

The Holding Environment

By
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A critical analysis of D.W. Winnicott's papers in 'The Maturation Processes and the Facilitating Environment', with particular attention to Winnicott's thesis that anxiety originates in the breakdown of the post-natal holding environment.

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[An analysis and critique of the analytic construct underlying the writing of D.W. Winnicott in his collection of papers entitled 'The Maturation Processes and the Facilitating Environment', subtitled 'Studies in the Theory of Emotional Development', published by The Hogarth Press and The Institute of Psycho-Analysis, London, 1976. The volume is No. 64 in the International Psycho-Analytical Library Edited by John D. Sutherland PhD., F.R.C.P.E.]

If Melanie Klein pressed the analysis of anxiety-defence mechanisms back behind the Oedipus complex into the earlier infant relationship with the mother, then Winnicott takes the process one step further. He traces the development of these anxiety defences to failures in the 'holding environment' as he calls it, in the very earliest stages of being a babe in arms. This paper examines Winnicott's development of the Kleinian position and seeks to push the argument even further back. The thesis is developed that the nexus or heart of the primitive paranoid-schizoid defences against anxiety lies in the loss nucleus of parturition, or birth trauma. This, it is argued, is the original failure of the holding environment and thus the precipitating matrix of anxiety and thus of the anxiety defences. The concentration of psycho-analysis on experience of deviance from the norm has blocked the development of insight into this basic mechanism, which is of course general, applying equally to analyst and analysand. Implications of this insight are drawn out for the general theory and practice of psycho-analysis, for an understanding of the creation of symbolic constructs and religious systems, for the engagement in and understanding of group dynamics under conditions of regression, and for the possibility of human development based on the reintegration of the splitting encountered in birth, so leading to a more fundamentally integrated persona and a capacity for high level conceptual integration of the observed world.

The study takes the form of quotation and comment taken basically in order from the papers which Winnicott wrote. Since these papers were assembled in date order in the book, there is a natural sequence to the development of thought. I have not at this stage sought to impose any other ordering of the material.

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Essay 3: The Theory of the Parent/Infant Relationship (1960)

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In psycho-analytic theory ego mechanisms of defence largely belong to the idea of a child that has an independence, a truly personal defence organization. On this borderline the researches of Klein add to the Freudian theory by clarifying the interplay of primitive anxieties and defence mechanisms. This work of Klein concerns the earliest infancy, and draws attention to the importance of aggressive and destructive impulses that are more deeply rooted than those that are reactive to frustration and related to hate and anger; also in Klein's work there is a dissection of

early defences against primitive anxieties, anxieties that belong to the first stages of the mental organization (splitting, projection, and introjection).

What is described in Melanie Klein's work clearly belongs to the life of the infant in its earliest phases, and to the period of dependence with which this paper is concerned. Melanie Klein made it clear that she recognized that the environment was important in this period, and in various ways at all stages. I suggest, however, that her work and that of her co-workers leaves open for further consideration the development of the theme of full dependence, that which appears in Freud's phrase: '...the infant, provided one includes with it the care it receives from its mother...'. There is nothing in Klein's work that contradicts the idea of absolute dependence, but there seems to me to be no specific reference to a stage at which the infant exists only because of the maternal care, together with which it forms a unit.

If Winnicott is right in this sweeping assessment of Melanie Klein's work, and if he is also correct in saying that Klein presses Freud's material back into earlier stages and more primitive areas of experience than did Freud, then we have here clear evidence of the lacuna, the fatal split, in the work of Melanie Klein. I find Winnicott's use of the phrase 'absolute dependence' is important, particularly as he goes on to relate the concept to the stage of holding in maternal care. This is strange because it was only when that maternal care provided the total environment, i.e. within the womb, that dependence was absolute, since from birth onwards there is some capacity for independence. The question we have to ask of Winnicott then is, 'Does he confuse absolute dependence with the relative independence of after-birth because of the confusion and splitting stemming from the birth trauma itself?' If he does then we would expect difficulties in the area in which he attempts to deal with the onset of loss, the anxiety of annihilation and so forth, which would presumably only come about if holding is after birth through the experience of the withdrawal of holding and the absence of mother care, without any previous nexus or loss nucleus around which the material could be organised.

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Satisfactory parental care can be classified roughly into three overlapping stages:

- a) Holding,
- b) Mother and infant living together. Here the father's function (of dealing with the environment for the mother) is not known to the infant.
- c) Father, mother, and infant, all three living together.

The term 'holding' is used here to denote not only the actual physical holding of the infant, but also the total environmental provision prior to the concept of 'living with'. In other words, it refers to a three-dimensional space relationship with time gradually added.

So in order to gain the context for absolute dependence in a situation in which there is manifestly a certain amount of independence, Winnicott has to construct dependence on the environment during the independent phase in order to subsume the splits between dependence and independence into absolute dependence. There is therefore a mirroring away from the point of birth into seeing holding as more than holding with hands, i.e. holding in a cot, cradle, in a pram, sustained in total environment, but Winnicott appears to have no ability whatever to see the holding as pre- manual, i.e. the supporting within the womb-

world, only within which I would postulate the concept of absolute dependence can be applied with integrity.

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Annihilation.

Anxiety in these early stages of the parent-infant relationship relates to the threat of annihilation, and it is necessary to explain what is meant by this term.

In this place which is characterized by the essential existence of a holding environment, the 'inherited potential' is becoming itself a 'continuity of being'. The alternative to being is reacting, and reacting interrupts being and annihilates. Being and annihilation are the two alternatives. The holding environment therefore has as its main function the reduction to a minimum of impingements to which the infant must react with resultant annihilation of personal being. Under favourable conditions the infant establishes a continuity of existence and then begins to develop the sophistications which make it possible for impingements to be gathered into the area of omnipotence. At this stage the word death has no possible application, and this makes the term death instinct unacceptable in describing the root of destructiveness. Death has no meaning until the arrival of hate and of the concept of the whole human person. When a whole human person can be hated, death has meaning, and close on this follows that which can be called maiming; the whole hated and loved person is kept alive by being castrated or otherwise maimed instead of killed. These ideas belong to a phase later than that characterized by dependence on the holding environment.

There you have it. The bald, bold statement that pushes the nucleus of loss, death, annihilation forward into the later stages of the holding phase or the beginning of the living-with period. Winnicott postulates that death of self is developed from the experience of absence of the other, related initially to shifts in environmental holding, then to the removal of parts from that environment, ultimately to the distancing of persons within experienced relationships. This innocence of death stems from the ignorance of birth and in the light of this lacuna Winnicott has to construct some alternative and later equivalent to birth out of the phase of absolute dependence, but located in time during the period of holding, i.e. during the era of after birth. Within Winnicott's terms there is in fact no end to the period of absolute dependence, it is simply that the dependence base is widened to include the extended family, the wider experienced society, the resourceful environment. Man is essentially absolutely dependent upon his world. Equally certainly that absolute dependence eventually breaks down, the point at which death occurs. Being is therefore always experienced as ambivalence stemming from absolute dependence on that which is absolutely not dependable. Womb and world are linked by the hyphen of life. The cycle from conception to cervix is mirrored in the life time from after birth till death. In my end is my beginning, may be an appropriate response to birth in retrospect, though perhaps the myth of eternal life could well be a projection beyond death of the experience of after birth.

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The mental health of the individual, in a sense of freedom from psychosis or liability to psychosis (schizophrenia), is laid down by this maternal care, which when it goes well is scarcely noticed, and is a continuation of the physiological provision that

characterizes the prenatal state. This environmental provision is also a continuation of the tissue aliveness and the functional health which (for the infant) provides silent but vitally important ego-support. In this way, schizophrenia or infantile psychosis or a liability to psychosis at a later date is related to a failure of environmental provision. This is not to say, however, that the ill effects of such failure cannot be described in terms of ego distortion and of the defences against primitive anxieties, that is to say in terms of the individual. It will be seen, therefore, that the work of Klein on the splitting defence mechanisms and on projections and introjections and so on, is an attempt to state the effects of failure of environmental provision in terms of the individual. This work on primitive mechanisms gives the clue to only one part of the story, and a reconstruction of the environment and of its failures provides the other part. This other part cannot appear in the transference because of the patient's lack of knowledge of the maternal care, either in its good or in its failing aspects, as it existed in the original infantile setting.

This is an extremely important paragraph, Winnicott recognises the continuity between the absolute dependence of the womb-world (the prenatal state) and the environmental holding which characterises his 'absolute dependence' in the world of after birth. Now if there is a continuity of dependency there is also a discontinuity or fundamental loss experience in the gap between the two worlds. For Winnicott it is as if birth did not happen, there is a tunnel effect, a jump, an unconscious leap from being held in the womb to being held in the arms of the mother.

Winnicott rightly pins the emergence of psychosis, schizophrenia, splitting, etc. onto a 'failure of environmental provision', but this is seen only in terms of failure in the holding phase of after birth. There is a total blind-spot, an ignorance of the failure of environmental provision experienced at the termination of the womb world, so Winnicott colludes with Klein in identifying the origin of splitting defensive mechanisms (the primitive paranoid-schizoid defences against anxiety) with failures in the holding phase of infant maternal dependency.

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It is when things do not go well that the infant becomes aware, not of the failure of maternal care, but of the results, whatever they may be, of that failure; that is to say, the infant becomes aware of reacting to some impingement. As a result of success in maternal care there is built up in the infant a continuity of being which is the basis of ego-strength, whereas the result of each failure in maternal care is that the continuity of being is interrupted by reactions to the consequences of that failure, with resultant ego-weakening. Such interruptions constitute annihilation and are evidently associated with pain of psychotic quality and intensity.

Close examination of the text of this paragraph begins to reveal Winnicott's own unconscious material, projected into the splits within his analysis. Here is the theory that what he calls 'ego-weakening' is the result of experienced failure in maternal care. Now grammatically he should have gone on with some such sentence as 'such interruptions constitute annihilation and **evidently give rise** to pain of psychotic quality and intensity. However he actually says 'they are **evidently associated** with pain of psychotic quality'. There appears to be some nucleus of such experience of pain and distress of a psychotic intensity with which these failures in maternal care can be associated, yet no such nucleus or primal position exists

within Winnicott's construct prior to the experience of failure in maternal care itself. I fail to see, therefore, how the principle of association can be anything other than an emergence within Winnicott's writing of the distorting effect of the unconscious trace of the birth trauma, with which I would postulate each succeeding failure of maternal care is indeed associated and which forms the fundamental or primal base of the experience of pain of psychotic quality and intensity.

Winnicott adds a footnote to this section

In character cases it is this ego-weakening and the individual's various attempts to deal with it that presents itself for immediate attention, and yet only a true view of the etiology can make possible a sorting out of the defence aspect of this presenting symptom from its origin in environmental failure.

And yet it is the lacuna, the gap, the fatal split within Winnicott's own etiological description of environmental failure that deprives his analysis of the power to explain the emergence of the nucleus of loss, suffering, pain and distress in this very early holding phase.

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It is important to examine the changes that occur in women who are about to have a baby or who have just had one.

Note Winnicott's bracketing of these two positions in the same phrase, parturition is non-significant.

These changes are at first almost physiological, and they start with the physical holding of the baby in the womb

Soon after conception, or when conception is known to be possible, the woman begins to alter in her orientation, and to be concerned with the changes that are taking place within her. In various ways she is encouraged by her own body to be interested in herself. The mother shifts some of her sense of self onto the baby that is growing within her

The analyst who is meeting the needs of a patient who is reliving these very early stages in the transference undergoes similar changes of orientation; and the analyst, unlike the mother, needs to be aware of the sensitivity which develops in him or her in response to the patient's immaturity and dependence. This could be thought of as an extension of Freud's description of the analyst as being in a voluntary state of attentiveness

With 'the care that it receives from its mother' each infant is able to have a personal existence, and so begins to build up what might be called 'a continuity of being'. On the basis of this continuity of being the inherited potential gradually develops into an individual infant. If maternal care is not good enough then the infant does not really come into existence, since there is no continuity of being; instead the personality becomes built on the basis of reactions to environmental impingement.

All this has significance for the analyst. Indeed it is not from direct observation of infants so much as from the study of the transference in the analytic setting that it is

possible to gain a clear view of what takes place in infancy itself. This work on infantile dependence derives from the study of the transference and counter-transference phenomena that belong to the psycho-analyst's involvement with the borderline case. In my opinion this involvement is a legitimate extension of psycho-analysis, the only real alteration being in the diagnosis of the illness of the patient, the etiology of whose illness goes back behind the Oedipus complex, and involves a distortion at the time of absolute dependence.

Freud was able to discover infantile sexuality in a new way because he reconstructed it from his analytic work with psycho-neurotic patients. In extending his work to cover the treatment of the borderline psychotic patient it is possible for us to reconstruct the dynamics of infancy and of infantile dependence, and the maternal care that meets this dependence.

Winnicott here reinforces an extremely important principle that analysis of the condition of absolute dependence and of reaction to failure in the maternal care emerges in the transference and counter-transference experienced by the analyst in relation to the patient. This principle, illustrated by Freud's analysis of infantile sexuality, is extended back through Oedipus complex and into the period of absolute dependence or holding, through the analysis of the experience of transference and counter-transference in the relationship with what Winnicott calls 'the borderline case' or 'a borderline psychotic patient'. Winnicott thus realises that psychosis has to do with the fundamental splitting and annihilation of being which is associated with the psychotic pain of failure in maternal care in the absolute dependent phase. Now it is well known that an analyst's weakest point is where his or her own past involves previously unanalysed trauma which resonates with the repressed trauma of the patient, giving rise to blind spots in the analysis of the transference and the procedures of collusion between analyst and patient. I would posit that birth trauma represents such a blind spot and therefore that the analysis of transference and counter-transference experienced in the relationship between analyst and patient will not yield to the consciousness of the analyst material which relates to the birth trauma in both analyst and patient unless the analyst has previously gained access to this primitive nucleus of loss through some other channel. I postulate therefore that it is in this mutual and omnipresent collusion between psycho-analyst and patient that has blocked insight into the fundamental nucleus of loss within psycho-analytic theory. The fact that every man partakes of this fundamental trauma means that no man is free from collusion with its suppression.

Essay 4: Ego Integration in Child Development (1962)

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At the stage which is being discussed it is necessary not to think of the baby as a person who gets hungry, and whose instinctual drive may be met or frustrated, but to think of the baby as an immature being who is all the time 'on the brink of unthinkable anxiety'. Unthinkable anxiety is kept away by this vitally important function of the mother at this stage, her capacity to put herself in the baby's place and to know what the baby needs in the general management of the body, and therefore of the person. Love, at this stage, can only be shown in terms of body care, as in the last stage before full term birth.

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

- 1) Going to pieces.
- 2) Falling for ever.
- 3) Having no relationship to the body.
- 4) Having no orientation.

It will be recognised that these are specifically the stuff of the psychotic anxieties, and these belong, clinically, to schizophrenia, or the emergence of a schizoid element hidden in otherwise non-psychotic personality.

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The term disintegration is used to describe a sophisticated 'defence', a defence that is an active production of chaos in defence against unintegration in the absence of maternal ego-support, that is, against the unthinkable or archaic anxiety that results from failure of holding in a stage of absolute dependence. The chaos of disintegration may be as 'bad' as the unreliability of the environment, but it has the advantage of being produced by the baby and therefore of being non environmental. It is within the area of the baby's omnipotence. In terms of psycho- analysis, it is analysable, whereas the unthinkable anxieties are not.

Essay 7: From Dependence towards Independence in the Development of the Individual (1963)

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Absolute dependence.

At the beginning the infant is entirely dependent on the physical provision of the live mother and her womb or her infant care.

Relative dependence.

The next stage, that of relative dependence, turns out to be a stage of adaptation with a gradual failing of adaptation.

So Winnicott's construct becomes clearer. He has now widened the scope of dependency into the absolute dependence phase and carried that in continuity past birth into the womb world. What he has failed to do is to identify adequately the beginnings of the loss of the state of absolute dependence seeing this as a gradual process experienced as the child grows through the phase of being in arms. He makes no allowance for the prototype failure of adaptation which is experienced when the absolute dependence of the womb world breaks down at birth.

Essay 8: Morals and Education (1963)

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For the psychiatrist the wicked are ill. Wickedness belongs to the clinical picture produced by the antisocial tendency. It ranges from bed-wetting to stealing and telling lies and includes aggressive behaviour, destructive acts and compulsive cruelty, and perversions. For an understanding of the etiology of the antisocial tendency there exists a vast literature, and only a short statement can be allowed here. Briefly, the antisocial tendency represents the hopefulness in a deprived child who is otherwise hopeless, hapless, and harmless; a manifestation of the antisocial tendency in a child means that there has developed in the child some hopefulness, hope that a way may be found across a gap. This gap is a break in the continuity of environmental provision, experienced at a stage of relative dependence. In every case there has been experienced a break in the continuity of the environmental provision, and one that resulted in a hold-up of maturational processes and a painful confusional clinical state in the child.

Here again is a very pregnant delineation of Winnicott's blind spot. There is a brilliant statement about antisocial behaviour representing hope of bridging the gap created by the break in the continuity of environmental provision. This language of discontinuity in the environment which is the object of the absolute dependence phase is, however, related only to the comparatively minor discontinuities of holding experienced after birth and which for certain individuals lead to comparatively antisocial patterns of behaviour. Here again, the psycho-analyst, because dealing with delinquency, notes only the behaviour of the special case, but generalises to human development patterns from the experience of the disturbed, so missing the disturbance that is precisely general. Yet once again there is evidence of slight disturbance in Winnicott's own grammatical construction, for instance he writes 'in every case there has been experienced a break in the continuity of the environmental provision'. He means I take it, 'in every case of antisocial behaviour' since that is the context in which he is writing and yet there is truth behind the general statement for precisely in every case (though exacerbated by secondary discontinuities in those who exhibit antisocial behaviour) there has been a fundamental discontinuity of environmental provision. This fatal gap, which terminates foetal life represents for every man the fall, the discontinuity between Eden and beyond, the tunnel effect from womb to world. If the secondary discontinuities create antisocial behaviour, then I suggest the primary discontinuity of birth represents the nexus of original sin, the nucleus of that rage/passivity ambivalence which is projected into the dualistic mythology of the good and the bad.

If the secondary discontinuities are so powerful as to create antisocial behaviour in all its facets, then how much greater must the disturbance be in general behaviour of human beings initiated by the splitting and discontinuity, the gap of birth itself. How much of life is actually a compensation for the generalised antisocial behaviour which is a response to this primal discontinuity? What levels of hold up of maturational process are blocked in this buried trauma? How much then of our confusion, our inability to handle data base or to integrate experience originates in this fundamental, shattering discontinuity of birth?

Often the child psychiatrist is able, in a case seen before the development of secondary gain, to help the child back over the gap, so that instead of stealing there appears a return of an old good relationship with mother or a mother-figure or parent. The wickedness goes if the gap is bridged. This is an over-simplification but it must suffice.

If psychiatric intervention in cases of antisocial behaviour can lead to a re-integration of existence and compensation for the effects of the experienced breaks or discontinuities in the holding environment, I see no a priori reason why psychiatric intervention should not also lead to a re-integration of the primal discontinuity. Such an intervention should be seen not as abnormal provision for the disturbed but as normal education, part of the essential maturational process for every man. Such a process may well lead to the withdrawal of cosmic splitting and projection as evidenced in religious activity as well as major increase in the capacity for integrating the social and conceptual universe, since I take it the splits in the knowable world are reflections into the environment of the splits in the intra-personal nucleus derived from the primal discontinuity of birth. Religion in general could be seen as one facet (a behavioural construct) of life whose internal dynamic is a defence against the unspeakable anxiety of disintegration, the intolerable stress, guilt and ambivalence stemming from the Fall.

Compulsive wickedness is about the last thing to be cured or even stopped by moral education. The child knows in his bones that it is 'hope' that is locked up in the wicked behaviour, and that 'despair' is linked with compliance and false socialization. For the antisocial or wicked person the moral educator is on the wrong side.

So it is that religion, like moral education, is precisely a defence against fundamental integration. Religious conversion may therefore represent the collapse of defiance into despairing compliance, the giving up of hope and the resigned settling down into a fractured schizoid dependency with all possibility of return to the primal source of well being cut off. It is not surprising to see a resurgence of Islam as the global construct moves into the primitive, defensive, paranoid-schizoid position in response to the onset of the fundamental discontinuity of environmental provision for the support of mankind. I would hypothesise that the way forward is in fact the converse of such religion and requires man in fact to be born again. The Kingdom cannot even be perceived, let alone entered until there is a cathartic re-negotiation of the primal discontinuity of environmental provision. In so far as the church is caught up with religious activity just so far does it stand between man and his maturation.

What the psycho-analyst leaves unsolved has to do with the moral education of individuals in so far as they have not matured in essential respects, and in so far as they have no capacity for moral evaluation or for feeling responsibility. The psycho-analyst simply says that these people are ill, and in some cases he is able to give treatment that is effective. But there remains the moral educator's effort to deal with these individuals, whether they are ill or not. Here the psycho-analyst can only ask that the educator shall not spill over his methods designed for these ill persons so that

they affect the well persons. The vast majority of people are not ill, though indeed they may show all manner of symptoms. Strong or repressive measures, or indoctrination even, may suit society's need in the management of the antisocial individual, but these measures are the worst possible thing for healthy persons, for those who can grow from within, given the facilitating environment especially in the early stages of growth. It is these latter, the healthy, who grow into the adults who constitute society.

On this basis the churches, like mental hospitals or prisons, borstal institutions or child care homes, may be seen as suppressive containers for the disturbed elements of society. Within these institutions, although overtly geared towards restoring persons to health, the covert task is the containerising and suppression of the disturbance. People who have been institutionalised and removed from effective pollution of the rest of society can be hidden, or at least the disturbing elements of their behaviour can be hidden within the institution. Little wonder that it is seen as devastating if the church begins to operate counter to this task and seeks to move across her boundaries in so-called mission to the environment which actually sees itself as religiously healthy and perceives church members as religiously sick. The outrage is similar to that which might be experienced if the staff of a mental hospital began encouraging patients to visit round the homes of the neighbourhood, trying to persuade people that they were in great need of therapy and should at least attend as voluntary outpatients with a view ultimately to moving into residence as full time in-patients.

Extra Comments on 'Morals and Education'

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What I am referring to in this lecture is limited to this area, the human child's development of a capacity for having a moral sense, for experiencing a sense of guilt and for the setting up of an ideal. Analogous would be an attempt to get behind such an idea as 'belief in God' to the idea of 'belief' or (as I would prefer to say) 'belief in'. To a child who develops 'belief in' can be handed the god of the household or of the society that happens to be his. But to a child with no 'belief in', god is at best a pedagogue's gimmick, and at worst a piece of evidence for the child that the parent-figures are lacking in confidence of the processes of human nature and are frightened of the unknown.

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Religions have made much of original sin, but have not all come round to the idea of original goodness, that which by being gathered together in the idea of God is at the same time separated off from the individuals who collectively create and re-create this God concept. The saying that man made God in his own image is usually treated as an amusing example of the perverse, but the truth in this saying could be made more evident by a restatement, such as: man continues to create and re- create God as a place to put that which is good in himself, and which he might spoil if he kept it in himself along with all the hate and destructiveness which is also to be found there.

I take it this splitting of the supernatural from the natural with the good in some ways pre-existing the bad (a fallen angel?) represents the splitting off into the mythology of the adult consciousness of that which was split off in reality by the discontinuity of birth. I take it the womb is the only place in which the genitals are uncovered freely. It is a supportive Garden

which sustained life without work and within which the voice of God can indeed be heard, calling to the babe from the depths of the beyond. A configuration in which the mother (the ground of being?) is wholly other.

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Religion (or is it theology?) has stolen the good from the developing individual child, and has then set up an artificial scheme for injecting this that has been stolen back into the child, and has called it 'moral education'. Actually moral education does not work unless the infant or child has developed in himself or herself by natural developmental process the stuff that, when it is placed up in the sky, is given the name God.

So God becomes the ultimate delusion of racial schizophrenia, the projection onto external reality of that part of being which has been split off in the primal trauma for every-man. Belief in God, or the religious sense, is the compensation for the fragmentation of man's inner consciousness stemming from the fundamental loss nexus. As such the belief system preserves and perpetuates the splitting, so blocking the fundamental maturation and integration process which is vital if man is to navigate the coming racial trauma authentically.

If we are correct in seeing this split between natural and supernatural as the emergence into the social construct of the discontinuity between womb-world and after birth, then one would expect a dynamic or institutional incarnation of this construct in the boundary conditions of the church. If membership of a local congregation is viewed as an in-group with a boundary zone distinguishing it from its environment or out-group, then the in-group is that which is matched with the supernatural or womb-world, the out-group is perceived as matched with the natural or after birth and the transition from one to the other carries with it all the terrors of parturition. Truly to join the church is to transgress the schizoid split. Once in, to leave the church is to face the unspeakable terror of the tunnel of excommunication, knowing that once out the return is prohibited by the whirling sword, the fall into outer darkness, where there is weeping and wailing and gnashing of teeth, eternal fire and the devouring worm. This construct contains within it all the paranoid symbolism of projection stemming from the cosmic terror encountered in birth.

Within the religious system we may see three levels of this projected split in terms of **construct, dynamic and architecture.**

The primal split between womb-world and after-birth is reflected into the differentiation between supernatural and natural, and projected into the gap between man and God, with man in the post-Fall position being at enmity with God, a position which represents the primal rage against the failed environment. At this level the split is enshrined in mythology, symbolism and theology.

At the second level, that of dynamic, we perceive the split associated with the boundary transaction between membership and non-membership of the institution associated with the construct, the detail of this has already been spelled out above.

Institutionally the split is marked in stone, or to put it another way, the construct is petrified architecturally. That space which is associated with the supernatural is set aside and designated holy, separated from secular space by walls, windows and what-have-you, so the church building becomes the womb, whose matrix is the great West Door, itself guarded by

the towers. Significantly, during the period of history where the total population was seen as Christian and the Holy Place was administered by the religious, the nave of the church was itself secular and the holy place was the sanctuary, guarded by the screen through which the small tunnel-like orifice led in to the holy place within which the religious performed their rite. With the emergence of the new secularism at the renaissance we find a reformation of church architecture, an attack on the screens, a sacralization of the nave, and the removal of the boundary of the holy from screen to church door, so defining the congregation as the religious and pushing the boundary between sacred and profane out into the community.

Essay 9: On the Contribution of Direct Child Observation to Psycho-Analysis (1957)

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If deeper and deeper as formulated through analytic work meant earlier and earlier, then it would be necessary to assume the immature infant of a few weeks could be aware of the environment. We know, however, that the infant is not aware of the environment as environment, especially when the environment is good or good-enough. The environment induces reactions indeed when it fails in some important respect, but what we call a good environment is something which is taken for granted. The infant in the early stages has no knowledge of the environment, knowledge, that is, which could be brought forward and presented as material in analysis. The conception of the environmental has to be added by the analyst.

..... The infant who is held or who is lying in a cot is not aware of being preserved from infinitely falling. A slight failure of holding, however, brings to the infant a sensation of infinite falling. In analysis a patient may report a sense of falling, dating from earliest days, but can never report being held at this early stage of development.

I take it that material presented in analysis stems from events which make a difference to the experiential status quo. Thus, where the experienced phenomenon is that of secure holding, failure in holding will leave a trace which will emerge in analysis. I suggest, however, that it is the analytic method which is sensitive only to variations in state which elides the fundamental importance of the state itself. Using the concept that a steady state equilibrium gives no signals until disturbed, one could equally well interpret the analytic data on falling as data not about the disturbance, but as providing data concerning the importance of the base state itself. I take it, therefore, that the absolute dependence of the infant and the absolute dependability of the environment are fundamentally important states for the secure formation of a human being. I would postulate also that the fundamental disturbance of absolute dependence is actually experienced in the crushing and falling of birth, but that just as the analytic method does not show up the trace of the absolute dependency because of its commonality (i.e. only disturbances of the state are presented), so also analysis tends not to show up the falling of birth because of its generality, the loss nexus is present for every man and differs only in degree. Since analytic techniques are designed to show up differences from general steady state, or normal patterns, the original loss nexus is as opaque to traditional psycho-analytic method as is the positive state of absolute dependence.

Here again we may apply the concept of learning about the steady state by its disturbance. Borderline cases which present material for analysis which has to do with a particularly

traumatic birth condition indicate the kind of splitting, fragmentation, and psychotic defence which is associated with that event. What is perceived in analysis in this situation represents the excess splitting beyond the norm associated with birth. It is therefore possible to read back from the borderline cases into so-called normal process and extrapolate the effects of birth trauma in general as a failure in the environmental provision of absolute dependence.

Essay 11: Classification: Is there a Psycho-Analytic Condition to Psychiatric Classification? (1959-1964)

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Today, I suggest, we are coming round to the view that in psychosis it is very primitive 'defences' that are brought into play and organized, 'because of environmental abnormalities.' We can of course see the very primitive mechanisms at work in psychotics as also in our 'normal' patients, and indeed in all people. We cannot diagnose psychotic illness by finding primitive mental mechanisms. Of course, in psychotic illness it is the primitive defences that we meet with, defences which do not have to be organised if in the earliest stages of near-absolute dependence the good-enough environmental position does in fact exist.

So Winnicott points to the position that the primitive defences against anxiety are part of the normal equipment of every man, but are brought into play with psychotic intensity in those persons whose history includes abnormal failure of the holding environment during the phase of absolute or near-absolute dependency. Or again, we may think of the emergence of such primitive defences in later life as triggered by some particular change or breakdown in the environmental holding capacity which reverberates with earlier previously repressed material which itself demanded exercise of the primitive defences. This approach I think offers an important and creative way forward. At the present point of writing I would see the birth trauma itself as the archetypal seat of the primitive defences against anxiety which are subsequently triggered by failure in the holding phase of the supportive or facilitating environment. Thus the primitive defences are potentially available for the use of every man and I suggest it is therefore in those experiences in which the boundary holding capacity is itself over-stressed (i.e. in the hyper-stressed, under-resourced group or individual) that these primitive defences come into play. Hence the emergence of psycho-dynamics within the group context which are parallel to the psycho-neurotic or even psychotic position of the individual. The group phenomena tend to be a little more diffuse, since they call for interpersonal defensive dynamics which represent corporate collusion of multiple intrapersonal defences. However, as stress builds up and resource breaks down, those persons with the most highly developed and most easily mobilised paranoid-schizoid defences are elevated into positions of dominance or norm setting for the group, whose corporate anxiety defence system is organised around those elements of the intrapersonal defences of the most disturbed members.

Implications of this for the study of group dynamics are, of course, quite immense. Direct analysis and interpretation of the dynamics in play are resisted with the same kind of repressive ferocity that constitutes the very strength of the primitive anxiety defences themselves. Rejection of the analysis and interpretation is therefore voiced by the people with the most deeply ingrained p/s defence mechanisms. The attempt to mobilise group therapy or organisational change around these people, it seems to me, is to collude directly

with the dynamics in play. The hyper-stressed boundary conditions and lack of resource of the group which have triggered the psychotic position must themselves be modified as a first step. As the environmental and resource conditions change, so the causal system which has elevated the primitive defence mechanisms begins to relax and group leadership shifts away from the primitive defensive members to those more open and able to work in authentic ego engagement with the environment.

The foregoing assumes that someone has access to power in the causal system, i.e. the boundary conditions and resource condition. This, however, is not always the case and even where it is potentially possible, certain interventions themselves may be frustrated by the paranoid-schizoid anxiety defence system in play. This perceives such interventions as creating intolerable anxieties both at the interpersonal and intrapersonal as well as at group survival levels. It is in this position then, that the capacity to act as a consultant or organo-analyst is required. Here the consultant or the consultant group has to engage in therapy with the group or organisation concerned, handling by transference and interpretation, the modification of the anxiety defence system in place, so mobilising the inner resources at interpersonal and group level to tackle those work issues which themselves can yield shifts in the boundary support and resource structures of the organisation.

This understanding of the holistic spectrum of group dynamics and institutional phenomena offers a foundation for the widening of organisation development consultancy to those institutions and systems which are dominated by paranoid-schizoid defences against anxiety. It is important to note at this stage that the occurrence of such systems is bound to escalate and intensify as the global construct itself moves from the position in which the boundary support conditions of the human race and the resources required for its sustenance begin to fail. I suggest that the development of skill in this field is a matter of extreme urgency. The quality and quantity of such development in the global field will have a major influence on the capacity of the national and international systems to navigate the perilous and potentially traumatic period of world history which we now face.

Essay 16: A Personal View of the Kleinian Contribution (1962)

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It has become an important part of the Klein theory to postulate a paranoid-schizoid position which dates from the very beginning. This term paranoid-schizoid is certainly a bad one, but we nevertheless cannot ignore the fact that we meet, in a vitally important way, the two mechanisms

- 1) talion dread
- 2) splitting of the object into 'good' and 'bad'.

Klein seemed to think at the end that infants start in this way, but this seems to ignore the fact that with good-enough mothering the two mechanisms may be relatively unimportant, until the ego-organization has made the baby capable of using projection and introjection mechanisms in gaining control over objects. If there is not good-enough mothering then the result is chaos rather than talion dread and a splitting of the object into 'good' and 'bad'.

In regard to good and bad, I think it is doubtful whether these words can be used before the infant has become able to sort out benign from persecutory internal objects.

Winnicott wrote that in 1962. It will be interesting to see if his more recent work takes it any further, because there are linkages and fractions, contradictions, tensions, and similarities between these comments and those in the last section. For instance it would appear that Melanie Klein is attempting to pin the origin of the paranoid-schizoid position whereas Winnicott is speaking of those points at which the already pre-formed paranoid-schizoid defences are brought into action (notably at those points of failure of the environment to provide good-enough mothering or at the more normal stage of distinction of objects into present and absent, good and bad, with the associative capacity for projection and introjection). This correlates with Winnicott's position of classification, not by the defences concerned, but by the originating failure of environment which called for the exercise of the specific defences against anxiety. Contradictions are, however, in place here as well. Winnicott has been at pains to trace the beginning of psychotic and indeed psycho-neurotic behaviour back to its origin in failure of the holding environment during the phase which he has designated that of 'absolute dependency'. Yet here we find the roots of psychotic reaction within paranoid-schizoid defences already in existence at the beginning of life in separation from the womb with no apparent originating breakdown in the holding environment to account for their generation.

I suspect that Winnicott has also misunderstood the Kleinian concept of paranoid-schizoid defence. My reading as yet is not wide enough but what I know of Melanie Klein's work indicates something more cosmic, more totally environmental within the paranoid dread than simply the persecutory object or part- environment implied by Winnicott's use of the phrase 'talion dread'. Secondly, the splitting referred to by Melanie Klein in her use of the word schizoid seems to me to have more to do with total fragmentation, going to pieces, annihilation, disintegration of the being of the person, rather than the splitting of an object into good and bad, with all the conflicted ambivalence associated with this division. The Kleinian definition of paranoid-schizoid may have more in common with the Winnicott designation of 'chaos' as an outcome of 'not good- enough mothering' than it has to do with Winnicott's ideas of talion dread and splitting into good and bad.

I take it that the confusion and splitting in Winnicott's own construct at this point is an irruption of precisely that chaos which he is attempting to dissociate from the paranoid-schizoid position, the root of which is already present as a potential defence against anxiety at the centre of each babe in arms and results from that failure of the holding environment experienced at birth.

Essay 17: Communicating and Not Communicating Leading to a Study of Certain Opposites (1963)

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I suggest that in health there is a core to the personality that corresponds to the true self of the split personality; I suggest that this core never communicates with the world of perceived objects, and that the individual person knows that it must never be communicated with or be influenced by external reality. This is my main point, the point of thought which is the centre of an intellectual world and of my paper. Although healthy persons communicate and enjoy communicating, the other fact is

equally true, that 'each individual is an isolate, permanently non-communicating, permanently unknown, in fact, unfound'.

In life and living this hard fact is softened by the sharing that belongs to the whole range of cultural experience. At the centre of each person is an incommunicado element, and this is sacred and most worthy of preservation. Ignoring for the moment the still earlier and shattering experiences of failure of the environment-mother, I would say that the traumatic experiences that lead to the organization of primitive defences belong to the threat of the isolated core, the threat of its being found, altered, communicated with. The defence consists in a further hiding of the secret self, even in the extreme to its projection and to its endless dissemination. Rape and being eaten by cannibals, these are mere bagatelles as compared with the violation of the self's core, the alteration of the self's central elements by communication seeping through the defences. For me this would be the sin against the self. We can understand the hatred people have of psycho-analysis which has penetrated a long way into the human personality, and which provides a threat to the human individual in his need to be secretly isolated. The question is: how to be isolated without having to be insulated?

This passage seems to me to be quite an extraordinary iceberg, an offering out of the heart of Winnicott which floats personally in a sea of analytic professionalism. Here is clear acknowledgement that the schizoid split is fundamental to the organisation of being, with the testimony that Winnicott as person lives on one side of the split. The violence and symbolism associated with the defence of re-integrating across that split, or indeed of penetrating to the hidden part, the buried split off, foetal being, indicates the depth of his own defences at this point. His language becomes very colourful, emotionally loaded, and personalised. He describes the penetration to this hidden self as being an onslaught which renders rape or being eaten by cannibals as mere nothings and at a personal level such penetration would be seen as sin against himself. His question 'How to be isolated without having to be insulated?' represents his fundamental dilemma of how to be a leading psycho-analyst while bearing in his being the dread of being found to be fundamentally schizoid. He must not be discovered and therefore justifies this split and the taboo of discovery of that split precisely as part of his own self-defence. So the analyst in writing offers evidence of his own psychosis which is there opened for analysis for whoever has eyes to see.

In the light of this material, Winnicott's treatment of the theme of counter-transference in a previous paper becomes more significant and to that I now return. In his paper 'Hate in the Counter-transference' (1947) Winnicott said that one use of the word counter-transference would be to describe 'abnormality in counter-transference feelings and set relationships and identifications that are under repression in the analyst. The comment on this is that the analyst needs more analysis'. In his essay number 14 entitled **Counter-Transference (1960)** commenting on the above, Winnicott wrote (page 158) 'A discussion based on the failures of the analyst's own analyses must be futile. In a sense this ends the debate'. Now it would seem to me so obvious as to be axiomatic that in any relationship there is both transference and counter-transference, in other words no matter how deep and full the analysis of the analyst has been, he has never achieved that perfection of totally analysed and fully conscious being in which there is no part for unconscious phenomena and the setting up of transference in the relationship between analyst and another. Psycho-analysis is of essence a subjective or rather inter-subjective engagement. The value of the skills of the analyst does not lie in the fact that he is totally free from unconscious transference and therefore totally

objective, a tabula rasa onto which the analysand transfers his own process. The analyst has hopefully a higher level of integration of unconscious and conscious process, a more complete awareness of his own transference behaviour than the analysand. Limitations in the skill of the analyst are encountered precisely at that point and at that level where his own residual unconscious material is engaged in counter-transference, so distorting the analytic relationship. It is strange therefore that Winnicott dismisses counter-transference stemming from the analyst's intrapersonal world in this way. The result is that Winnicott acts as if as analyst he is omnipotent, a position which, in effect, is a defence against the anxiety of being found to be incompetent or at least to be found 'out'. If this refusal to take seriously the question of counter-transference is matched with the violent defence of penetration to the heart of being, then we perceive, I submit, counter-transference of the fundamental, paranoid-schizoid activity associated with the birth trauma in Winnicott's own person, interfering with and distorting the otherwise objective analytic content of his papers. I take it from the violence of the language which he employs that any attempt to penetrate in analysis to this core would be seen as the threat of total annihilation and disintegration or chaos which he, in other places, associates with those primitive defences against anxiety brought into play (though not originating by) those traumatic failures of the holding environment which lie at the base of psychotic behaviour.

I am forced to the conclusion that the fundamental nexus of splitting is itself split off from examination extremely deeply, that to re-engage in consciousness with this archetypal centre of loss is to face those unnamed terrors of ultimate annihilation, crushing and fragmentation which stem from the fundamental failure of the holding environment of the womb-world. Flight from re-engagement with these terrors itself can constitute a highly motivated drive for understanding of human intrapersonal dynamics so constituting the false self organised in flight from the real self which is experienced as split off, buried, unformed and not to be named. Winnicott's work provides a mirror in which his own analysis could have been taken one step further, but failure in the provision of a facilitating environment to carry out that analytic regression blocked his own development at this point, both in terms of personal maturation and in terms of his conceptual formulation.

Essay 20: The Mentally Ill in your Caseload (1963)

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Now psycho-neurosis involves repression, and the repressed unconscious, which is a special aspect of the unconscious. Whereas the unconscious generally is the storehouse of the richest areas of a person's self, the repressed unconscious is the bin in which is held (at great cost in terms of the mental economy) that which is intolerable and beyond the capacity of the individual to accommodate as part of the self and of personal experience. The unconscious proper can be reached in dreams and contributes fundamentally to all the most significant experiences of the human individual; by contrast, the repressed unconscious is not freely available for use, and appears only as a threat or as a source of reaction formation..... Repression belongs to psycho-neurosis just as splitting of the personality belongs to psychosis.

If we compare this material with some of the previous sections we again find contradictions in Winnicott's work for here the area of the repressed unconscious is designated as that which cannot be accommodated as part of the self. Yet Winnicott is clearly aware in previous

writing of deeply split off parts of the self which he designated the true self, which were precisely those parts which are not accessible. I would suggest therefore that the psychosis which is associated with splitting of the personality is a secondary gain phenomenon which derives its power from the more deeply repressed unconscious trauma of parturition, the nexus of the splitting phenomena, which gain their unreachableness and their power from the fact that they evidence themselves in association with secondary deprivation, to deal with which is to fail to reach the heart of the anxiety defence. I suggest therefore that there is not, as Winnicott would seem to indicate, difference in kind, between the mechanisms of the repression of areas of the unconscious, and splitting of the personality. I suggest that the fundamental dynamic is that of the repression of unconscious material because of traumatic association. In those areas termed psycho-neurotic the originating traumas are open to analysis, but in those areas termed psychotic the originating trauma is not accessed. Here the analyst only gains entrance to those secondary deprivation traumas which re-evoked the fundamental anxiety defence in a repetitive unyielding pattern. He fails to reach the abreaction of fundamental trauma and associated improvement of condition which characterise successful psycho-analysis. I am driven to the conclusion that it is precisely the counter-transference associated with the splitting of parturition in the analyst's own repressed unconscious that prevents his effective engagement with psychotic or borderline patients, and in general blocks the development of both theory and practice of psycho-analysis at this point.

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