

At the roots of the Winnicottian setting: the recovery of the going-on-being through the environment-mother

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The pandemic as an ‘unreliable environment’

Although the world’s media compared this pandemic from its beginning to a ‘war’, it had none of the characteristics of a ‘conflict’. The virus was invisible and unknown, and for more than a year we had no weapons to fight it: only a ‘*don’t*’ – don’t touch, don’t stand too close, don’t leave the house – which brought us into contact with our fragility and impotence, our original *Hilflosigkeit*.

As if the whole world was at war, we saw empty streets and queues of people in front of shops stocking up on food and medicine. But what was threatened, was not at all the ‘getting’ and ‘having’ – aims of the drives. What really was attacked in all of us was the quiet experience of ‘being’ in our everyday life, the possibility of enjoying in all calmness – without even noticing it – the continuity and unquestionability of those unexcited states that constitute everyone’s ‘invisible holding’: everyday habits, relationships of closeness, the spontaneity of the bodily self in its relations with others and with the outside world, the natural sense of tomorrow.

With the outbreak of the pandemic, all this seems to have been abruptly replaced by a subjective experience of impending catastrophe for an *environment* which had suddenly become unreliable.

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Susanna Guida has cooperate for many years with Andreas Giannakoulas, a Greek Colleague who – direct pupil of Donald Winnicott at the time of his personal training in London – in the last 80ies “imported” Winnicott from London to Rome, here founding the “i-W”, as well as the S.I.P.S.I.A.

Trauma as a ‘rupture of the going-on-being’

Winnicott taught us that real catastrophes – those that remain without even a subjective experience – take place in the earliest stages of life: when the infant has not yet differentiated from the primordial environment-individual matrix. In this early period, it is only the holding environment that guarantees the basic feeling of a ‘going-on-being’: and by reciprocity, every trauma means an interruption of the being and a threat of annihilation of the vital core of the self, thus forced to react by losing the basic feeling of being.

The setting as ‘restoration of continuity’ and resumption of development

On a clinical level, Winnicott also taught us that in areas of psychological distress closest to early trauma, interpretation must be able to give way – at least for long phases of the treatment – to the setting as a therapeutic tool in itself, capable of slowly re-creating the feeling of environmental reliability that was lacking at the beginning. Winnicott writes: “the setting of analysis reproduces the early and earliest mothering techniques. It invites regression by reason of its reliability” (Winnicott, 1954/1975, p. 286). The analyst, he specifies, “would be reliable there, [...] alive, breathing”; and “has no wish to intrude”. He does not perform “talion reactions” towards the patient. And above all, he “survives” (Winnicott, 1954/1975, p. 286).

Clinical work with young children, especially psychotic ones, shows more clearly that much of the Winnicottian setting coincides, in fact, with the analyst’s own attitude and with his or her *psycho-somatic* ability to reproduce the functions of the ‘environment-mother’, so different from the ‘object-mother’ of excited drive-related states. Winnicott writes:

With the regressed patient the word wish is incorrect; instead, we use the word *need*. If a regressed patient *needs* quiet, then without it nothing can be done at all. If the need is not met the result is not anger, only a reproduction of the environmental failure situation which stopped the processes of self growth.” (Winnicott, 1954/1975, p. 211)

The pandemic, with its imposed repeated lockdowns, has had a particularly critical impact on psychoanalytic work with children. If, on the one hand, it has led to the overpowering re-emergence of the echoes of the original trauma in them, on the other hand it has also deprived them of the setting: that ‘environment of specialised care’, founded on continuity and reliability. As psychotherapists, we somehow managed to maintain some kind of continuity with these patients, while being aware that this *was not* the therapy or its possible ‘substitute’.

This ‘double trauma’ – the patients’ and ours – has nevertheless allowed us to reflect more deeply on some fundamental aspects of the Winnicottian setting, none of which can be

‘surrogated’, thus imposing on fragile patients ‘requests’ which do not respect their true basic needs. These fundamental aspects are:

1) Attention to pre-symbolic and pre-verbal communication and the importance of the bodily aspect. We must always keep in mind that in Winnicott’s theory: a) the imaginative elaboration of bodily functions is considered the primary matrix of the entire psychic life; b) early traumas, prior to the structuring of an ego capable of experience, *have not yet been experienced, nor therefore symbolized, by the patients themselves* and the only possible mode of finding an expression for this kind of trauma – at least initially – is the *acting out* within the psychoanalytic situation.

2) Adaptation to patients and their basic needs - needs and not desires – where the original environment has failed to grasp them and adapt to them.

3) The importance of playing, which for children means movement and the use of toys, but which for both children and adults above all means the possibility of experiencing, *sometimes for the first time*, transitional phenomena and ‘areas of overlap’ with the analyst’s being. As in a ‘good enough’ primary relationship, ‘primary identification’ and ‘crossed identifications’ with the analyst must be possible, as well as the non-relevance of the question of what is external and what is internal, and of ‘who is who’? Play and transitional phenomena – Winnicott tells us – *are themselves conquests of therapy*, which largely depend on the analyst’s ability to graduate his or her psychic differentiation from the patient, as well as his or her own indifferenciation, *according to the patient’s needs and levels of regression*. The same interpreting – at least for long phases of the treatment – sanctions a degree of separateness of the analyst from the patient, which can be felt by the latter as *intrusive* and *traumatic itself*.

As the IPA itself warned, the remote setting is not suitable for all patients: because of the physical separateness, which it imposes, the flattening and immobilization of the body on the screen, and the prevalent constraint to use verbal language, it risks penalizing precisely that kind of patient that Winnicott had the merit of making ‘accessible’ to psychoanalytic therapy.

I will now present the clinical case of a little patient for whom *the concrete setting itself* seemed to evoke devastating anxieties of psychic entrapment. More than any other patient, he taught me how much the concrete setting – the one we always take for granted – really is a process, that slowly needs to be built through the therapeutic relation.

PIETRO

The history and the symptom

Pietro, a three-year-old boy, is taken to psychotherapy because lately, in addition to a psychosis partly denied by his mother, he is also risking urgent surgery: in fact, the child stubbornly, desperately holds in his stool, and gets into a state of uncontrollable desperation at any kind of ‘external’ intervention to facilitate the evacuation.

He is the son of an extremely disturbed and symbiotic mother, who breastfed him until he was two and a half years old. She expresses a never-ending state of excitement through an uncontrollable laughter, which explodes at every approach to painful situations, evidently unbearable for her. Pietro’s father is the only child of a mentally disturbed and abusive mother, and of a father who left him alone with her at the age of four. He is a decidedly traumatised man, who has no confidence in his own abilities: even though he has got a strong and athletic body, he has never taken his own son into his arms out of fear – *purely psychological* – of ‘dropping him’.

The indifference, the drives and ‘monsters’ to escape

For a long period at the beginning of the therapy Pietro – who is always accompanied by both parents – follows me listlessly into the room and seems to ignore me completely: mute during the entire session and apparently resistant to my sheer physical presence in the room, he fiddles in a chaotic way with randomly picked up toys, which he then smashes against the wall. I feel totally useless and invisible, as in a kind of ‘psychic agony’. At the end of the session, however, Pietro – as if suddenly revived – rejoins his mother, jumping at her and physically attacking her breasts, with bites and slaps, in an almost ‘rapacious’ way. Not only does she not stop him, but she also laughs, pleased and excited: and his father stands behind her. I feel totally excluded from this perverse kind of ‘couple game’

When Pietro, after a few months, begins to develop a transference, this takes on a terrifying hue for him: the child – the parents tell me – happily leaves the house, but as he approaches my office he begs his mother to ‘chain him to her’, and when he arrives in the immediate vicinity he shouts like an obsessed child – audible in the street outside – “I don’t want to go in there, *that room is packed with monsters!!!*” Together with the parents we decide that the father will carry him in his arms, in order not to give in, not only to the desperation of the ‘incurability’, but also to a terror to which the transference seems to have given an articulation. This is also meant to be – on my part - a way of ‘lending’ the father – through a

gesture – that confidence in himself that life has not allowed him to develop. Even in his father's arms, however, Pietro screams and wriggles like a demoniac: and as soon as he is placed on the floor, he runs away from the flat, terrified, and throws himself down the stairs. Then, however, he stops at the last step in the entrance hall. I therefore think that the boy is – simply, but also *actively* – trying to find *the right distance* between himself and that room, which may also be the 'enclosure' of that symbiotic maternal narcissism, evidently so 'full of drive-related monsters'.

Lost in space: a difficult 'approaching'

The first times I just leave him there on his own and go to the therapy room alone: and I find it surprising that he *stays there at the bottom of the stairs, that he does not* join his parents who are in the waiting room. I wonder about the need of such a child, constantly intruded upon, *to be left in peace*. Only at the end of the session do I go to say goodbye to Pietro, as if to show him that I am able to 'survive' without 'needing to narcissistically make use' of him.

Very slowly Pietro accepts that I join him on the stairs and makes room for me next to him. At first, he only talks - in a kind of 'trash mode', which says a lot about a 'rubbish bin child' – about sewers and dead rats, poo, skeletons, vomit, rotten food and whatever else is most disgusting. But may this not be – I wonder – a new way of trying to create, *now with words*, once again a distance?

So, there on the stairs, begins the 'game' - this time we are really 'playing' – that just when we have to say goodbye, Pietro pushes me up the stairs, amused, towards the therapy room and violently closes me inside, while I shout that he really wants me to digest all the 'monsters'. "And poo, spit, spiders, sewage rats", he exclaims: "you really have to *eat* them all." There's no mercy for me, no matter how much I shout that they make me totally sick. But in the meantime – magic of the Winnicottian setting, which admits indifferentiation – the game of 'who is who?' has started: it needs to be played and experienced, *long before* it can be interpreted.

Even the dialogue on the stairs gradually makes way for 'spacings' of tenderness. It is his birthday when, to my question how old he is now, Pietro replies: "I am a giant *zero-year-old monster*". "A newborn?!", I exclaim, tenderly: and he, equally tender, blushes shyly. "Maybe", I tell him, "a newborn monster is not really a monster *yet*". To which he replies: "It's a monster, trust me: you're *born* a monster". I ask: "So what's inside a newborn zero-year-old monster?" He whispers, puzzled: "... *there's nothing*". And then, more triumphantly: "*You*

instead, *you're full of poo!*!" "I can easily believe that", I reply: "with all that rubbish you make me eat!" Pietro, surprised, scratches his head, thinking hard. Then his body contorts, he falls silent and sweats for a few minutes. He then asks, blushing, in a thin voice: "... oh dear, is... there ... a toilet here?" It is the first time he shows trust, and it is incredibly moving.

The reconquest of a 'new' room

Through the first toilet stops, we slowly regain the therapy room. It really seems that the more Pietro 'accepts' contents that are respectful of his non-boundaries, the more he is able to expel the 'hard-poo-introjects' with which he's been trying to establish a ruinous differentiation, clinging to an extremely primitive physical sensation of 'retaining'. The first time Pietro enters the therapy room again, he looks around *as if he were in an unfamiliar room*. Then he asks timidly, hesitantly: "But what were you doing when, a long time ago, I was alone on the stairs?" "I was drawing children", I reply: "I was thinking of you." Perhaps – I think in hindsight - that was a kind of 'pregnancy' of mine: he was on the stairs in peace and I, alone, thinking of him who 'still hadn't arrived'.

Pietro looks at the drawings for a long time. At a certain point he winces, as if struck by an idea he can't quite place: "aahoo... but is *that me?*... Noooo..." – blushing, in a whisper – "ooh, but this is *beautiful*". He then tells me that he wants to draw as well: he wants to draw "the queen *with clawed nipples*: and then *we'll set her on fire*". It is a queen that is completely black with hook-like breasts and a blood-stained mouth as if *she* had devoured the child. It is Pietro's first drawing, the first 'distance' he manages to place *now even mentally* between himself and that drive-related and narcissistic fusion, which caused him to feel trapped and filled with 'monsters.'

A feeding bottle full of environment-mother

Once back in the therapy room after almost a year and a half on the stairs, Pietro seems to be *an entirely different* child: shy, hesitant, very sensitive and ashamed, as if he were really 'without skin'. He begins to fleetingly look at the baby bottle inside the toy box: one of the first objects, at the beginning of the therapy, he used to smash against the wall. One day, finally, he takes it, hides it under his t-shirt and takes it to the toilet, while throwing me a look of great complicity: he does not want his parents - who are in the waiting room – to see him carrying the bottle into the toilet. He stays in there for more than half an hour, making me feel anxious about what he is up to.

Only at the end of the session does Pietro sneak out, with the bottle hidden behind his back: he joins me in the therapy room and carefully closes the door behind him. Inside the bottle there is an indecipherable mush. He drinks for a long time, with gusto, and above all totally calm: none of the voracity I was used to. Then he offers the feeding bottle also to me. "You drink as well!", he tells me. I hesitate, terrified, asking what he has put inside. He only replies: "Drink up, trust me. Look, this time it's yummy stuff: it's *your* stuff!" I answer that, actually, it was him who prepared the bottle. And he clarifies that it was him who prepared it but using *only my stuff*. He then adds: "*but what do you care* who prepared it?! It's just yummy stuff!!" The session finished five minutes ago. I tell him that we have to say goodbye and he buries, very well hidden, the baby bottle under the mattress of the couch. "Listen, leave it here, please!"

Once we have said goodbye, I go to into the bathroom and find an absolute shambles on the floor and inside the wash basin, which is the result of his 'food preparation': he did not close any of the lids. What did Pietro put inside the feeding bottle? A bit of toothpaste, a bit of shower gel, a bit of talcum powder, a few flakes of soap scraped off with his fingernails, a bit of moisturising cream, a few wads of cotton wool, a few pieces of a soft sponge, which he nibbled on and scattered all over the floor. I can assure you that in all these years in my profession I have never seen such a creative and effective way of 'concretely' expressing the environment-mother.

References

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