

Winnicott: a non-oedipal psychoanalysis*

Z. Loparic

IBPW/IWA

Abstract: This paper begins by stating the thesis that the Oedipus complex is the basic problem upon which Freudian psychoanalysis was built, and that all other dimensions of traditional psychoanalytic theory were developed from this “core complex.” The article then attempts to demonstrate that the central problem of Winnicottian psychoanalysis is not that of the “toddler in the mother’s bed” but rather of the “baby on the mother’s lap,” to conclude that the psychoanalytic theory and practice developed by Winnicott is no longer Oedipal (sexual, structural), but maturational. The paper concludes with a historical and epistemological assessment of this revolutionary paradigm shift.

Keywords: Winnicott, Oedipus complex, Oedipal paradigm, non-Oedipal paradigm

1. The discovery of the Oedipus complex and the emergence of psychoanalysis

In the initial formulation of the Oedipus complex, sexual differences play the key role: the boy loves the mother and hates the father, that is, he has incestuous and murderous desires. The girl, on the other hand, loves the father and rivals the mother (Freud, 1900, p. 257). This is a conflicting situation and, therefore, brings about *anxiety*, whose basic form is castration. The anxiety, as well as the desires that make up the Oedipal situation, usually slide by unnoticed, although they might reappear in the form of dreams and neurotic symptoms, which can be analyzed and understood in terms of the logic of that same situation. With the Oedipus complex, Freud also discovered child sexuality, the repressed unconscious, and the conflicts that cause neuroses as well as the method for treating them¹.

It was based on this kind of problem that he formulated his psychoanalytic theory. On this regard, Bion made a decisive remark: “Freud stated as one of the criteria by which a psychoanalyst was to be judged the degree of understanding allegiance he paid to the theory of the Oedipus complex. He thus showed the importance he attached to this theory [...]” (Bion, 1965, p. 49). Hence, Freudian psychoanalysis can be called “Oedipal.” Bion himself left no

* This is a translation of a revised version of my paper “Winnicott: uma psicanálise não-edipiana”, first published in *Percurso* 17, 41-48, 1996. This is the founding paper of the São Paulo Winnicottian School, which I created in 1995 and which in 2005 became the Brazilian Society of Winnicottian Psychoanalysis, giving rise, in 2015, to the Brazilian Institute of Winnicottian Psychoanalysis (IBPW) and to other Winnicottian institutions, Brazilian and international.

¹ It may be said, following Bion’s suggestion, that it is not the Oedipus complex itself, as perceived in the clinical material, but rather the Oedipus myth, that “may be regarded as an instrument that served Freud in his discovery of psychoanalysis” (Bion, 1963, p. 92).

doubts about his personal allegiance to Freud's canonic theory. Time, he says, brought no indications that Freud might have overestimated the significance of this complex, since evidence of it "is never absent although it can be unobserved" (Bion, 1965, p. 50)².

2. The Freudian theory of the Oedipal situation

When discussing the Oedipus complex in psychoanalysis, it is convenient to distinguish between the *situation* and the *complex* itself. The Oedipus complex is the effect, on the subject, of the conflict between the forces that control the Oedipal situation.

The Oedipal situation can be described as one in which human subjects (I am using here the traditional psychoanalytic term for human beings) have a certain innate constitution. The innate constitution of the Freudian Oedipal subject is characterized by mental mechanisms, psychic forces (dynamic and energetic components), and biological forces of a physical-chemical nature connected to a given bodily organization (excitement zones – oral, anal, genital – by way of those forces).

Mental mechanisms can produce representations of objects and change those representations. Psychic forces, in turn, represent physical-chemical forces embedded in a *psychic apparatus* alongside the mental mechanisms.

The idea of such a constitution of the human subject was not conceived by Freud. Its basic elements, mental mechanisms and forces were introduced in the 17th Century by Leibniz, a thinker who belongs to the Cartesian tradition of Western philosophy. The Leibnizian monads are characterized by *representatio* and *appetitus* (Heidegger, 1961, pp. 451-452). Under the influence of Darwin, Freud added biological embodiment to that idea, and, with it, physiological mechanisms that act directly on the subject or indirectly through mental mechanisms (particularly, fantasies).

The crucial significance of this addition to traditional psychoanalysis has to do with the object-relations of the subject thus constituted. Those relations are either dynamic-energetic (biological and sexual) or mental. The former are primary. This means that body functioning determines all other modes of relating to objects: the nature and choice of objects, the goals, and the evolution or history of the relations (Klein, 1988, pp. 51 and 52-53). Body functioning is the *prototype* for desires and fantasies of incorporation and identification, which determine the object-relations by means of representations. As Laplanche and Pontalis say,

² Bion, 1963, p. 92, and 1965, pp. 49-50. Bion also says that the Oedipus theory is a part of the standard "observation equipment" of clinical material, assigning to it a D₄-type "pre-conception" condition.

In the case of the ‘oral object-relationship,’ what now become the center of interest are the various guises of incorporation and the way this is to be found as the meaning and the dominant phantasy at the kernel of all the subject’s relations with the world. (Laplanche and Pontalis, 1973, p. 279)

3. Oedipal psychoanalysis and its difficulties

What we have seen explains the central role of the Oedipus complex in traditional psychoanalytic theory (Freud, Klein, Lacan, Bion).

First, it is the main phenomenon of sexual life, and therefore the essential element in the explanation of sexual phenomena. In Freud’s theory, the sexual function is viewed either as preparation for, or as a consequence of, the Oedipal situation. Second, the structure of the human subject is conceived in terms of antecedents or derivations of that same situation. Third, the Oedipus complex is the core complex of neuroses and of psychic illnesses in general. Fourth, the Oedipus complex is at the origin of the historical process by which culture is produced, that is, religion, morals, social order, and art.

Hence, the theory of the Oedipal situation and its effects can be called a *paradigm*, in the following precise sense: the Oedipus problem is the *core problem*, whereas the exemplary solution to that problem, the theory of sexuality, is the main part of traditional psychoanalysis, a *theoretical paradigm* both for individual analysis and for the development and institutionalization of psychoanalytic theory³.

The Oedipal paradigm was applied to many problems in the four domains mentioned above, most often with enormous success. But soon new findings emerged, which it should in principle be able to account for, but proved to be unsolvable, that is, *anomalies*. Some of them were noticed by Freud himself: the difficulties in showing the empirical nature of the primitive scenario (1914), in finding an explanation for mourning and for the pain of transitoriness (1917), in accounting for the atypical nature of negative therapeutic reactions (1920), and in understanding the original exclusive relation between a girl and her mother (1925).

Confronted with these problems, Freud developed several strategies to maintain the Oedipus complex at the very core of psychoanalysis. Among them were a better internal articulation of the theory, its internal reformulation, and its extensions by means of new empirical and speculative hypotheses.

³ I use the term “paradigm” in the sense explained by Kuhn (1972) in the postscript of the second edition of *The structure of scientific revolutions*.

4. An example of revision of the Oedipal paradigm

I will show that Freud used such strategies when discussing his treatment of the last of the four problems mentioned above, the problem of accounting for the original exclusive relation between a girl and her mother. An additional reason for choosing this example is that it brings with it material that will constitute the basis of the revolutionary disagreement between Freud and Winnicott. According to the latter, the initial exclusive relation, not just of girls but also of babies of both sexes with the mother, cannot be treated as a simple precursor of the Oedipal material.

In 1925, therefore well into his research career, Freud acknowledged that for children of both sexes the mother is the first object (Freud, 1925, p. 251). This implies, he says, the existence of an additional problem for the formation of the Oedipus complex in girls: besides changing their goals (which become genital, as is the case with boys), girls also have to change the object of their childhood sexual drive, with the father replacing the mother.

Freud clearly indicated that this is a special problem. The acknowledgement of a pre-Oedipal stage in the girl was a surprise, says Freud, “like the discovery, in another field, of the Minoan-Mycenaean civilization behind the civilization of Greece.” (Freud, 1931, p. 226). This comparison, based on mythical contents, is revealing. Freud seems to suggest having run into a stage of human life prior to, and different from, the Oedipal situation, just like Mycenaean civilization is prior to and different from Theban civilization, to which the Oedipus myth duly belongs. Freud describes his own surprise without distinguishing between boys and girls:

Everything in the sphere of this first attachment to the mother seemed to me so difficult to grasp in analysis – so grey with age and shadowy and almost impossible to revivify – that it was as if it had succumbed to an especially inexorable repression. (Freud, 1931, p. 226)

The Mycenaean relation with the mother would be an older and different object-relation, as well as a deeper one – since it is object of an older and harsher repression – than the Oedipal, Greek one. Do we stand here before a dimension of life that is not simply *pre-Oedipal*, but properly *non-Oedipal*?

The problem is more serious than one might first imagine. Because the initial relation with the mother is *exclusive* and therefore *dual*, it does not seem to depend in any way on the Oedipal situation defined by triangular relations. As it happens very early, it doesn't seem to have a phallic moment, and even less a genital one. In the specific case of girls, the issue becomes more complicated because from the standpoint of traditional theory girls are born

already castrated. Due to these traits, the case seems to escape the domain of child sexuality. Furthermore, since the exclusive relation with the mother, according to Freud himself, can give place to all the fixations and repressions required for the formation of neuroses, it seems we cannot but conclude that we need to reject the thesis that the Oedipus complex is the core complex of psychic pathologies.

Should we abandon the Oedipal situation paradigm as the universal key to understand and treat neuroses? No, answers Freud. The Oedipal paradigm can still be defended in two ways. First, by assigning to it “a broader content, so that it includes all the children’s relations with both parents.” (Freud, 1931, p. 226). Second, by saying that the girl reaches the positive Oedipal situation by overcoming a prior period dominated by the negative complex. Here we see Freud’s strategies at work: better articulation, *reformulation*, and *extension* of the Oedipal psychoanalysis to avoid its refutation.

In 1925, Freud opted for a reformulation, saying that in the case of girls the Oedipus complex is secondary, not constitutive, possibility – i.e., it is made possible by the castration complex. He admits that the relation with the mother is pre-Oedipal, but only in the sense that it is a part of the “prehistory” of the full Oedipal situation. The relation of the girl with her mother results from biological and sexual drives, although the latter have not yet reached the phallic or genital stage.

In the following years, Freud saw himself being forced to introduce other changes in the traditional theory. Already in 1926, he proposed a “small modification” in the conditions for the development of anxieties in girls, stating these are brought about not from the lack (real or imaginary) of an object (real or imaginary) but from loss of love on the part of the object. In the case of the female hysteria, for example, loss of love would play a role analogous to the threat of castration in male phobias (Freud, 1926, p. 143).

In the 1930’s, Freud attempted an explanation more in agreement with Oedipal orthodoxy. He claims to have observed in girls a desire to generate a child in the mother, as well as the desire to make a child for her, both of which, Freud emphasizes, belong to the “phallic stage”. We are now very close to the full Oedipus situation: to make a child in the mother implies being the father as well; getting the mother’s child implies that the mother would also be the father. Besides those desires, in the material pertaining to this case, Freud finds a seduction fantasy like the one from which hysterical symptoms derive and that had led to his discovery of the Oedipus situation (wrongfully interpreting as an actual fact). However, in this case the seducer is the mother, and the seduction has a basis on reality, since it was really the

mother who, through her bodily hygiene, “inevitably stimulated, and perhaps even roused for the first time, pleasurable sensations in her genitals” (Freud, 1933, p. 120).

Freud seems to feel that he is overstretching these concepts and raises himself the objection that libidinal elements are not observed in the initial relation between girls and their mothers. He says: “Enough can be seen in the children if one knows how to look” (Freud, 1933, p. 121). What Freud means is that the Oedipal paradigm allows us to see things that would otherwise remain unnoticeable, that being one of the reasons why we must accept it.

5. Melanie Klein’s premature Oedipus

Among those who put forth new articulations and revisions of the Oedipal paradigm, Klein has a prominent place. In Freud, the feelings of guilt, persecution, and anxiety are said to be derived from the Oedipus complex. Klein noticed that such feelings, associated with aggressiveness, already appear in the pre-Oedipal stages, particularly in the allegedly exclusive relation with the mother observed by Freud. She then concluded that the Oedipal situation, to be applicable to such phenomena, must have an earlier form unknown to Freud.

How is it possible that very small children have feelings of guilt even before the Oedipus complex is set up? Klein explains: children of both sexes, due to their hereditary drives and mental constitution, have genital (phallic) desires for both mother and father from the beginning of their lives. Furthermore, from the oral phase onwards, they want to *annihilate* the primary libidinal object: the mother’s breast. Hence, the feeling of guilt. The aggressiveness involved here ultimately derives from the death drive, and not, as in Freud, from the frustration caused by the loss of the object or of the love and protection afforded by the object (Klein, 1988, p. 41; see also pp. 2, 27, 44 and 50).

To what extent is the anxiety thus produced Oedipal? Insofar as the father’s penis is contained in the mother’s breast for children of both sexes, according to the “symbolic equation”: breast = penis (Klein, 1988, pp. 78-9 and 197). Consequently, the attack on the breast is equivalent to the castration of the father.

Klein knows about Fenichel’s 1930 objection, partially accepted by Freud in 1931, to this premature Oedipus, namely, that the idea of a premature Oedipus changes all other relations during development and is incompatible with the existence of a pre-Oedipal, long lasting, and exclusive maternal connection that Freud observed. This entails the initial relation with the mother being twofold, not threefold, and therefore one cannot say there are “Oedipal tendencies” in it.

What is Klein's answer to these objections? She says that to save Oedipus, the relations in the development stages must indeed be reformulated, a move that, however, does not require rejecting the basic tenets of traditional psychoanalysis. The essential problem is showing that the relation of children of both sexes with the mother, from the outset, is in fact threefold. What makes it triadic, and thus Oedipal, is the fact that all children have an innate knowledge of matters pertaining to the structure of the Oedipal situation. Supported by this argument, Klein can say that, in essence, her theory of the premature Oedipus does not contradict "Professor Freud's" statements (Klein, 1988, p. 197).

Klein's "revisionist" strategy for saving the Oedipus complex and ensuring the applicability of the concepts that define it beyond its initial domain consists, therefore, in rearticulating the theory of the complex (establishing new relations between partial objects defined by means of symbolic equations), and in introducing new hypotheses about the innate constitution of the person (specific contents of innate knowledge).

6. The anomalies discovered by Winnicott

To be sure, this is an ingenious strategy, but it has its costs, as the meanings of the concepts are no longer accessible through the analyst's or the children's *experience*. Not all psychoanalysts were willing to pay the price. In the 1920's, when the Oedipus complex was still generally accepted as central, Winnicott noticed the existence of multiple forms of childhood disorders accompanied by anxieties that apparently could not be classified as "regressions to the pregenital fixation points" connected to the "dynamics [that] came from conflict at the full-blown genital Oedipus complex of the toddler". Winnicott concluded that "Something was wrong somewhere" (1962a/1965, p. 172).

He worked for a while with the modifications of the traditional paradigm introduced by Klein's theory of the depressive position. Gradually, he saw that not even the concept of a premature Oedipus complex could account for its problems. But the decisive factor that led to the emergence of Winnicott's psychoanalysis was his growing conviction that human life has some initial problems that can be clearly identified and described but not solved with the elements provided by the theory of the Oedipal situation and Oedipus complex. He would call these problems *unthinkable anxieties* or *agonies*.

What kinds of anxieties are these? The kinds that arise from various threats to human existence, such as the fear of returning to a state of non-integration (and, in this sense, of annihilation and of breaking the line of being), of losing contact with reality, of spatial

disorientation, of being dislodged from one's own body, of being in an unpredictable physical environment, etc⁴.

Why are these anxieties said to be “unthinkable”? Because they are *not* definable in terms of instinct-driven object-relations based on representations of objects (perception, fantasy, symbolization). One basic feature of the unthinkable anxieties is that, because they occur so early, there is still no individual there capable of experiencing them. This means that the states that give rise to unthinkable anxieties occur *before* the activity related to mental mechanisms and instinctive forces begins. What renders these anxieties unthinkable, and thus *anomalies* for traditional psychoanalysis, is the fact that they cannot in principle be understood in terms of the conflict wrought by the Oedipal situation.

How, then, does Winnicottian anxiety come about? Why should unthinkable anxieties be considered by psychoanalysis? How are they to be treated?

7. A psychoanalysis not centered on the Oedipus complex

Winnicott's work can be interpreted as being essentially an attempt to answer those three questions. His answer to the first is: unthinkable anxieties happen when the world is presented to the baby in an *unexpected* manner at a given stage of its maturation process. As can be seen, this answer entails a theory of human maturation.

A human being, says Winnicott, is “a time-sample of human nature” (1988, p. 11). Man's sole heritage is the innate maturation process (1963/1989, p. 89). Our life is in between two “states” of non-life, states that are nonetheless part and parcel of one's structure. The interval in between emerges, with no reason at all, extending from the initial non-being and goes on until the terminal non-being – that is, until what Winnicott calls the “second death” – owing only to the individual's innate tendency towards integration.

Despite this tendency, continuity cannot be assured by the individual himself. It depends essentially on a facilitating environment. Man's initial condition is not that of a potential Oedipus, but that of a fragile human being, insuperably finite, who needs other human beings to continue existing.

One should note that dependence-relation is *not* an object-relation between a subject and an object in a triangular conflicting situation. We shall examine this assertion point by point.

At the beginning of life, the baby is not a Leibnizian subject moved by internal forces and capable of using its mental mechanisms. For the infant, the instinctual forces are external

⁴ Here I recall Fernando Pessoa's hesitation between all is worthwhile and nothing is worthwhile.

things like any other natural phenomena, which do not move but rather threaten him. What drives the baby is the fact that it is alive. Therefore, it does not relate to the breast in terms of biological and phylogenetic prototypes. In particular, the baby does not want to eat the mother, and even less so to castrate the father (1956/1987, p. 109). What it “wants,” if we can use such term in this context, is the mother’s reliable presence inspiring *faith* in itself and in the world. The baby only acquires the capacity to use its mental mechanisms if its contact with the mother-environment is satisfactory (if the “breast-technique” works). For that very reason, the baby cannot envy any object whatsoever, it cannot even envy the mother, since it doesn’t know what it is to have something different from itself, for the capacity of possessing is constituted through the satisfactory relation with the mother.

The mother’s breast on which the Winnicottian baby depends is neither an internal nor an external object, neither good nor bad. The *good breast* is the name given to a “technique,” a technique that accomplishes three goals: good-enough mothering (that is, the holding, handling, and introducing the baby to the world), satisfactory feeding, and, finally, the union of both in the environment, and afterwards in the baby’s mind (1962b/1989, p. 453).

The dependence relation is, thus, not triangular. It is not even a dual relation, since the baby does not exist as a *separate* entity. Rather, it is a *sui generis* two-in-one, prior to the opposition between the I and the not-I, between the mine and the not mine, between the before and the after. Lastly, the initial space of the dependent baby is not a situation characterized by external and internal relations, but a subjective world that precedes any distinction between the internal and the external. In such a “situation,” attacks on the external object cannot yet happen, nor can there be internal conflicts.

It is in the situation of dependence on others that the baby’s essential *needs* and *problems* arise, e.g., being born, feeling real, contacting reality, assuring its integration in space and time (that is, in a world), creating the distinction between internal and external reality, and creating the capacity for using things and being itself.

It is also from the baby’s condition of dependence that Winnicott explains the origin of the unthinkable anxieties. They arise from failures in the mother-environment relationship with the baby, before it can cope with those failures. What kind of failures are those? Failures that threaten the solution of tasks imposed on the baby during the maturation process and the progressive integration stages in which it successively finds itself. The environment fails not because it frustrates or threatens (i.e., strikes back in terms of a *lex talionis*), but because it is not reliable and sufficient to assure personal growth and evolution for a human being.

It is now possible to answer our second question regarding the relevance for psychoanalysis of Winnicottian anxieties. The answer is simple: those anxieties are directly relevant to the etiology and treatment of psychoses.

Winnicott explains:

Psychosis is no longer to be ascribed to a reaction to anxiety associated to the Oedipal complex, or as a regression to a fixation point, or to be linked specifically with a position in the process of the individual's instinctual development. (1959-1964/1965, p. 128)

The framework for understanding psychoses is not the theory of the evolution of the sexual function, but the general theory of the innate tendency towards independence and autonomy. The traditional theory of the progression of erotogenic zones loses its *status* of grounding theory and is *redescribed* in terms of the theory of personal maturation of human individuals.

The guiding idea of this redescription is that only in more advanced stages of maturation – such as the stage of concern, and especially the Oedipus stage – the main problems are of a sexual nature, requiring sexual solutions either real or imaginary (1988, Parts II and III). It is therefore possible for an individual never to reach a level of psychic health in which the Oedipus complex would make sense (1959-1964/1965, p. 131). Depending on the maturation process, the Oedipus complex might not even come about, which implies that it is not an empirical necessity, nor an *a priori* constitutional element, either phylogenetic or formal, of human existence or thought.

Finally, how do we *treat* the unthinkable anxieties? To that end, several things are needed. First, we must distinguish two kinds of unconscious: the repressed unconscious, discovered by Freud in the Oedipus complex and in childhood sexuality, and the unconscious that consists of interruptions or collapses of the maturation process. Second, we need to consider two kinds of regression: regression to the repressed unconscious, and regression to the relation of dependence in which the traumatizing collapse of the maturation process happened. Third, we need to stop practicing “witch hunts,” that is, stop looking for blocked drives in order to interpret them, and allow patients to recover on their own the lost communication with the environment and to create a feeling of trust (1967/1989, p. 196).

To sum up: Winnicott's theory of human maturation changes all the theoretical elements of traditional psychoanalysis used to describe the Oedipal situation:

- 1) in place of a subject with a biological-dynamic-mental constitution, there is a baby undergoing a maturation process, which is its only heritage, and which is neither biological, nor dynamic, nor mental,
- 2) in place of the instinctual mother-object, the mother-environment,
- 3) in place of the instinctual satisfaction experience, the needs derived from existence itself,
- 4) in place of childhood sexuality, the relation of dependence,
- 5) in place of the libidinal mother, the mother of primary concern,
- 6) in place of the determining worldly triangular situation, the baby in a two-in-one subjective world, close to the state of non-being.

In essence, the theory of programmed progression of erotogenic zones is replaced by the always uncertain and unstable process of progressive integration of the individual.

How are we to evaluate this contribution to psychoanalysis? I think we can say that from the standpoint of contemporary philosophy of science, Winnicott's theory constitutes a *scientific revolution* that replaces the traditional paradigm of psychoanalysis with a new one. First of all, the old central problem of the *toddler⁵ in the mother's bed* gives way to a new one: that of *the baby on the mother's lap*. And, second, the role of the exemplary or paradigmatic solution is now performed by the theory of personal maturation, and no longer by the theory of the natural history of the sexual function.

Winnicott's influence on current-day psychoanalysis is perhaps deeper than it may seem. More recently, Heinz Kohut has followed up on the thesis that the Oedipus complex is not "is not a primary maturational necessity but only the frequent result of frequently occurring failures from the side of narcissistically disturbed parents?" (Kohut, 2007, p. 247). Kohut also restated emphatically the insufficiency of the paradigm of Oedipal psychoanalysis: "Classical theory cannot illuminate the essence of fractured, enfeebled, discontinuous human existence. [...] Dynamic-structural metapsychology does not do justice to these problems of man, cannot encompass the problems of Tragic Man."⁶ (Kohut, 2007, p. 238).

What should we make of this development that goes from Oedipal to maturational psychoanalysis, from Freud and Klein to Winnicott? Might we not have here the central axis of

⁵ Etymologically, "Oedipus" means "somebody who walks with swollen feet".

⁶ Here a discussion of the relation between Winnicott and Bion is needed. A point of interest would be the difference between the innate tendency towards personal integration and Winnicott's absolute creativity, on the one hand, and Bion's pre-conceptions and innate ideas on the other, with special attention to the problem of causality in this context. Everything indicates that the innate tendency towards personal integration doesn't play out causally, much like the deployment in time of *a priori* structure of Heidegger's Dasein doesn't happen causally. It seems to me that the distance separating these two thinkers, in the field of psychoanalysis, is analogous to the distance that separates Heidegger's daseinsanalytical *a priori* from Kant's representational *a priori* in philosophy.

psychoanalysis in the last century? What does this all mean for the future of psychoanalysis? I just wanted to make these questions public. I believe they can no longer be ignored.

References

- Bion, W. R. (1963). *Elements of psychoanalysis*. London: Karnac.
- Bion, W. R. (1965). *Transformations*. London: Karnac.
- Freud, S. (1900). *The interpretation of dreams*. In S. Freud, *Standard edition, IV*. London: The Hogarth Press.
- Freud, S. (1925). Some psychical consequences of the anatomical distinction between the sexes. In S. Freud, *Standard edition, XIX*. London: The Hogarth Press.
- Freud, S. (1926). Inhibitions, symptoms and anxiety. In S. Freud, *Standard edition, XX*. London: The Hogarth Press.
- Freud, S. (1931). Female sexuality. In S. Freud, *Standard edition, XXI*. London: The Hogarth Press.
- Freud, S. (1933). New introductory lectures on psychoanalysis. In S. Freud, *Standard edition, XXII*. London: The Hogarth Press.
- Heidegger, M. (1961). *Nietzsche, II*. Pfullingen: Neske.
- Klein, M. (1988). *Envy and gratitude and other works*. London: Virago Press.
- Kohut, H. (2007). *The restoration of the self*. Chicago: University of Chicago Press.
- Kuhn, T. (1972) *The structure of scientific revolutions*. 2nd ed. Chicago: The University of Chicago Press.
- Laplanche, J. and Pontalis, J.-B. (1973). *The Language of Psychoanalysis*. London: The Hogarth Press.
- Winnicott, D. W. (1956). Letter to Barbara Lantos, 8 November. In D. Winnicott, *The Spontaneous* (pp. 107-110). London: Harvard University Press, 1987.
- Winnicott, D. W. (1959-1964). Classification: Is There a Psycho-Analytic Contribution to Psychiatric Classification? In D. Winnicott, *The Maturation Processes and the Facilitating Environment* (pp. 124-139). London: The Hogarth Press, 1965.
- Winnicott, D. W. (1962a). A Personal View of the Kleinian Contribution. In D. Winnicott, *The Maturation Processes and the Facilitating Environment* (pp. 171-178). London: The Hogarth Press, 1965.
- Winnicott, D. W. (1962b). The Beginnings of a Formulation of an Appreciation and Criticism of Klein's Envy Statement (Part II of Chapter 53, Melanie Klein: On Her Concept of

- Envy). In D. Winnicott, *Psychoanalytic Explorations* (pp. 447-457). London: Karnac Books, 1989.
- Winnicott, D. W. (1963). Fear of Breakdown. In D. Winnicott, *Psycho-Analytic Explorations* (pp. 87-95). London: Karnac Books, 1989.
- Winnicott, D. W. (1965). *The Maturation Processes and the Facilitating Environment*. London: The Hogarth Press.
- Winnicott, D. W. (1967). The Concept of Clinical Regression Compared with that of Defence Organization. In D. Winnicott, *Psychoanalytic Explorations* (pp. 193-199). London: Karnac Books, 1989.
- Winnicott, D. W. (1987). *The Spontaneous Gesture*. London: Harvard University Press.
- Winnicott, D. W. (1988). *Human Nature*. London: Free Association Books.
- Winnicott, D. W. (1989). *Psychoanalytic Explorations*. London: Karnac Books.