

Squiggles, Clowns and Catherine Wheels: Violation of the Self and Its Vicissitudes

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Resumo: O artigo desenvolve uma reflexão sobre o conceito winnicottiano de núcleo isolado do si-mesmo, ao qual se atribui o caráter de ser permanentemente desconhecido e incomunicável. O tema é discutido a partir de um outro conceito do mesmo autor, o de cisão da personalidade em verdadeiro e falso si-mesmo, com a ajuda de textos de Marion Milner em que esta questiona Winnicott acerca do isolamento e incomunicabilidade. Na sequência, é examinada a importância terapêutica do “objeto que sobrevive”. Sobre este último tema, é oferecida uma ilustração clínica.

Palavras-chave: Winnicott, si-mesmo, incomunicabilidade, isolamento, objeto que sobrevive.

Abstract: The article develops a reflection on Winnicott's concept of isolated self, to which the character of being permanently unknown and incommunicable is attributed. This topic is further discussed with the help of another concept of the same author, that of scission into the true and the false self, and also of some texts by Marion Milner, in which Winnicott's ideas of isolation and incommunicability are questioned. In the sequence, the therapeutic significance of the “object which survives” is examined. To that end, a clinical example is presented and analyzed.

Key-words: Winnicott, self, incommunicability, isolation, surviving object.

*When I look I am seen, so I exist.
I can now afford to look and see.
I now look creatively and what I apperceive I also perceive.
In fact I take care not to see what is not there to be seen
(unless I am tired). (Winnicott)*

Even his name Winni-cott conjures up Christopher Robin's favorite transitional object and every baby's first holding environment outside of someone's arms.

We have heard from those that knew him well that he was the quintessential mischievous clown of psychoanalysis, loved (and hated) for his serious fooling around. Although as a man and a writer he may make us smile and laugh, there is really nothing comical about his thought – he is able to take us straight to the heart of human subjectivity.

At a memorial meeting, in 1972, a year after he had died, Marion Milner shared her memories of him by describing some of the images that were reminiscent of her friend and colleague Donald. 1957, somewhere in France, the little clown she saw in a small town square, who appeared not to be able to do what the other acrobats were doing as he jumped up to the trapeze bar, and then suddenly when he finally did reach the bar, he whirled himself round faster than any one else – delighting and thrilling the crowd – like a Catherine Wheel – another of Marion's images – it was the dark centre of the spinning firework that reminded her of Winnicott's writings on the unknowable core self.

One of the images I particularly enjoy of Marion's is a cartoon from the New Yorker. She showed this to Winnicott during the war, and it was a joke they shared for years after.

For me it depicts an Alice-in-Wonderland sense of humour where non-sense is celebrated and enjoyed, and for Marion Milner it resonated with her "dominant preoccupation" on the threshold of consciousness, the surface of the water as the place of submergence or

emergence. You'll all have your own associations – I can see many more of Winnicott's themes – the notions of play – transitional space, the unconscious, aggression, and of course communication and relationship – the sharing of an experience – why did it feel like Tuesday and not Wednesday? and why might the other hippo understand?

Good clowns, like good jokes, strike home, taking us to the essence something *inside* us that is felt but may not be yet thought – like great poets, writers and artists. And it has recently been said of Winnicott (A. Green) that his “was the next greatest mind in psychoanalysis, after Freud”.

My presentation today is a reflection on Winnicott's concept of the self where I pay particular attention to the incommunicado self in relation to Marion Milner's comments from her 1972 paper, “Winnicott and the two way journey”. This will be followed by a clinical illustration.



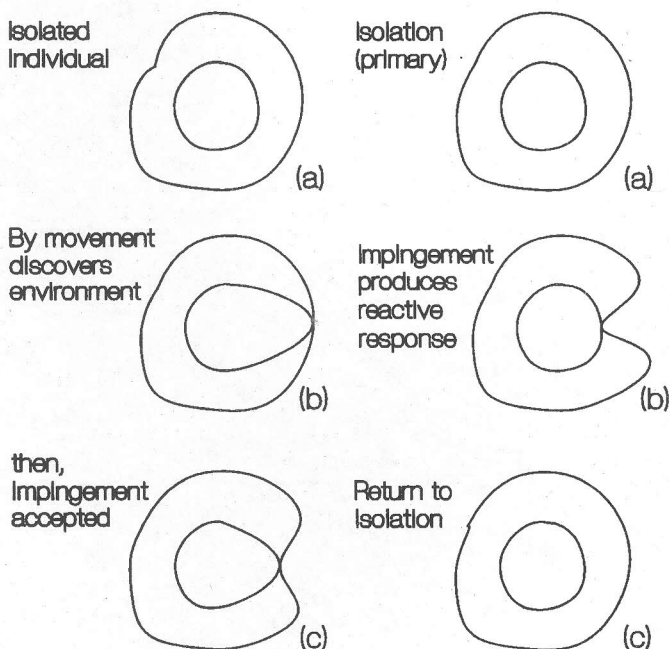
I keep thinking It's Tuesday

The self

I hardly need remind you of Winnicott's sudden realization, in the middle of a scientific meeting in 1942, that “there was no such thing as a baby”, and when he wrote about this, in 1952, in “Anxiety Associated With Insecurity” (Winnicott 1958, p. 97), he named the earliest mother-infant relationship the “environment-individual set-up” and said that “the centre of gravity of the being does not start off in the individual [...] but – in the total set up”. (1958, p. 99).

In the same year, 1952, he wrote, "Psychoses and Child Care" (1958, p. 219) (which was based on a lecture given to the Psychiatry Section of the Royal Society of Medicine), and it contains several diagrams. I have extracted two of these for my purpose here.

ENVIROMENT-INDIVIDUAL SET-UP



Here on the left hand side you will see the healthy pattern of relationship.

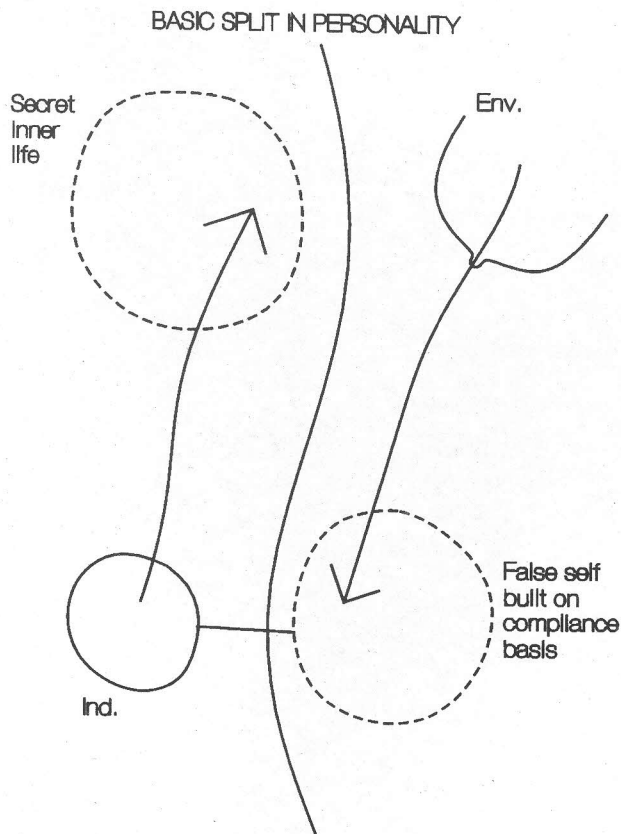
On the right hand side we see an illustration of the pathological pattern of relationship – Winnicott says of the third position on the right hand side that "The sense of self is lost in this situation and is only regained by a return to isolation".

These illustrations serve to convey Winnicott's main point which is that the pattern of relationship is set up very early on and is contingent on the match between both the environment and the infant.

In his latter years he categorized two types of babies – those that have been held and those who have not been held.

These diagrams also demonstrate the two types of impingement – in one the *impingement* is accepted – this is the baby who is being held – in other words the infant was ready for an experience – whereas in the other pattern, the infant is not ready and therefore has to react to the impingement – you'll remember that what breaks the continuity-of-being in the individual is the infant's *reaction to impingement* and it is this reaction that distorts development.

So here we see the beginnings of the sense of self – the shell being the environment/mother and the kernel being the baby.



The next slide is my elaboration and interpretation of Winnicott's subsequent thinking of the late 1950s and early 1960s, which gathers together, in particular, the two concepts of the true self in relation to the false self in 1960, and the incommunicado, core self of 1963.

Let me explain – in 1960, Winnicott writes “Ego distortion in terms of true and false self”. In this paper he outlines five different classifications of the false self across a spectrum spanning from the pathological to the healthy. The false self is set up in the individual to protect the true self. At the pathological end there is a total split – the false self is not connected to the true self – but at the healthy end the false self is a necessary boundary between the outside world and the inside. We could call this a healthy split, because it protects rather than dissociates. There is a link here with his 1963 paper, “Communicating and not Communicating Leading to a Study of Certain Opposites”, because it is in this paper that Winnicott takes the model of the pathological basic split in the individual (whose pattern of relationship is distorted), and states the corollary:

(...) in health there is a core to the personality that corresponds to the true self of the split personality; this core never communicates with the world of perceived objects, and [that] the individual person knows that it must never be communicated with or be influenced by external reality. (1965, p. 187)

This is, he says, his main point which “is at the centre of an intellectual world and of my paper”. Although healthy persons communicate and enjoy communicating, the other fact is equally true, that each individual is “*an isolate, permanently non-communicating, permanently unknown, in fact unfound.*” (idem)

For Winnicott it is the failure of the environment in the earliest stages of life and the subsequent accumulation of painful, traumatic experiences that will lead to the individual organizing primitive defenses *in order* to protect the “isolated core”. And to emphasize his point, that the violation is psychological more than physical, he writes that, “Rape, and being eaten by cannibals are mere bagatelles as compared with the violation of the self’s core [...]” (idem) – he poses the question “how to be isolated without having to be insulated?”

So this diagram illustrates the healthy corollary of the pathological basic split. Now what about this isolated incommunicado self? Why must it never be communicated with? and why must it always be in Winnicott’s words “permanently isolated”. Marion Milner in her paper – “Winnicott and the two way journey” – seems to differ from Winnicott’s viewpoint and I’m inviting you to ponder on Marion’s comments.

First of all let’s think about withdrawal in its healthy and its pathological form. In health the withdrawal from life and relating is a resting place – a place to “be” and “feel real” (something that dominated Winnicott’s thought in his last decade of work as demonstrated in *Playing and Reality*), (based on unintegration, during the holding phase when in health the mother is in a state of primary maternal preoccupation, which in Winnicott’s words is the precursor to enjoyment – a word I shall be coming back to.)

The pathological withdrawal, however, is one that is based on the experience of gross impingements from the environment where the baby, who is not being held, is forced to react – interrupting the continuity-of-being – so that the place that should be for rest becomes a place of retreat from persecutions.

The violation of the self, according to Winnicott, is “communication seeping through to the inner core” of the self – and in 1960 (in “The theory of the parent infant relationship”) (1965, p. 37) Winnicott states that the impingements that are not met by the infant

will get through to “the central core of the ego” and this he adds “is the very nature of psychotic anxiety”. So it would appear that the core self, which must be incommunicado, is in fact itself made up from accumulated memories of violation. And that reminds me of Marion Milner’s image of the Catherine Wheel – because I can’t help but be reminded that this fire work is named after St. Catherine who was tortured and died on the wheel.

I think Marion Milner’s comments on Winnicott’s incommunicable core self sheds some light:

(...) I can understand him when he claims that the sense of self comes on *the basis of the* unintegrated state, but when he adds that this state is by definition not observable or communicable, I begin to wonder... I *think of the dark* still centre of the whirling Catherine Wheel and feel fairly certain that it can, in the right setting, be related to by the conscious ego discovering that it can turn in upon itself, make contact with the core of its own being, and find there a renewal, a rebirth. In fact isn’t Winnicott himself referring to this when he speaks of quietude linked with stillness?

Milner follows this by stating that the discovery of the self is inevitably linked with the discovery of one’s own body and she poses the question:

What is the relation of the sense of being, [which Winnicott says must precede the finding of the self], to the awareness of one’s own body? Marion Milner is reminding us that Winnicott, after Freud, refers to the body ego as the first self.

Turning to the two clinical examples (of the paper of 1963, p. 187), that Winnicott uses to illustrate what he means by violation of the self, in both cases he describes how his female patients used the writing of diaries and poetry to "establish a private self."

But it seems to me that what Winnicott does not state, but I think is implicit in the material, is that his female patients are also telling him something about the way in which they were developing an inner private self in relation to what was happening to their bodies during the pre-pubescent and adolescent phases.

So it seems to me that the psychological violation that Winnicott wishes to *emphasize* (rape is mere bagatelle by comparison) cannot, as Milner points out, be separated from the outside – the body. Much more could be unpacked from these clinical examples in terms of gender, sexuality and oedipal issues – and the other well known paradox from that paper – "it is joy to be hidden and disaster not to be found".

The surviving object

I now want to move on to 1968 and what I believe to be, not necessarily the greatest of his papers, but certainly the greatest of his theories, "The use of an object and relating through identifications". (Winnicott 1971, p. 86)

In a nut shell, Winnicott's thesis in this paper and in the whole of his work, is that there can be no true self living, no creative living, no sense of feeling real, without the subject's experience of the destruction of the object and, absolutely crucial, *the object's survival of the subject's destruction*. Another way of putting this is that the failing environment is one in which the object has not and is not surviving – whereas a facilitating and holding environment is one in which the object is surviving. In the former it is the subject's experience of a non-surviving object that *violates* the core self.

The fortunate subject, born into a facilitating environment is enabled, through the surviving object, to feel real, to discover the sense of self in relation to the body and outside world and, (this is also crucial), to *enjoy* life – for it is only through the enjoyment of life and relationships that the individual can be enriched and continue to develop and grow. Here is Winnicott in 1968.

There is no anger in the destruction of the object to which I am referring, though there could be said to be joy at the object's survival. (1968, p. 93). In 1989, Christopher Bollas, in *The Forces of Destiny*, (using a term from the work of Lacan), described "jouissance" as the "ego's inalienable right to ecstasy".

Winnicott stresses the value of the experience of joy at the object's survival:

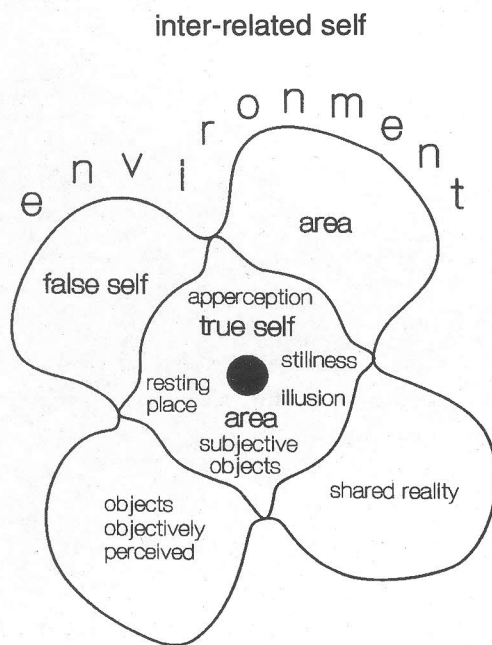
[...] the object is *in fantasy* always being destroyed. This quality of 'always being destroyed' makes the reality of the surviving object felt as such, strengthens the feeling tone, and contributes to object constancy. The object can now be used. (1968, p. 90)

I think that all of us, (whether we come from a good-enough or not good enough environment), know something of the experience of a non-surviving object – therefore we all know, in an infinite variety of ways, something of the experience of violation of the self and its vicissitudes.

It follows, therefore, that, because violation of the self is as a result of a nonsurviving object, the patient seeking analysis is motivated by an unconscious search for an object that will survive. It may be that at the root of all creative endeavor is the search for the surviving object which in turn brings jouissance and enables the subject to "feel real" and to "live creatively".

I suggest, that if we take all the central psychoanalytic concepts along with any number of clinical papers, there lies the notion of the surviving object – for example Freud's Oedipus and Winnicott's Hamlet illustrate what disasters occur to the sense of self as a consequence of a non-surviving object.

Thus the technique of the psychoanalytic environment is the setting where the subject may find an object that will survive.



enrichment through relationship

The last slide, based on Winnicott's primary diagrams of the healthy impingement, I attempt to illustrate the integrated self who can distinguish between Me and Not-me, can meet the impingements of every day life in relationships and who continues to develop, evolve and flower.

So, to date, this is as far as I have come and you will see that at the moment, I am wondering if Winnicott's incommunicado self exists in all of us as a result of violation, and that therefore it is a violated self and potentially psychotic – however, I tend to veer towards Marion's viewpoint that (like the unconscious) surely "in the right setting, it may be related to by the conscious ego discovering that it can turn in upon itself, make contact with the core of its own being, and find there a renewal, a rebirth?"

And in the following clinical example I hope to illustrate how a study of Winnicott's theme along with the thought of Marion Milner, helped me to reflect on a turning point, during the course of a psychoanalytic psychotherapy.

Clinical example

Changes come in an analysis when the traumatic factors enter the psychoanalytic material in the patient's own way and within the patient's omnipotence. The interpretations that are alterative are those that can be made in terms of projection. (Theory of the Parent-Infant Relationship, Winnicott 1960b, p. 37)

Faith is the second child and only daughter of parents who lived in a liberal democracy but who belonged to a fundamentalist political sect whose philosophy was totalitarian. Their political beliefs and membership of this sect rationalized their need to lead an extremely controlled family life which was completely predictable, down to which meal they would eat on a given day of the week. The children were assigned quite specific roles which included the way in which they were named.

Faith says she always seemed to know that her assigned role in the family was to be the perfect compliant daughter – even as a tiny baby she was “so good”, according to her mother, and as a little girl she remembers being as good as she *possibly* could be with the hope that she would be noticed. And people did notice for a while, but Faith never felt it was enough, because, in reality, her good behaviour meant that she was mostly ignored. Therefore if any of her thoughts were bad, contradicting the general consensus of the family, being ignored, exacerbated her feeling that she was bad.

According to Faith it was her mother who dominated the family – her father was quiet and withdrawn, also compliant – disagreement and anger was an emotion that was never openly expressed. Faith had one memory of disagreeing with her mother when at 13 she protested that she was surely old enough to go to the shops alone. Her mother sulked, as if mortally wounded, and didn’t speak to her for the rest of the day.

In contrast to this, Faith had only one memory of warmth from her mother – when she was in her 8th year she remembers her mother kissing her on the cheek. She remembers giggling and running away embarrassed and she remembers the intense feeling of goodness it evoked. Momentarily, in a condensed split second did she have the feeling of being special and noticed by her mother – of being loved.

Throughout the years of therapy I came to learn of Faith’s version of her well-meaning parents – a controlling, cold mother and a remote, depressed father afraid of his own emotions and with a hidden, secret past.

Faith’s story seemed plausible because her compliance and the anti-life atmosphere of the family was apparent in the transference. I was very struck how still she was on the couch and at first, I couldn’t work out whether she didn’t dare move or simply could not move. The atmosphere of the sessions were as if we were in a very sacred place

where we had to be very still and very quiet. I found myself, at first, fearing to move too much, talk too much or even feel too much.

When Faith came into therapy she said she needed some help with the thinking that she'd had to do on her own all her life. It seemed that she knew at a deep level that she was not really living her life. The thinking she talked about in the first session, I believe was linked with, among other things, her profound depression at having to stay so hidden (disaster not to be found) and a profound sense of guilt because she did not believe in her parents staunch political beliefs and could not accept from a very young age the fundamentalist teachings of this particular sect. The help she knew she needed was to live her life so as to set herself free from the stifling atmosphere of her childhood.

At some deep level she had found herself (she knew she disagreed so knew she was different) but had not yet found a way of being herself and declaring her self to the world – to be seen (that is to know that it was more than all right for her to disagree.) For instance on the very rare occasions her parents visited she would hide anything in her flat that she felt they would not approve of. This would require quite an upheaval and several hours of going through her flat with a fine tooth comb. She had long thought and accepted that this was normal.

This also occurred in therapy where her habit was to always arrive 5 minutes before time. Once when she arrived late, because of traffic, she felt flustered and afraid because she had not prepared herself. We worked on the meaning of this and understood it as her fear of being found or/and finding herself. The 5 minute preparation time was required so that she could tidy things away that *she thought I may* not approve of – and thus all the bad things could not be discovered either.

And thus, in the transference, I alternated between her mother and the political leader of their sect; controlling, judgmental, authoritarian and stern. The atmosphere of the sessions were not dead exactly, but also not alive, and, although there were some important

changes occurring in her life, I wondered at times, if Faith would ever be able to break free of her past and feel she had the right to experience “jouissance” – “a virtually legal imperative to pursue desire” – linking with what Winnicott once referred to as “ego orgasm” and Bollas has developed in his “destiny drive” (Bollas 1989) or was she going to live a life of deathly compliance, never daring to declare to herself what she desired.

About four years into the therapy, I started to find the sessions more and more difficult to tolerate in relation to my concentration. I had the most overpowering experience of not being able to listen. It was not as if I had never experienced this before with other patients but in those cases it would last momentarily and was always limited. But with Faith for a period of several months it dominated the sessions. She would arrive, go to the couch and I would start to listen and then discover time had gone by and I had not heard anything and I would not know what she was talking about. On realizing that I had not heard I would then make a concerted effort and for a while could hear the *content* of the first few sentences, but then the same thing would happen.

The peculiar aspect of my reaction was that I did not really go into my own reverie whilst not being able to hear – it really felt as if I was disabled, almost as if I had become deaf – I had an image of an insulated glass wall in the middle of the consulting room – preventing communication. In other words my desire to listen had not disappeared, in fact I struggled painfully at each session and it gradually became clear that my inability, this sort of deafness, was a symptom occurring in the countertransference. It would appear that I had become the mother who was not able to listen nor see her daughter – but more than this – wasn’t my incapacity, my deafness, the projection of Faith’s self-object, in fact the core self object? The accumulated memories of painful violation at the very core of the Catherine Wheel, where in a quasi-autistic-like state I could not respond because I was so insulated – the deafness made me incommunicado.

At this point in the therapy, however, I did not know what this situation was replicating in Faith's past. In addition, it seemed to me that she did not notice that I had a problem with listening to her, she seemed to be carrying on as if I was listening. I gradually came to the realization that Faith did not expect me to listen, nor did she expect me to notice her. In fact it gradually dawned on me that although she was arriving and departing she was hoping that I would not notice her.

But there was something paradoxical occurring – I was receiving double messages. On the one hand I could not hear her and hardly noticed her and at the same time I came to notice, through my countertransference reaction, that she did not want to be noticed, and at the same time needed me to notice that she could not bear to be seen.

"It is joy to be hidden but disaster not to be found." Remember playing hide *and seek*? Somehow there is a length of time which is just right between hiding and being found and the game can be played satisfactorily. To be found too soon is tedious and humiliating, but never to be found can be agony. If the seeker gives up, gets bored, goes away and you still have not been found this is disastrous.

So the session arrived one day when I said, just as the symptom of not being able to listen began to occur in the session, "Although you are talking to me now I think that you do not expect me to listen to what you are sayin". There was a rather long pause. (I was not thrown by this as it was very characteristic of Faith's way in therapy – she always thought for a very long time before answering in her need to prepare herself). I decided to continue, saying, "In fact, I wonder sometimes if you do not expect me to even notice that you are here in this room with me".

There was another long pause and this time, although Faith was not talking yet, through silent communication she gained my full attention. She then said quietly,

When I was five, I was in a car crash. My father was driving and myself and my brother were in the car. It wasn't a serious crash but my cheek was cut and bleeding and I had to go to hospital to have it stitched. My mother was called and she came to the hospital and when she saw me she fainted. After I had the stitches put in we went home but I knew that my mother would not be able to bear seeing my face, so every time she came into the room I would go to the window and look out so that she didn't have to see me.

In my consulting room, both the couch and my chair behind it, face the window – at that moment both Faith and I were facing the window – and it suddenly became clear that the setting, during this phase of the therapy, was replicating this incident with her mother. However, the incident, (although it actually happened and was traumatic), was also a metaphorical condensation of Faith's pain. That is, that her mother could not bear to look into her daughter's face.

As a footnote here I would add briefly that the cut, clearly associated with *damage*, is also reminiscent of the female genitals, menstruation, and the contradictory symbols of castration and creativity.

This moment in the therapy marked a significant turning point for Faith and heralded a more authentic transformation than previously seen. Following on from this session the work focused on Faith's exploration of her feelings that I, like her mother, could not bear to see her scar/femininity/self. So that although she had over the years, revealed something of herself and her story, she was still afraid of making a demand from me in case it was too much and I could not bear it. Going along with this feeling was her fear of discovering something about herself that she did not like – she had the image of monsters locked up in cupboards – chaos would break loose if the cupboards were to open.

Working in the transference I questioned Faith's compliance in using the couch and for several months she explored her fantasies of what might happen if she were to sit in the chair. It became clear to me that Faith needed to be invited to use the chair and it was arranged at the end of one session that Faith would use the chair in the next time.

To begin with she was shy and embarrassed and giggled and for the first time I saw her smile and laugh and demonstrate something akin to happiness – I wondered about her mother's kiss on the cheek when she was 8 – healing the scar, acknowledging her femininity? Was the transference beginning to transform and could I now be the mother who would not faint facing the cut but rather see her femininity and in seeing, she could feel she existed?

After the initial novelty of using the chair, where I certainly began to witness a more alive patient, she occasionally went back to the couch, and each time I would experience something of the same inability to listen, (although never quite as marked) and she would feel she was hiding again and then come back to the chair. Here was some sort of enactment of Winnicott's paradox of being joy to hide but disaster not to be found.

Within a few weeks of Faith's use of the chair, our work focused on appetite, greed and an exploration of her aggression in all its forms. Faith was gradually able to show me many more faces and to talk about her desires and dreams and her life began to change in a dramatic and remarkable way.

For the first time in her life she was beginning to show all the signs of living a life from her true self; in contact with her own desires. And her feelings of true happiness were also becoming apparent in all sorts of ways. This ability *to experience* "jouissance" began to become a regular part of her life, and she came to understand her feelings of happiness as very much linked with feeling good about being female – at last she could be herself, even show herself – like all of us she was still isolated but no longer had to be insulated.

Discussion

Faith's experience of a mother who could not empathetically attune herself to Faith's needs, probably from the beginning, meant that Faith internalized a non-surviving object – the result was a violation of Faith's sense of self. As a consequence Faith had been forced into insulating her true self in order to protect herself from more pain.

At the same time it was her true self connected to the life force within her – her destiny drive – which brought her to therapy. My countertransference of deafness was a concrete experience of the core of Faith's pain – a mother who could not empathize and the core-self object. This unconscious communication of the primitive internal object relationship brought the traumata of the past into the setting – in Winnicott's words from the epigraph – “the traumatic factors entered the psychoanalytic material in the patient's own way and within her omnipotence”.

My encouragement of her sitting up was linked with my sense that she needed to see the reality of my face in order to feel safe enough to explore and work through her primary aggressive, hungry feelings. If she had not sat up there was a risk that either the therapy would have continued at a false self, dissociated level or that she may have retreated further into the psychotic, *unthinkable anxiety* of her isolated core self and become even more incommunicado.

The experience of relating to another – who was perceived to survive – face to face – enabled Faith to experience, probably for the first time, a surviving object. Face to face she could destroy me (a de-construction of me as her mother in the past and me as her therapist in the present). Once this work had been achieved, face to face, Faith eventually did return to the couch where, still destroying me, she enjoyed the value of a free associative discourse and I could enjoy the value of free-floating attention.

I'd now like to give the last word to Dr. Winnicott. In 1949, Winnicott broadcasted to parents, on the radio, about the aspects of babies' *emotional* development. Many of these papers are published in *The Child, the family and the outside world*. I have chosen a short extract, taken from a *paper entitled*, "Why do babies cry?" (Winnicott 1945, p. 58) – in this extract he is talking about the value of sad crying – and I think he is also telling his listeners about the crucial nature of the surviving object:

Perhaps I could give an illustration to explain to you what I mean about the value of sadness. I will take an eighteen-month-old child [...] whose mother decided to take a fortnight's holiday, telling the child all about it, and leaving her in the hands of people she knew well. The child spent most of the fortnight trying the handle of her mother's bedroom door, too anxious to play, and not really accepting the fact of her mother's absence. She was much too frightened to be sad. I suppose one would say that, for her, the world stood still for a fortnight. When at last the mother came back, the child waited a little while to make sure that what she saw was real, and then she flung her arms around her mother's neck and lost herself in sobbing and deep sadness, after which she returned to her normal state. (p. 58)

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