

The Winnicottian Setting: An Inhabited Space Where You Can Start Feeling Alive

Susanna Guida

ROMA WINNICOTT GROUP/IWA

Commentary: Roseana Garcia de Moraes

IBPW/IWA

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With the onset of the Covid-19 pandemic, in-person settings ceased to exist and analysts and therapists had to somehow deal with this loss to minimize its impact on patients. In keeping with the premise that a Winnicottian setting is not reducible to a set of rules that patients and analysts must follow, but is rather a “primary condition” whereby patients have their needs met by the analyst, Susanna Guida presents the case of an 8-year-old boy who refused any form of alternative care during the pandemic. Guida’s text reveals a sensitive and adaptive response to the boy’s needs that helped to preserve his trust in her during the lockdown, something that became clear when he returned to face-to-face sessions.

1. Pandemic and loss of the *setting*

Covid-19 has imposed a loss on us psychoanalysts, a loss both traumatic and inconceivable: the loss of the *setting*. And, together with the *setting*, we’ve lost – whether we’d like to admit it or not – our ‘place’ and the ‘basis’, both physical and psychological, of our way of working and interacting with the patients; a basis which, not unlike everything else that is essential, we had always taken ‘for granted’.

But what is the actual ‘place’ of the *setting*? What does it consist of? Which psychological and relational processes are involved? Is the *setting* merely a psychological disposition – the so-called ‘internal setting’ – which can be ‘preserved’ *despite everything*? Does it indeed only benefit the patient, or does it equally benefit the analyst? Is it at all possible to surrogate it? And if – as Winnicott teaches us – a psychoanalytical process also consists in the slow construction of a transitional area, or a play area, between analyst and patient, might this area not need – similarly to what happens with a child’s teddy bear – the concreteness of a physical support to be realized and sustained? Is the analyst one goes to see in his or her office indeed the same analyst a patient now perceives as a ‘half bust portrait’ on a screen, who can be ‘switched on’ and ‘switched off’ with a simple click while remaining seated inside one’s own home among everyday objects, habits and relationships? And the silences on a phone or in front of a screen, do they really have the same value as those “states of quietness in the unintegration” that occur inside a *setting*, in the presence of an analyst who is not intrusive but alive? ... And again: a child’s movements – playing football, hugging or kicking, playing hide and seek in the

most unusual places, towing back and forth between the consulting room and the toilet, asking the analyst for a glass of water – can the experience of all this really be reproduced while frozen in front of a screen or ‘telling it’ in words? ... When we use these different means of communication, does not something enormous and substantial get lost, *something that is linked to the analyst’s bodily presence?*

These are for me just some of the many questions and considerations that the temporary loss of the *setting* has raised.

2. The I.P.A. recommendations

The protocol titled *On the Use of Telephone and/or VoIP Technologies in Analysis*, drafted by the IPA a few years ago, was a compass for all of us, albeit a vague and uncertain one. In fact, point 1 of its recommendations already states, “*Analysts working with any form of remote analysis should not assume that all patients are able to sustain it. For example, patients who have suffered early separations and severe trauma may not be indicated for this approach*”. We therefore find ourselves in the core area of what Winnicott was mainly concerned about, namely, offering the possibility of psychoanalytical therapy even to borderline and psychotic patients.

Thus, during the pandemic we were faced with a profound crisis that was ours as well, and we all had to tackle a double-sided conundrum: on the one hand, we were aware of the importance of preserving the continuity of the psychoanalytic treatment, even more so for particularly fragile patients; but on the other hand we were equally aware that it is *especially for those fragile patients* that the *setting* plays a role of utmost importance. Hence, it was up to each of us to find, with every single patient, the key to a balancing act, the stakes of which were – obviously – very high.

3. Project

In the past months, many articles have been written about the ‘*changes of the setting*’ imposed by the pandemic. In my contribution, I would like to attempt a reverse approach: to reflect more deeply, by focusing on the temporary loss of the setting, on how essential it seems to be for some patients – probably for most of them.

I will start with a simple premise. Winnicott often wrote that – and I quote one example – “in some patients [...] the provision and maintenance of the setting are more important than the interpretative work. [...] If one provides certain conditions work can be done and if one

does not provide these conditions work cannot be done and one might as well not try.” (Winnicott, 1964/1989, CWW. Vol. 7: pp. 85-87). This allows me to assert that the *setting* is not – from Winnicott’s point of view – a simple ‘frame’ or ‘accessory’, but a ‘primary condition’ whose guarantor and bearer the analyst must be able to become, *endowed with a relational functioning partially different from the one required for interpreting*: a functioning that first of all requires the analyst to adapt to the patient’s needs – needs, not ‘desires’.

I would like to propose some reflections on this issue, drawing on my clinical experience, focusing on: 1) a dream I was told years ago by one of my patients; 2) the case of a child for whom the *setting* was exceptionally important, and who refused, during lockdown amid the pandemic, any form of alternative communication between us.

4. Gaia’s dream

The most moving dream I’ve ever been told about the *setting* was that of a 17-year-old borderline patient of mine, during her fourth year of therapy with sessions three times a week. I won’t say much about her simply because I consider her dream to be ‘prototypical’ of what the setting can represent to patients who have had a difficult beginning and who, following Winnicott, have a problem with ‘feeling real’ – which has got nothing to do with conflicts derived from drive pressures.

This is her dream:

You have invited all of your female patients for a lunch at your studio. It is Christmas time. I have received your invitation, handwritten and signed with just your name: ‘Susanna’. I am very happy and intrigued.

*I arrive here [at my studio], the table has already been laid, in a simple way. You have prepared a big bowl of pasta with tomato sauce, my favourite dish. The other patients have already arrived, but I’m not able to enter the room. Something is blocking me: I stop, hiding behind the door, as if I wanted to ‘spy’. I am not well: I can feel that all the other patients are real, they are entitled to be there and I instead feel like I lack something. I flip over your invitation, **and** there it is, explicitly written, “Gaia, I’m expecting you”. All the other patients are sitting around the table. Only one seat remains empty and I understand that it is mine, that even if I haven’t arrived yet, my seat, however, is there. I’m suffering more and more. I start crying. At a certain point, with the serving bowl in your hands, you stop next to my empty seat and start talking, very tenderly, while looking at the seat of the chair, as if there was someone sitting there, maybe a tiny little kitten. I lean forward from my hiding place to get a better look,*

but there is really nobody there: it's me who isn't there. And still, you're talking to me so tenderly, as if I was there.

When I woke up, I was crying. I was suffering so badly and at the same time I was infinitely moved.

The patient was crying even during the session while she told me her dream. I ask her, "Can you remember what I was saying to you?" She answers, "It was just your voice, the gesture of turning towards me, so delicately. *I was nothing, but you turned to me as if I was already something: a tiny little thing, though invisible, that, however, for you, was there*".

In this dream there's a lunch; so, there's the oral drive. And yet, the patient does not mention being hungry at all. It's Christmas time, the time of birth. Above all, there's 'being', or 'feeling alive and real' *that someone else – first the mother, then the analyst – needs to be able to give to the baby, or subsequently to the patient, through their own way of being and of being-with-them*. And there is – all around – the *setting*, within which all of this can become real.

Moreover, there are no words in the dream – words of talking and interpreting – only a voice addressing itself to the being of the patient – and recognising this being, which has not yet been asserted. In this context, I would like to call to mind the difference the ancient Greek made between '*lèxis*' and '*phoné*': the former, '*lèxis*', articulated the voice of arguing according to reason; the latter, '*phoné*', is a sign, and at the same time an immediate manifestation of a physical and affective state of the *psyché*. In this sense, '*lèxis*' – also the articulate talking of interpreting – distinguishes and differentiates the subjects of the communication: one 'gives' the communication and the other one 'receives' it. '*Phoné*', in turn, i.e., the simple intonation of the voice, 'creates an environment', one that is not necessarily differentiating.

The experience with severe or regressed patients also teaches us that interpreting – not always tolerated during long initial phases of the therapy – is nevertheless a differentiating gesture on the part of the analyst. By contrast, the *setting* – which here I assume to be 'inhabited' by an analyst who is 'alive' – is a space inside of which the differentiation between analyst and patient can be dosed – with attention and empathy – according to the specific needs of the patient at each specific moment. In the dream I referred to, the patient does not seem to be dependent on the analyst as an external and differentiated drive object that 'has' and 'gives' something (food), but is rather dependent on a 'state of being' of the analyst – a state which, while revealing itself, seems to awaken a basic feeling in the patient, a feeling, never experienced until that moment, of 'being alive and real' *for the analyst*, and, therefore, of feeling 'alive and real' *for herself*.

5. The ‘being’, the setting and the environment-mother

In the beautiful “The Split-off Male and Female Elements” (1966), Winnicott distinguishes, in the early stages of the development, two different levels of relationship: a more instinctual level – metaphorically defined as ‘male’ – linked to a ‘having’ and ‘doing’ with regard to a differentiated object; and a pre- or extra-instinctual level – defined as ‘female’ – linked to the being and to the subject-object identity (or undifferentiation) in the ‘primary identification’.

Winnicott writes:

[...] the element that I am calling “male” does traffic in terms of active relating or passive being related to, each being backed by instinct. [...] by contrast, the pure female element relates to the breast (or to the mother) in the sense of *the baby becoming the breast (or mother)*, in the sense that *the object is the subject*. I can see no instinct drive in this. (Winnicott, 1966/1989: CWW, vol 7: p. 324)

[...] Psycho-analysts have perhaps given special attention to this male element or drive aspect of object-relating, and yet have neglected the subject-object identity [...], which is at the basis of the capacity to be. (ivi, 7: p. 325)

[...] I must refer in detail to this special example of the environmental factor. Either the mother has a breast that *is*, so that the baby can also *be* when the baby and the mother are not yet separated out in the infant’s rudimentary mind; or else the mother is incapable of making this contribution, in which case the baby has to develop without the capacity to be, or with a crippled capacity to be. (ivi, 7: p. 326)

First of all, I would like to underline that Winnicott talks about the ‘being’ of the mother as a “special example of *the environmental factor*”.

Winnicott presupposes that the baby is born into a state of undifferentiation vis-a-vis the mother, and that primary identification requires so little structure on the infant’s part that it comes into being almost immediately. On the other hand, the drive-related urge and its accompanying fantasies of destruction create, at this very same stage, an alarming experience of ‘discontinuity’ in the infant, who does not have sufficient resources to contain the excitement. What kind of support does the infant therefore need to be able to ‘reconcile’ two such different states of the self and thus ‘compensate’ the anxiety which accompanies the drive-based attacks?

As early as 1963 Winnicott postulated the experience of two different sides of maternal care in the immature infant. He writes:

[...] it seems possible to use these words “object-mother” and “environment-mother” [...] to describe the vast difference that there is for the infant between two aspects of infant-care, the mother as object, or owner of the part-object that may satisfy the infant’s urgent needs, and the mother as the person who wards off the unpredictable and who [...] receives all that can be called affection and sensuous co-existence. (Winnicott, 1963/1965: CWW, vol 6: p. 353)

The environment-mother, from Winnicott's point of view, therefore guarantees the continuity of being, because it is she who keeps at bay the 'risk' that is in the instinctual taking, and who 'survives' the discontinuity caused by the drive-based experiences, while maintaining the reliability of her own attitudes as an 'environmental factor'.

Winnicott notes:

“The favourable circumstances necessary at this stage are these: that the mother should continue to be alive and available [...], to be emphatic towards her infant, to be there to receive the spontaneous gesture, and to be pleased. [...]

The infant experiences anxiety, because if he consumes the mother he will lose her, but this anxiety becomes modified by the fact that the baby has a contribution to make to the environment-mother”. (ivi, vol. 6: p. 354)

In the stage of undifferentiation, the 'contribution' of the baby seems primarily to be – in the feeling of the baby itself – a contribution to the 'being' and the 'being alive' of the mother, with whom it has a primary identification.

Winnicott also describes the 'environment-mother' – I would like to underline – in terms of *'mother as part of the entire environment'*: a mother, therefore, who does not impose herself on the infant and who does not make narcissistic requests, nor 'anticipates' the infant's gestures, but who instead is there, ready to receive the 'spontaneous gesture' of the infant and to complete it, giving it meaning through her own emphatic answer. And here I cannot see any difference between the functions of the 'environment-mother' – whose special ability it is to *"continue to be alive and available"* – and those of the *setting*, understood – as I am proposing here – as a reliable space, *"inhabited in a way that is alive and not intrusive"*.

The infant presented by Winnicott, mainly because of the 'environment-mother', is therefore an infant who needs not only to *take*, but also – and equally – needs to *feel* it can make a contribution of its own. It is a baby who needs not only to have a relationship, but also – trusting that this relationship will 'stay there' – to be 'left in peace', 'quiet in the non-integration' because only out of this state can the 'spontaneous gesture' emerge and make it feel alive. And it is a baby who, above all, needs its 'gesture', as it emerges, to be welcomed, acknowledged and recognized in its vital value, rather than interpreted.

6. Filippo

Filippo is 4 years old when he starts psychotherapy with me and 8 years old when therapy is abruptly interrupted because of the lockdown. He is the child of a single mother,

conceived by IVF: in his case, two donor gametes, i.e., a double heterologous fertilization, which the mother underwent just before menopause. The spectre of foreignness, however, haunts the woman throughout pregnancy. When Filippo is born, the mother is afraid to look at him: with her head turned the other way she asks the nurse to describe the baby to her. Only the next day will she find the ‘courage’ to look at him. It is a beginning that could be labelled a ‘non-meeting’ between mother and child, resulting in severe depression of the mother.

The reasons that pushed the mother – or, rather, her psychoanalyst – to ask for psychotherapy for Filippo are to be found in his behaviour: “he’s constantly complaining”, he ‘stuns’ himself with compulsive use of video games and isolates himself at nursery school by uninterrupted fantasizing, as if he was ‘lost on another planet’.

Filippo knows absolutely nothing about his ‘biological history’. Yet, he seems to have always lived with the spectre of his own ‘foreignness’ and ‘non-life’. For a very long time, the therapy room, just like his nightmares, will be packed with invisible zombies, who scare him because – in Filippo’s words – “they want to suck you into their eternal non-life”.

During the first months of our therapy, Filippo does not want to separate from his mother, so I invite her to join him in the room. He seems to be a child who is terribly depressed. Whenever he speaks to his mother, he stands up straight like a toy soldier; but the moment he finishes talking, he hangs around her body as if he was just an empty bag. And changes from perfectly articulated speech to sudden autistic-like dirges. Already at the end of our first meeting, however, he delivers me something absolutely unthinkable. “My mother and I”, he tells me, “have a secret that is super-secret: the one *of how the world was born out of nothing*”.

“*Home is where we start from*”, wrote Winnicott. Filippo, instead, is telling me that *both he and his mother* – the primary undifferentiation – “come from nothing”: that a ‘place’ and a ‘beginning’, a primary encounter, did not take place between them, but merely and immediate and reciprocal ‘reacting’.

But is the *setting* not first and foremost a ‘place’? ... a place where, if necessary, one can ‘re-start’? ... and where one can experience a holding environment that is able to ‘survive’ not only the drive-based attacks, but also the confusion, the ‘primitive agonies’, the despair and the ‘non-life’? *And how significant is, in all this, the lively and bodily presence of the analyst?*

The opportunity to observe the mother-child relationship allows me to understand much about their early history. I am, in fact, able to see that the mother, at the slightest bit of trouble the son is having, seems to immediately ‘collapse’ *herself*, and to hastily try to comfort him, or to distract him, drowning him in words and promises. Later, when he has accepted to remain

alone in the room with me, Filippo very often interrupts any activity with a depressing, “I’m no good at this” before beginning to cry inconsolably.

6.1. Hiding away: from reactive isolation to re-experiencing the trauma to the ‘birth’

With the development of the *transfer*, Filippo starts to enact a central aspect of his defensive attitude: hiding and isolating himself physically as well, with his body.

At first, the child hides himself, mutely, behind the couch. In these instances, I comment that he is trying to make me understand that, when he’s there, *he wants to be left in peace*. What I feel to be important is to show him that I can ‘survive’ his isolation without ‘intruding on him’ or reacting, not even with some interpretation. Little by little, Filippo starts to spontaneously appear from behind the couch. Then, more actively and creatively, he starts to build proper ‘bunkers’ by moving around all the furniture in the room, silently barricading himself behind them. He begins, however, to ask me to help him move some of the furniture. I, in turn – symmetrically – begin to ask him to put it back at the end of the session: “You are a boy and you’ve got muscles, whereas I am a girl and I’m very thin”. He does it gladly, as if he was feeling he could finally make an important subjective contribution. ??? Almost proud of his own body, he exclaims, “Look, I am able to lift ... even 30 kilos!”. From the bunker, he starts, with time, to throw paper balls at me, as if hesitantly but actively seeking a relationship.

Then, one day, Filippo makes his first spontaneous request; a request, however, that I *transform*, thinking about what is happening inside the therapeutic process. He asks for a box. “What for?”, I query him. He answers: “I don’t know, maybe I’ll just *leave it empty*”. I suggest, “Seeing that you continue to build little ‘huts’, who knows if you might not like a big ‘child-size’ box...” Filippo seems to be surprised and excited: “... Why? *Do they actually exist!!?*” I reply that I could try to find one for him.

Just like the “good enough mother” manages to adapt herself to each of her children, it is, I think, equally important to ‘adapt’ the setting to each child and its emerging needs.

The big box, inside which Filippo is able to place his entire body, like in pregnancy, marks an extremely significant turn in our therapy. And I think that my only contribution at that moment must be *to allow this experiencing, to welcome it*.

At first, Filippo hides inside the box in the dark – with the lid closed – curled up like a foetus and I *do not disturb him*: I simply remain next to him, letting him know from time to time I am there by whispering lullabies. Then, progressively, an earthquake occurs inside the box, which gets dented by punches, kicks and strangled cries, remaining, however, closed all that time. Then – over time – something uncertain and hesitant starts to emerge as well: the

wish ‘to be born/to get out’, together with the fear of doing it. I comment that with all the earthquake inside, he might certainly be afraid that also in the world outside everything will be just as frightening. So – gradually – a real peekaboo game begins, and when he slowly shows himself, I exclaim that it is indeed Filippo, and what a lovely surprise that is.

One day Filippo asks me, “Have you got a cuddly toy?” He takes it to the child-size box – the lid is open – and he falls asleep inside, calmly hugging the toy. I am profoundly moved by how much Filippo is turning into ... ‘a Winnicottian child’. *It even seems to me that Filippo, starting from a premature and reactive integration, is now also beginning to allow himself moments of non-integration in the presence of the non-intrusive other.*

Very gradually, since this ‘re-birth’ in the setting’, Filippo starts to actively play with me: me holding him – *both on a physical and a psychological level*. And his body, from day to day, seems to acquire consistency and vitality. The boy is happily engaged in playing with a ball, doing more and more sophisticated somersaults and diving on the couch, until we end up having proper football matches with dribbles and contentions. The physical component becomes more and more central in our sessions.

6.2. The lockdown

The lockdown due to Covid-19 abruptly interrupts our therapy. I’m at a loss *how* to continue our therapy without risking to lose that irreducible physical component that the boy had started to experience alongside the feeling of existing as an independent subject.

During that time, the mother continuously asks me to have telephone sessions with Filippo, but he stubbornly refuses to talk to me on the phone. Three weeks into the lockdown, however, I receive a phone call, and this time it is *at Filippo’s explicit request*. He tells me he had a dreadful dream the day before.

“I was at school: the school was the same, also the classroom and also my classmates and the teachers... everything was the same... but it was all different... Nothing had happened... but much worse. It was all terribly strange. And I was feeling really really strange... I was terribly distressed.”

Filippo continues to explain to me: “What is absolutely ridiculous is that since yesterday, because of that dream, I *have started to hurt myself as if I was a child that is totally ‘mad’!*” He tells me that he has started bumping into things everywhere, as if he was absent-minded: first a foot hit the leg of his desk... Then the other foot... he even tore his fingernail. ... Then he hit his head on the door... really hard. ... He was crying desperately all day long.

I think about his unconscious attempt – now that he is forced to return to the fusion with his mother – to “mark/experience the boundaries”, even those of his physical self. But I am also asking myself to what extent Filippo, with his ‘full immersion’ into online activities – where he now, together with his classmates, *even sees himself* – might be re-experiencing that physical ‘non-being’ which he already experienced in the early years of his life. Might his hurting himself not be an attempt to *‘regain’ a corporeality that is alive, subjective and suffering?*

Increasingly worried, I ask him if he would like to meet on Skype. Filippo answers referring to his dream. “On Skype”, he says, “maybe... but...well, it’s that I’m really scared ... that if we see each other on Skype ... *then even you will become ‘strange’!*”

What is Filippo really asking me – almost *imploring* me – as if I were his last lifeline connecting him to reality? It would seem something like, “*At least you, don’t lose your corporeality, otherwise I myself will lose it forever*”. But seeing each other online, could I, too, really *not* become ‘strange’ to him? As has already happened with his classmates and teachers in reality? And with *himself* in his dream? Everything seems to be a question of corporeality; but corporeality, on very basic levels, is, I believe, absolutely irreducible. Equally irreducible – and in need of physical presence – is infant care, as well as, afterwards, the ‘psychosomatic experiencing’ implied in playing.

So, I reply that I am indeed not sure that, online, I would not become ‘strange’ to him, but suggest that if he wants to, we could speak on the phone. This time he accepts: “okay”.

Nevertheless, the following phone calls throw me into discouragement and powerlessness. Every time, Filippo tells me that his days are “crap”; he does not say anything else. During one of our last telephone conversations, the mother gets on the phone, absolutely furious, to tell me that Filippo, *while* talking to me, was *contemporarily* playing video games on the smartphone. I start thinking that the boy may have accepted the phone conversations just to please me. Winnicott has taught us that complaisance is more ‘anti-life’ than a subjectively experienced desperation.

I therefore promise Filippo *I will not be offended* should he tell me *he gets bored* when we talk to each other on the phone. He then answers, “Well, no... it’s that perhaps we could talk once in a while ... once every two weeks...”. We arrange the date and time, but this decision does worry me quite a bit.

However, the telephone call two weeks later surprises and touches me deeply. Filippo answers right on time, and he immediately tells me that he’s starting to feel breathless. ... An emotion *experienced in the body*? Soon, however, I can’t hear him talking any more, and I am already thinking of a video game he is downloading onto his smartphone. But he tells me

instead, “Sorry, I was just going over to mummy’s bedroom, so that *there I can close the door.*” And then, “...Wait!” After a moment, enthusiastically, “Here’s the double bed: I did a super-somersault ...and it turned out *fantastic!*” And then, “Just wait another moment...” And again, back on the phone, “Great!! This time I even did it backwards!!! I had to take a super run-up, but I did it!” It continues like this.

What was different compared to the other phone calls before? First of all, just like the phone call about his dream, this time it had also been Filippo *himself* who chose the how and when of our meeting “outside the setting”, and he was able to imagine it – Winnicott would say – according to the illusion that *he himself was creating* what was there all along, *ready to be found*. More generally, I think, however, that during the time of the lockdown, which went on for way too long, I was not able to retain the trust in the “keeping-up” of our relationship. Driven by the anxiety of having to preserve continuity at any cost, I had neglected the fact that, for Filippo, this ‘cost’ was nevertheless too high, as it implied that *he had to adapt himself to me*.

I had two somersault phone calls with Filippo: the second one two weeks later, exactly as had been arranged.

6.3. Coming back

And then, finally, there is the – incredibly moving – return, both of us wearing face masks. Three months have passed since we last met face to face, and I have forgotten to put drawing paper on the table. Filippo notices it right away, but he tells me, smilingly and complicitly: “Don’t worry, we’ve always got this one here... and there’s still so much space left!” He then takes a red felt-tip pen and on the outside of the ‘child-size box’ – that is still there with us ‘in case we need it’ – he writes in big bold letters: “I AM BACK!!!!” – five exclamation marks.

Right there in our room, where he has been able to retain – I had underestimated him – the unwavering trust that I will be there waiting for him.

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