what is called the depressive position the infant is not so much dependent on the mother's simple ability to hold a baby, which was her characteristic at the earlier stages, as on her ability to hold the infant-care situation over a period of time during which the infant may go through complex experiences. If time is given—a few hours maybe—the infant is able to work through the results of an instinctual experience. The mother, being still there, is able to be ready to receive and to understand if the infant has the natural impulse to give or to repair. At this stage in particular the infant is not able to deal with a succession of minders or prolonged absence of the mother. The infant's need for opportunity to make reparation and restitution, if oral sadism is to be accepted by the immature ego, is the second contribution of Klein to this field.

Bowlby (1958) has been particularly interested in making the public aware of the need of every small child for a certain degree of reliability and continuity in external relationships. In the seventeenth century Richard Burton listed among the causes of melancholy: 'non-necessary, outward, adventitious, or accidental causes: as from the Nurse'. He was thinking partly in terms of the passage of noxious matters from the nurse via the milk, but not entirely so. For instance, he quotes from Aristotle who '... would not have a child put to nurse at all, but every mother to bring up her own, of what condition soever she be: ... the mother will be more careful, loving and attendant, than any servile woman, or such hired creatures; this all the world acknowledged. ...'

The observation of the origin of concern is better made in the analysis of a child or an adult than by direct observation of infants. In formulating these theories we do, of course, need to allow for distortions and sophistications that come from the reporting back that is inherent in the analytic situation. We are able, however, to get a view in our work of this most important development in human individuals, the origin of the capacity for a sense of guilt. Gradually as the infant finds out that the mother survives and accepts the restitutive gesture, so the infant becomes able to accept responsibility for the total fantasy of the full instinctual impulse that was previously ruthless. Ruthlessness

gives way to ruth, unconcern to concern. (These terms refer to early development.)

In analysis one could say: 'couldn't care less' gives way to guilt-feeling. There is a gradual building up towards this point. No more fascinating experience awaits the analyst than the observation of the gradual build-up of the individual's capacity to tolerate the aggressive elements in the primitive love impulse. As I have said, this involves a gradual recognition of the difference between fact and fantasy, and of the mother's capacity to survive the instinctual moment, and so to be there to receive and understand the true reparative gesture.

As will be readily understood, this important phase of development is composed of innumerable repetitions spread over a period of time. There is a benign circle of (i) instinctual experience, (ii) acceptance of responsibility which is called guilt, (iii) a working through, and (iv) a true restitutive gesture. This can be reversed into a malign circle if something goes wrong at any point, in which case we see an undoing of the capacity for a sense of guilt and its replacement by inhibition of instinct or some other primitive form of defence, such as the splitting of objects into good and bad, etc. The question will certainly be asked: at what age in the normal child's development can the capacity for guilt-sense be said to become established? I suggest that we are talking about the first year of the infant's life, and in fact about the whole period in which the infant is having a clearly human two-body relationship with the mother. There is no need to claim that these things happen very early, although possibly they do. By the age of six months an infant can be seen to have a highly complex psychology, and it is possible that the *beginnings* of the depressive position are to be found by this age. There are immense difficulties in fixing the date of the origin of the guilt-feelings in the normal infant, and although it is a matter of great interest to seek an answer, the actual work of analysis is not affected by this issue.

There is a great deal in Melanie Klein's further work that I shall not be able to describe in this lecture, although it is relevant. In particular she has enriched our understanding of the complex relationship between fantasy and Freud's concept of inner reality, a concept that was clearly derived from philosophy. Klein has studied the interplay of what is felt by the infant to be benign or malevolent in terms of forces or objects within the self. This third contribution that she has made in this particular field reaches towards the problem of the eternal struggle in man's inner nature. Through the study of the growth of the infant's

and the child's inner reality, we get a glimpse of the reason why there exists a relationship between the deepest conflicts that reveal themselves in religion and in art forms and the depressed mood or melancholic illness. At the centre is doubt, doubt as to the outcome of the struggle between the forces of good and evil, or in psychiatric terms, between the benign and persecutory elements within and without the personality. At the depressive position in the emotional development of an infant or a patient, we see the building up of the good and bad according to whether the instinctual experiences are satisfactory or frustrative. The good becomes protected from the bad, and a highly complex personal pattern is established as a system of defence against chaos within and without.

From my personal point of view, the work of Klein has enabled psycho-analytic theory to begin to include the idea of an individual's *value*, whereas in early psycho-analysis the statement was in terms of *health* and neurotic *ill-health*. Value is intimately bound up with the capacity for guilt-feeling.

3. *Sense of Guilt Conspicuous by its Absence*

I have now reached the third part of my lecture, in which I shall first briefly refer to the lack of a moral sense. Undoubtedly, in a proportion of people there is a lack of capacity for guilt-sense. The extreme of this incapacity for concern must be rare. But it is not rare to find individuals who have made a healthy development only in part, and who in part are unable to achieve concern or guilt-feeling, or even remorse. It is tempting here to fall back for an explanation on to the constitutional factor, which of course can never be ignored. However, psycho-analysis offers another explanation. This is that those who lack moral sense have lacked at the early stages of their development the emotional and physical setting which would have enabled a capacity for guilt-sense to have developed.

It should be understood that I am not denying that each infant carries a tendency towards the development of guilt. Given certain conditions of physical health and care, walking and talking appear because the time has come for these developments. In the case of the development of a capacity for guilt-feeling, the necessary environmental conditions are, however, of a much more complex order, comprising indeed all that is natural and reliable in infant and child care. In the earliest stages of the emotional development of the individual, we must not look for a guilt-sense. The ego is not sufficiently strong and organized to accept

responsibility for id-impulses, and dependence is near absolute. If there is satisfactory development in the earliest stages, there comes about an ego integration which makes possible the beginning of a capacity for concern. Gradually, in favourable circumstances, a capacity for guilt-sense builds up in the individual in relation to the mother, and this is intimately related to the opportunity for reparation. When the capacity for concern is established, the individual begins to be in a position to experience the Oedipus complex, and to tolerate the ambivalence that is inherent at the later stage in which the child, if mature, is involved in triangular relationships as between whole human beings.

In this context I can do no more than acknowledge the fact that in some persons, or in a part of some persons, there is a stunting of emotional development in the earliest phases, and consequently an absence of moral sense. Where there is lack of personal moral sense the implanted moral code is necessary, but the resultant socialization is unstable.

The Creative Artist

It is interesting to note that the creative artist is able to reach to a kind of socialization which obviates the need for guilt-feeling and the associated reparative and restitutive activity that forms the basis for ordinary constructive work. The creative artist or thinker may, in fact, fail to understand, or even may despise, the feelings of concern that motivate a less creative person; and of artists it may be said that some have no capacity for guilt and yet achieve a socialization through their exceptional talent. Ordinary guilt-ridden people find this bewildering; yet they have a sneaking regard for ruthlessness that does in fact, in such circumstances, achieve more than guilt-driven labour.

Loss and Recovery of Guilt-sense

In our management of antisocial children and adults we can watch the loss or recovery of the capacity for guilt-sense, and often we are in a position to assess the variations in environmental reliability which produce these effects. It is at this point of loss and recovery of moral sense that we can study delinquency and recidivism. Freud wrote in 1915 (referring to adolescent and pre-adolescent acts, such as thefts, frauds, and arson, in people who have eventually become socially adjusted): 'Analytic work . . . brought the surprising discovery that such deeds were done principally *because* [my italics] they were forbidden, and because their execution was accompanied by mental relief for their doer. He was suffering from an oppressive feeling of guilt, of which he did

not know the origin, and after he had committed a misdeed this oppression was mitigated. His sense of guilt was at least attached to something' (Freud, 1915, p. 332). Although Freud was referring to late stages in development, what he wrote applies also to children.

From our analytic work we can roughly divide antisocial behaviour into two kinds. The first is common and closely allied to the ordinary naughtiness of healthy children. In terms of behaviour the complaint is of stealing, lying, destructiveness, and bed-wetting. Repeatedly we find that these acts are done in an unconscious attempt to make sense of guilt-feeling. The child or adult cannot reach the source of a sense of guilt that is intolerable, and the fact that the guilt-feeling cannot be explained makes for a feeling of madness. The antisocial person gets relief by devising a limited crime which is only in a disguised way in the nature of the crime in the repressed fantasy that belongs to the original Oedipus complex. This is the closest that the antisocial person can get to the ambivalence belonging to the Oedipus complex. At first the substitute crime or delinquency is unsatisfactory to the delinquent, but when compulsively repeated it acquires the characteristics of secondary gain and thus becomes acceptable to the self. Our treatment is more likely to be effectual when we can apply it before secondary gain has become important. In this, the more common variety of antisocial behaviour, it is not so much the guilt that is repressed as the fantasy that explains the guilt.

By contrast, in the more serious and more rare antisocial episodes it is precisely the capacity for guilt-feeling that is lost. Here we find the most ugly crimes. We see the criminal engaged in a desperate attempt to feel guilty. It is unlikely that he ever succeeds. In order to develop a capacity for guilt-sense, such a person must find an environment of a specialized kind; in fact, we must supply for him an environment that corresponds to that which is normally needed by the immature infant. It is notoriously difficult to provide such an environment, which must be able to take up all the strains resulting from ruthlessness and impulsiveness. We find ourselves dealing with an infant, but one who has the strength and cunning of the older child or adult.

In the management of the more common type of case in which there is antisocial behaviour we are frequently able to produce a cure by rearrangement of the environment, basing what we do on the understanding that Freud has given us.

I shall give an example, that of a boy who was stealing at school. The headmaster, instead of punishing him, recognized that he was ill

and recommended psychiatric consultation. This boy at the age of nine was dealing with a deprivation belonging to an earlier age, and what he needed was a period at home. His family had become reunited and this had given him a new hope. I found that the boy had been under a compulsion to steal, hearing a voice that ordered him about, the voice of a wizard. At home he became ill, infantile, dependent, enuretic, apathetic. His parents met his needs and allowed him to be ill. In the end they were rewarded by his making a spontaneous recovery. After a year he was able to return to boarding-school, and the recovery has proved to be a lasting one.

It would have been easy to have diverted this boy from the path that led to his recovery. He was of course unaware of the intolerable loneliness and emptiness that lay at the back of his illness, and which made him adopt the wizard in place of a more natural superego organization; this loneliness belonged to a time of separation from his family when he was five. If he had been thrashed or if the headmaster had told him that he ought to feel wicked, he would have hardened up and organized a fuller identification with the wizard; he would then have become domineering and defiant and eventually an anti-social person. This is a common type of case in child psychiatry, and I choose it simply because it is a published case and reference can be made to it for further details (Winnicott, 1953).

We cannot hope to cure many of those who have become delinquent, but we can hope to understand how to prevent the development of the antisocial tendency. We can at least avoid interrupting the developing relationship between mother and baby. Also, applying these principles to the ordinary upbringing of children, we can see the need for some strictness in management where the child's own guilt-sense is still primitive and crude; by limited prohibitions we give opportunity for that limited naughtiness which we call healthy, and which contains much of the child's spontaneity.

More than anyone else it was Freud who paved the way for the understanding of antisocial behaviour and of crime as a *sequel* to an unconscious criminal intention, and a symptom of a failure in child-care. I suggest that in putting forward these ideas and showing how we can test them and use them Freud has made a contribution to social psychology which can have far-reaching results.

THE CAPACITY TO BE ALONE¹

(1958)

I wish to make an examination of the capacity of the individual to be alone, acting on the assumption that this capacity is one of the most important signs of maturity in emotional development.

In almost all our psycho-analytic treatments there come times when the ability to be alone is important to the patient. Clinically this may be represented by a silent phase or a silent session, and this silence, far from being evidence of resistance, turns out to be an achievement on the part of the patient. Perhaps it is here that the patient has been able to be alone for the first time. It is to this aspect of the transference in which the patient is alone in the analytic session that I wish to draw attention.

It is probably true to say that in psycho-analytical literature more has been written on the *fear* of being alone or the *wish* to be alone than on the *ability* to be alone; also a considerable amount of work has been done on the withdrawn state, a defensive organization implying an expectation of persecution. It would seem to me that a discussion on the *positive* aspects of the capacity to be alone is overdue. In the literature there may be specific attempts to state the capacity to be alone, but I am not aware of these. I wish to make reference to Freud's (1914) concept of the *anaclitic relationship* (cf. Winnicott, 1956a).

Three- and Two-Body Relationships

Rickman introduced us to the idea of thinking in terms of three-body and two-body relationships. We often refer to the Oedipus complex as a stage in which three-body relationships dominate the field of experience. Any attempt to describe the Oedipus complex in terms of two people must fail. Nevertheless two-body relationships do exist, and these belong to relatively earlier stages in the history of the individual. The original two-body relationship is that of the infant and the mother or mother-substitute, before any property of the mother has been sorted out

¹ Based on a paper read at an Extra Scientific Meeting of the British Psycho-Analytical Society, 24 July 1957, and first published in the *Int. J. Psycho-Anal.*, 39, pp. 416-20.

and moulded into the idea of a father. The Klein concept of the depressive position can be described in terms of two-body relationships, and it is perhaps true to say that a two-body relationship is an essential feature of the concept.

After thinking in terms of three- and two-body relationships, how natural that one should go a stage further back and speak of a one-body relationship! At first it would seem that narcissism would be the one-body relationship, either an early form of secondary narcissism or primary narcissism itself. I am suggesting that this jump from two-body relationships to a one-body relationship cannot, in fact, be made without violation of a great deal that we know through our analytic work and through direct observation of mothers and infants.

Actually Being Alone

It will be appreciated that actually to be alone is not what I am discussing. A person may be in solitary confinement, and yet not be able to be alone. How greatly he must suffer is beyond imagination. However, many people do become able to enjoy solitude before they are out of childhood, and they may even value solitude as a most precious possession.

The capacity to be alone is either a highly sophisticated phenomenon, one that may arrive in a person's development *after* the establishment of three-body relationships, or else it is a phenomenon of early life which deserves special study because it is the foundation on which sophisticated aloneness is built.

Paradox

The main point of this contribution can now be stated. Although many types of experience go to the establishment of the capacity to be alone, there is one that is basic, and without a sufficiency of it the capacity to be alone does not come about; *this experience is that of being alone, as an infant and small child, in the presence of mother.* Thus the basis of the capacity to be alone is a paradox; it is the experience of being alone while someone else is present.

Here is implied a rather special type of relationship, that between the infant or small child who is alone, and the mother or mother-substitute who is in fact reliably present even if represented for the moment by a cot or a pram or the general atmosphere of the immediate environment. I would like to suggest a name for this special type of 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.

Before developing these two ideas in my own way I wish to remind you how it would be possible to refer to the capacity to be alone in well-worn psycho-analytic phraseology.

After Intercourse

It is perhaps fair to say that after satisfactory intercourse each partner is alone and is contented to be alone. Being able to enjoy being alone along with another person who is also alone is in itself an experience of health. Lack of id-tension may produce anxiety, but time-integration of the personality enables the individual to wait for the natural return of id-tension, and to enjoy sharing solitude, that is to say, solitude that is relatively free from the property that we call 'withdrawal'.

Primal Scene

It could be said that an individual's capacity to be alone depends on his ability to deal with the feelings aroused by the primal scene. In the primal scene an excited relationship between the parents is perceived or imagined, and this is accepted by the child who is healthy and who is able to master the hate and to gather it into the service of masturbation. In masturbation the whole responsibility for the conscious and unconscious fantasy is accepted by the individual child, who is the third person in a three-body or triangular relationship. To be able to be alone in these circumstances implies a maturity of erotic development, a genital potency or the corresponding female acceptance; it implies fusion of the aggressive and erotic impulses and ideas, and it implies a tolerance of ambivalence; along with all this there would naturally be a capacity on the part of the individual to identify with each of the parents.

A statement in these or any terms could become almost infinitely complex, because the capacity to be alone is so nearly synonymous with emotional maturity.

Good Internal Object

I will now attempt to use another language, one that derives from the work of Melanie Klein. The capacity to be alone