

Note on Where we fall ill

Z. Loparic
IBPW/IWA

Winnicott revolutionized psychoanalytic pathology when he stated, in 1948, that *schizophrenia is a sort of environmental deficiency disease*. Mental illnesses are traditionally seen in psychoanalysis as a result of *intrapsychic conflicts*. Freud's position, for instance, which remained hesitant and unpolished, can be gleaned from his formulations in the 1920s. He conceives the major mental pathologies in terms of subjection of the I, the Ego of metapsychology, to its three unrelenting masters: 1) the instincts of hunger and sexual love – the instinctual life experienced by each one of us, sung by poets and studied by biologists – which together comprise what is called the Id in metapsychology; 2) the external reality or, metapsychologically speaking, Necessity – Ananke, in Greek mythology, the personification of unalterable destiny, mother of the three Fates; and 3) reason, whose speculative name is God Logos (of the poets, theologians and philosophers).

If, in *neurosis*, the Ego, in its subjection to Necessity, i.e., to the reality principle, represses a piece of the Id and its objects, in *psychosis*, the same Ego, servant of the Id and obeyer of the pleasure principle, withdraws from an entire part of the repressed field of Necessity. In both cases, the intrapsychic shattering implies loss of objects, imposing limitations on the program of the pleasure principle, which governs the Id. The Id, therefore, rebels and the intrapsychic drama is resolved as follows. In *neurosis*, the Id achieves satisfaction, albeit partial, in neurotic symptoms, which, says Freud, like children's play, allude to objects of instinctual desire lost through repression – fixation points. These points are usually found on one's path of regression to a primitive, fantasized reality, prior to cultural elaboration, but more satisfying than one's current situation. In *psychosis*, the Id also forces the creation of a fantasized external reality, but here the fantasizing process does not seem to draw its material from the stock of the satisfactory archaic past, and for that very reason is a flawed solution. So far, the God Logos has not yet entered the scene in the theater of the servitudes of the I/ego. It will do so during treatment through its representative, the Freudian therapist, who will break the spell of the fixation points by deciphering their secrets, thwart neurotic satisfactions and facilitate the acceptance of this loss (castration) through sublimation – proffering to the Id (now

called libido and freed from the fixations) not only the objects of higher civilizational value of our shared cultural tradition, but also finer satisfactions than gross primitive pleasures.

In 1930, in *Civilization and Its Discontents*, Freud made a now-classic presentation of other metapsychological actors that shatter and restore the individual psyche and the life of the human species, namely, the instincts of Destruction (Death, Thanatos, the Devil) and Love (Life, Eros, God) – the term “Love” being a speculative name for the two instincts of object relating: hunger and sex. The assumed struggle between these speculative instincts – which is not only human and microcosmic, but also macrocosmic – determines the experienced content of human life, that is, the amorous (sexual) and aggressive (hunger, appetites) development of the individual and of society (collaboration, wars), with Eros having as an ally the God Logos, who inspires the program of cultural control of this development through sublimation and, even more significantly, through repression.

Melanie Klein, in 1946, welcomed and further developed this version of the intrapsychic drama. Destruction and Love vie with each other for our object relations from our earliest life – the first object being the mother’s breast. This struggle between the masters of our inner life not only reveals the constitutive (not acquired) ambivalence of human nature, but also threatens, frightens and anguishes us. It is a situation against which the I must defend itself as best as it can, resorting to the mental mechanisms at its disposal, such as splitting – of the breast, of the self, of impulses, of emotions –, projection, denial, idealization etc. In the first months of life, the baby is in a paranoid-schizoid position determined by its own constitution, and is, therefore, by fate, a persecuted-split individual.

Let us go back to the Winnicott of 1948 and later. Splitting [*skhizein* in Greek], from whence schizophrenia was named, is not an intrapsychic drama that results from the inevitable submission of the I/ego to the three dominating instances. The concept of the I is inseparable, says Winnicott, from the concept of autonomous person; instincts not integrated in the individual can be ignored (the pleasure principle does not apply to persons); imposed obedience to external reality (the raw and naked reality principle) is a personal insult; human reason does not speak like a God. Likewise, splitting cannot be explained as a struggle between Eros and Thanatos. The dualism of the instincts must be cast away. To study human life by resorting to “witch metapsychology” was perhaps Freud’s biggest blunder, says Winnicott, since it is essentially an attempt, shared by Klein, to reinstate the original sin. Freud’s theorizing proposes a false theory of aggression, reveals his ignorance of the primitive love impulse, and explains why he neglected the emergence of love, hate and ambivalence in early emotional development. Winnicott also regrets that Klein strove so earnestly to accommodate this “scientific

mythology” (as Freud called it) in her theory of mental illness – so rich in many aspects, apart from the concept of the paranoid-schizoid position, which is not adequate to describe early human life.

Metapsychology has been abandoned and the paradigm of psychoanalysis has shifted. What are we left with now in Winnicott’s company? Schizophrenia is, he says, a disorder of the maturational process in the early stages of life of the individual – or “undivided”, a Winnicottian name for human being – and its etiology is a certain pattern of environmental failures, or *privation*. In other words, it is distortion, blockage or even the reverse of integration. From this inception, Winnicott generalized and created a whole *new pathology*, with a *new classification* of psychic ailments explicitly understood as maturational disorders. Every form of psychosis, and more, every psychic illness, at any stage of life, should be diagnosed maturationally as a lack of age-dependent integration, that is to say as immaturity, the etiology of which lies in the absence of the requisite provision. We fall ill in the same situations, in the same places where we live, when we lack the environmental conditions to begin or to continue to live spontaneously, creatively. But which are these places?

The first is the *mother’s lap*. In healthy maturation, the baby finds in this lap the opportunity for primary identification with the object- and environment-mother. This is the requisite condition for the baby to have experiences of existing, of becoming a unit self, i.e., an omnipotent center of spontaneous, absolutely creative operations, by integrating itself in subjective space and time, indwelling in its body and becoming a real, existent being in contact with the objects it creates. If the mother is not there for this, if she does not provide the necessary setting, the baby will not become merely frustrated, neurotic, or paranoid threatened by the drive for destruction, but reaches the brink of *annihilation*, in danger of losing everything, including its primary self. To defend itself from this truly *unthinkable agony*, it develops psychotic defenses – promoting its own disintegration, attempting integration through self-holding and self-handling, erecting a false self, depersonalizing itself (ceases indwelling in the body it does not know how to use), seeking realness in introversion, closing itself autistically from the world, becoming invulnerable. In therapy, the child regresses to *profound dependence*. Here is an example. A 5-year-old boy, with an apparent mental disability, who, after testing the environment for a few months, eventually sat on Winnicott’s lap, slipped inside his coat and slid down all the way to the floor. He repeated this behavior over and over again. Later, he displayed a strong urge to eat honey. He had been born and felt hungry. Winnicott gave him “honey”: cod liver oil with malt [because of wartime scarcity], which the boy swallowed voraciously. In subsequent sessions, he made pools of saliva as he waited for Winnicott to open

the door. A slow but steady development followed. Winnicott diagnosed this boy as a case of *childhood schizophrenia*, the result of a failed initial encounter with the world, which was corrected by the boy himself, out of his own personal need, helped by a lap better than his mother's that Winnicott provided.

While still in the mother's lap as a subjective object, before a self capable of relating with the external world is established, the baby's development follows several *lines* (the identity line properly, that of bodily growth, that of mental development, that of socialization) and goes through a series of maturational *stages* (the transition from subjective conception to the objective perception, whereby the child begins to open up to the *world in between* – i.e., the intermediate area, the *potential space* that separates the baby from and unites it to the mother – that of weaning, that of the use of the mother, that of creating a personal sense of external reality, that of the I AM). Along all these lines and at every one of these stages, the baby can suffer privation, an interruption in the continuity of being, and so builds up defenses and may become psychotically ill.

Gradually, the mother's lap changes and becomes a place of the external world. This is where the child develops the *capacity for concern* for a now-external mother, whom it loves, but who, at the same time, it uses voraciously out of hunger. And it is here that the child acquires the capacity to tolerate ambivalence – which, little by little, extends to its relationships with other family members – and achieves the sense of responsibility, the basis of all personally embodied morals. If this place is not facilitated, the child cannot experience its capacity for contributing and repairing, develops an intolerable sense of guilt and may become ill developing *reactive* (not schizoid) *depression*.

After the mother's lap, the next big chapter in the theater of life is the *family*, the baby's new creation, its first social group, which, to a large extent, arises from its tendency towards integration and organization present in the personality of a healthy individual, i.e., one that has passed through the previous stages with at least moderate success. In this new place, the child may have introjected patterns of illness from the mother. If it has a weak personality and no one in the family pays heed to it (or, in another language, if the organization of the self is weak, of the self is weak), the child may fall ill and begin to fantasize, and as an adult may end up in a sickbed or the asylum. In his first genitally-based three-body (triangular) relationships, a boy may develop an internal conflict between his love and hatred for his father, between wanting to preserve and kill the father, and will be overtaken by intolerable anxiety. Again, if his personality structure is weak and he cannot rely on his parents for help, he may *instinctually regress* or generate *neurosis*. Upon suddenly losing the environment or part of it, which until

that moment was good enough, he suffers *deprivation*. An almost two-year-old boy was stirred up by his mother's extreme anxiety over her new pregnancy. He regressed, stopped talking, and when the new baby was born, he wanted to be bathed like a newborn once again and started thumb-sucking, something he had never done before. Later, he went through a brief phase of stealing from his mother, becoming antisocial. However, it should be noted that the antisocial tendency can arise at any age and be related to different environments. A pandemic, for instance, with the attending loss of a safe natural environment, followed by the breakdown of social environments, can result in unthinkable agonies, reactive depression or antisocial behavior.

It would be possible to go on enumerating and clinically illustrating maturational disorders that occur at every subsequent stage, in increasingly large and sophisticated places. But I will limit myself to observe that an adult *may not be healthy enough to afford to grow old and die*. One may not have developed a self mature enough to finally allow oneself to close down the potential time-space where one has lived until then, sacrifice spontaneity and die one's natural death, which is the last seal of health.

About the article: Originally published in Portuguese on June 13, 2022, in the column "The place in which we live". An online column from the Winnicott Institute in *Cult Magazine*. <https://revistacult.uol.com.br/home/onde-adoecemos/>