CHAPTER TWO

Winnicott’s constant search for the life that feels real

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Introduction

“He just makes theory out of his own sickness.” According to Masud Khan, that is the dismissive claim Joan Riviere put forth at the conclusion of a public lecture by Donald W. Winnicott (Anderson, 1981d). Such a statement from anyone is objectionable, but coming from Joan Riviere, who had been Winnicott’s analyst, it is unspeakable. Yet underneath her pathologising twist, there is an element of truth, in that all psychological theorists rely heavily on their most personal experience in developing their theories (Anderson, 2005). Freud no doubt had a torrid Oedipus complex. Erik Erikson (Coles, 1970, p. 180), originator of the concept of the identity crisis, observed, “If ever an identity crisis was central and long drawn out in somebody’s life, it was so in mine”. Henry A. Murray, with much better humour than Riviere, noted once, referring to theories of human development, “They’re all autobiographies, every one of them” (Anderson, 1975). In examining Winnicott’s life, my main objective is to explore the connection between his life and work. While I make use of the published sources, I also rely heavily on interviews I did in the 1980s with a number of people who knew him, such as Khan and Clare Winnicott, Marion Milner, Margaret Little, and Anna Freud.

Winnicott’s early life

Winnicott was born on 7 April 1896, in Plymouth, a seaside city in the county of Devon in the south-west of England. His parents were Frederick Winnicott, a successful businessman who served two terms as Lord Mayor of Plymouth, and Elizabeth Martha Woods Winnicott (Kahr, 1996). He was the youngest of three children. His sisters were six years (Violet) and five years (Kathleen) older than he was. Plymouth is like an island cut off from the rest of the country, and,
according to Clare Winnicott, he derived some of his inner security from the comfort of having a place in the city’s stable and settled social system (Anderson, 1981k).

Clare Winnicott (1978, p. 25), after rhapsodising about his childhood, speculates that some who read her account of how positive his early life was will conclude “that it sounds too good to be true. But the truth is that it was that good”. “Essentially he was a deeply happy person”, she goes on, “whose capacity for enjoyment never failed to triumph over the setbacks and disappointments that came his way.”

While I accept her view of his underlying happiness and his ability to withstand trying experiences, I am one of those who she suspected might say her account is idealised. The strongest pieces of evidence are Winnicott’s (1988, p. 2) statement that he first went into psychoanalysis in 1923 because of “personal difficulties”, and his having two lengthy analyses, one lasting ten years, the other an additional six. An examination of his childhood further gives us a picture of a person who, while not predominantly depressed or anxious, faced some significant problems.

Winnicott’s writing about the early mother–child relationship is central to his work; I will consider his own experience in the light of this perspective. His basic position is that, when the mother’s connection to her child is troubled or interfered with, there are consequences. If to some significant extent the child’s gestures are not responded to, the child tends to develop a false self. “Where the mother cannot adapt well enough”, Winnicott (1965b, p. 146) writes, “the infant gets seduced into compliance, and a compliant False Self reacts to environmental demands and the infant seems to accept them”. The false self, in Winnicott’s (p. 225) developmental schema, represents a way of being that is “adapted to the expectations of various layers of the individual’s environment”. “In effect the compliant or false self”, he explains, “is a pathological version of that which is called in health the polite, socially adapted aspect of the healthy personality” (p. 225). Winnicott (p. 148) notes that “There is but little point in formulating a True Self idea except for the purpose of trying to understand the False Self, because it does no more than collect together the details of the experience of aliveness”. Winnicott (p. 225) explains that the true self is the state of a person who is living “an existence on a basis that feels real”. In other words, a person might live predominantly on the basis of the false self: the person largely conforms to the expectations of others, and such a life will feel futile. In a true self existence, a person feels vital and meaningful; a person lives on the basis of desires, impulses, intentions, and values that feel deeply anchored within oneself.

Margaret Little wrote me, “I once asked about his mother. He said she had been a ‘good mother’, but had been depressed during his infancy” (Anderson, 1982). Winnicott (1958, p. 93) writes specifically about the effect of a depressed mother. One pattern is for the child to try to bring vitality to the mother: “the mother’s need for help in respect of the deadness and blackness in her inner world finds a response in the child’s liveliness and colour”. Winnicott (1965b, p. 192) further explains: “The task of the infant in such a case is to be alive and to look alive and to communicate being alive; in fact, this is the ultimate aim of such an individual …”

Was Winnicott one of these children who, faced with a depressed mother, is sidetracked from living a life that proceeds from the true self but instead tries to bring vitality to his mother? A poem (Rodman, 2003, pp. 289–291) Winnicott wrote at the age of sixty-seven offers evidence that he was one of those children. In the poem the narrator is Jesus. From the cross, Jesus speaks of how he did not have time “for loving”. He was too busy taking care of others, such as “those
sick of the palsy/and the blind and the maimed and widows bereft and grieving/women wailing for their children”. There is an obvious parallel to Winnicott’s life of taking care of others, a way of living that can be seen as an extension of his caring for his mother during childhood. Jesus further observes, “mother below is weeping/weeping/weeping/Thus I knew her”. So the poem has Jesus saying that his mother did not just weep as he was on the cross but was crying in the past.

The poem continues: “Once, stretched out on her lap/as now on a dead tree/I learned to make her smile/to stem her tears/to undo her guilt/to cure her inward death/To enliven her was my living”. In other words, Winnicott, seemingly identified with Jesus, describes Jesus recalling his having a depressed mother whom he had to “enliven”. There is nothing in the New Testament indicating that the mother of Jesus’ childhood was depressed and would have had any reason to be. My conclusion is that Winnicott’s description reflects his own experience of childhood. And the image he paints, of a little boy who had to bring vitality to his depressed mother, is just the pattern he describes for the child of a depressed mother.

There is also some evidence of Winnicott’s troubled relationship with his mother. His first analyst, James Strachey, wrote a passage, that with some decoding, bears on the subject. “Winnie [his name for Winnicott] prefers his Ma to be his castrator”, Strachey (Meisel & Kendrick, 1985, p. 330) wrote his wife, while Winnicott was in analysis with him, “because he doesn’t want to give free rein to his murderous anti-Dad impulses … . In Winnie’s case at all events the normal Oedipus situation seems deeper repressed than the inverted one”. Strachey is saying that he has observed Winnicott as being affectionate toward his father and fearing and disliking his mother (the so-called inverted Oedipus complex). Strachey also claims that at a deeper level Winnicott wants his father’s death.

Some other anecdotes add to our picture of Winnicott’s childhood. Winnicott reported (C. Winnicott, 1978, pp. 22–23) a complex memory, from the age of three, involving a doll and his father. The doll, named Rosie, belonged to his sister, Violet. His father, who was “just then entering” Winnicott’s “conscious life”, teased him about the doll. Parodying a popular song, his father would sing to him, as Winnicott recalled, “Rosie said to Donald/I love you/Donald said to Rosie/I don’t believe you do”. In relating the incident, Winnicott added, “Maybe the verses were the other way around, I forget”. Violet remembered the same incident and was certain that Donald, as he suspected, had reversed the verses (Anderson, 1981g). Therefore, their father’s mocking song was, “Donald said to Rosie/I love you/Rosie said to Donald/I don’t believe you do”. His father was making fun of Donald for his attachment to the doll. Donald, the little boy, would have felt that this sincere feeling coming from within him was a feeling he was being told he should not have. I also note that his father’s disapproval probably had a basis in gender roles; his father may well have felt that a little boy should not care so much about dolls.

Donald was so disturbed that “I bashed flat the nose of the wax doll”. The story ends with his father heating up the doll’s nose and remoulding the face. Winnicott writes, “I myself, dear innocent child, had actually become violent directly with a doll, but indirectly with my good-tempered father”. He notes: “Much of my life has been founded on the undoubted fact that I actually did this deed, not merely wished it and planned it”. What I draw from this incident is that it is representative of how he as a child was not allowed, at least by his father, to have his feelings; in this case his father shamed him. Winnicott reacted with aggression. But...
violence against his father was too dangerous, so he displaced it on to the doll. I assume that Winnicott’s father, and Winnicott too as a little boy, would have seen his aggressive feelings as wrong and unacceptable, especially because he not only had the feelings but also acted them out physically.

Let us consider this anecdote in the light of Winnicott’s (1958, pp. 204–218) analysis of aggression. He sees aggression as having its origin in the earliest “impulses”, “movement”, and “aliveness of tissues” (p. 216). (Note that, although Winnicott uses the word aggression, he is referring to what we usually would call something like “activity” or even “aliveness”.) The value of the early so-called aggression is that it “brings a sense of real and relating”. His view, not put in exactly these words, is that there are three possibilities. If the aggression is not recognised and accepted by the other person, it has little value. If the opposition to the aggression is excessive, future aggression is suppressed and the child has to conform to the other as part of the false-self defence. If the aggression finds a response in the other person, then there is a contribution to the development of the true self. While Winnicott’s analysis of aggression focuses on early childhood, an application of a similar perspective to the time of his interaction with his father suggests that such discouragement of his aggression would reinforce his false self and discourage the development of his true self.

Winnicott identified one major problem in his childhood. The background is that he was the only son in a household with his mother, two older sisters, a nanny (with whom he was close), and a governess. Violet Winnicott believed that the little boy was “overwhelmed” by his sisters and their friends, and she recalled that she and her sister “teased” him much more than they should have (Anderson, 1981g). Winnicott observed how busy his father was with his business and civic affairs. He noted: “It is probably true that in the early years he left me too much to all my mothers. Things never quite righted themselves” (C. Winnicott, 1978, p. 24). By all accounts, Winnicott was anything but a depressed, moody child. His sister, Violet, remembered what “a little darling” he was. “Everybody loved him”, she said. “When he went to visit school—he was a little boy—they all adored him. He had a lovely disposition” (Anderson, 1981g).

The keynote of his childhood, I would argue, was the development of a false self, not the most malignant and extreme variety, but a false self nonetheless. With a mother subject to depressions, he learned early how to please her and enliven her—but at the expense of expressing his own desires or even being fully in touch with them. He found himself surrounded by these older females, including two sisters who teased him. His father was largely absent, but apparently his father did not hesitate to tease him either. Clare Winnicott (1978, p. 22) reports one additional factor that she would have learned about from him. “Because he was much loved, and was in himself lovable, it seems likely that a deliberate effort was made, particularly on the part of his mother and sisters, not to spoil him. While this did not deprive him of feeling loved, it did I think deprive him of some intimacy and closeness that he needed”.

The little boy had only one recourse. He could not demand what he wanted. He could not oppose his sisters. He could not fight aggressively. His one option was to be a sweet, compliant, active, likable boy who by that behavior would get attention and approval. That was the form his behaviour, grounded in a false self, took.

What would happen with his protected true self, which had been cordoned off? I would expect that Winnicott’s desire to be more active or aggressive would break out at some point,
and that is exactly what occurred. Winnicott told his wife that at the age of nine he looked at himself in the mirror one day and said, “You’re too nice”. She said he “started to experience his aggressive side”. He did things, she said, like pulling wings off flies (Anderson, 1981k).

His rebellious behaviour became more acute as he entered adolescence. He had a mischievous friend. They engaged in escapades such as riding their bicycles recklessly (Anderson, 1981k). Winnicott recalled (C. Winnicott, 1978, p. 23): “But when (at 12 years) I one day came home to midday dinner and said ‘drat’ my father looked pained as only he could look, blamed my mother for not seeing to it that I had decent friends, and from that moment he prepared himself to send me away to boarding school, which he did when I was thirteen”. The main significance of this anecdote is that it shows how little his father tolerated any aggressive behaviour on Donald’s part.

There is a remarkable document from Winnicott, an account from the age of sixty-seven, of a dream that adds to our understanding of his childhood. While writing a review of Carl G. Jung’s autobiography, Memories, Dreams, Reflections, Winnicott was so stirred up that he had a disturbing dream, and he woke up from the dream with a splitting headache. The dream was filled with fear: he felt fear first in a scene in which there was “total destruction”, so total that he himself was destroyed; then in a scene in which he was the cause of this destruction.

In his analysis of the dream, Winnicott explained what there was about Jung’s autobiography that set him off. “Jung seems to have had no contact with his own primitive destructive impulses”, he notes. Jung would act destructively as a child but could not deal with his aggression through constructive play. “In my review”, Winnicott (1989, p. 229) goes on, “I had related this to a difficulty Jung may have had in being cared for by a depressed mother”. The passage in the review reads as follows:

What we cannot find in the material Jung provides is imaginative destruction followed by a sense of guilt and then by construction. It seems that the thing that was repressed in Jung’s early infancy, that is, before the infantile breakdown, was primitive aggression—and we remember here that it is precisely this primitive destructiveness that is difficult to get at when an infant is cared for by a mother who is clinically depressed. (Winnicott, 1964b, p. 454)

In his examination of Jung, Winnicott argues that Jung, because of his childhood difficulties, especially his mother’s depression, developed a true self and a false self and had a lifelong quest to heal this split. Let me mention before quoting another comment from Winnicott that he sees Jung as having had “childhood schizophrenia”, a form of “infantile psychosis”. Here is the quotation (Winnicott, 1964b, p. 455): “The fact remains that the search for the self and a way of feeling real, and of living from the true rather than from the false self, is a task that belongs not only to schizophrenics; it also belongs to a large proportion of the human race”. And that is just the search that I believe Winnicott underwent throughout his life.

Winnicott (1964b, p. 450) also explicitly makes a parallel between Jung and himself. He points out that he is not “running down Jung by labelling him a ‘recovered case of infantile psychosis’”. He notes: “If I want to say that Jung was mad, and that he recovered, I am doing nothing worse than I would do in saying of myself that I was sane and that through analysis and self-analysis I achieved some measure of insanity”. Jung’s extreme split between his true self and
his false self created a split personality that could be seen as psychotic. In Winnicott’s case—and this is what I think he means in this comment—he as a child developed a false self existence that gave him an appearance of “sanity” but through his psychoanalyses (and especially his self-analysis) he became able to live more out of his true self and thereby achieved some of what he calls insanity.

The dream precipitated by Jung’s autobiography is an illustration of this process of self-analysis. The dream had a third scene in which he dreamed of himself as having been awake. In that state he had a way of accepting both his destructiveness and his fear of destructiveness. Winnicott (1989, p. 230) could realise that a “total destruction does not mean total destruction”. In other words, one may accept one’s desire for aggression while knowing that destruction will not automatically occur. Such a realisation would be a hard-won gain for a man who once had been ashamed and afraid of his aggression.

From childhood to medicine and paediatrics

Winnicott entered the Leys School in Cambridge in 1910. Most of what we know indicates that he had a positive experience at the school. Violet Winnicott remembers that he found the school “delightful”. “I think he was the youngest boy there, and I believe he left as ‘top boy’ many years later” (Anderson, 1981g). There is no evidence for her specific recollections—which she puts as thinking they may be true, not knowing that they are true—but it is likely she remembered how he spoke and wrote about school at the time. The few letters home that have survived sound enthusiastic. He also had many and varied activities at school, including playing sports, participating in musical concerts, debating, and writing short stories. The school archivist found a note about Winnicott as a rugby player: “Small and not clever, but runs hard and defends well” (Rodman, 2003, p. 25).

Yet there are some indications of an undercurrent of discontent. Winnicott remarked (Rodman, 2003, p. 386, n. 7) to historian of psychoanalysis, Paul Roazen, that he had a “disturbed adolescence”. Psychoanalyst Judith Issroff, who knew him, notes (Rodman, 2003, p. 386, n. 8), “Once he told me he had restrained his impulse to throw himself into the dirty, cold, river Cam”. My hypothesis is that he was living too much of a false-self existence, as he seems to have done in his earlier childhood. He was adept at pleasing others and certainly he found pleasure at times in his activities, but something was missing. In Winnicott’s (1965b, pp. 140–152) conception of the false self, a person can have a life that appears to work but the person feels his behaviour is not stemming from a source deep within himself. With people for whom the false self-true self split is present, but not extreme, “there is some degree of a sense of futility in regard to the false living”, Winnicott (1988, p. 108) notes. In this situation, there is “a constant search for the life that feels real”. A comment he makes about suicide may explain his own suicidal temptation during his school days. Winnicott (1965b, p. 133) notes that the false self can “get itself mistaken for real, so that the real self is under threat of annihilation; suicide can then be a reassertion of the true self”.

It was while at boarding school that Winnicott developed an interest in becoming a doctor. His intention put him into conflict with his father who, as Winnicott felt, expected him “to enter his flourishing business and eventually take over from him” (C. Winnicott, 1978, p. 25). At the
age of sixteen Winnicott wrote a letter to a friend, Stanley Ede, after he had spent time with his father. As he saw it, his father and he tried to find out what the other wanted for his future but neither said anything explicit. Winnicott, nonetheless, was sure his father wanted him to go into his business. With a sense of psychodynamics, long before he had studied psychoanalysis, Winnicott the teenager described what went on in his mind since the meeting: “Consciously and not, I have found every argument for the idea and have not thought about anything else so that I should not be disappointed. And so I have learned to cherish the business life with all my heart, and had intended to enter it and please my father and myself” (C. Winnicott, 1978, pp. 25–26).

Winnicott here describes one of the essential features of false-self living. As a teenager he gave up what he desired in order to comply with his father’s wishes and in order not to disappoint his father. He was even able to convince himself that he cherished the idea of a business career and felt a repulsion at becoming a doctor. Yet we must also note that, once the career as a doctor seemed possible again, he was able to see into his own hidden mental processes.

Ede rather than Winnicott broached the question with Winnicott’s father. What does it mean that Winnicott could not talk on his own with his father about his desire to become a doctor? To me, it resonates with the incident from his early childhood in which his father teased him and he bashed in the face of the doll. It seems that Winnicott felt his desires did not matter, that his father was powerful and he, a teenager, was not allowed to have his desires and would find his father did not brook them. With his penchant for pleasing others, he also did not want to face his father’s disapproval.

In the period from 1914 to 1920 Winnicott studied at Jesus College, Cambridge University, served during World War I in the Royal Navy, and completed his medical training (Rodman, 2003, pp. 31–40). He decided to specialise in children’s medicine, the forerunner of paediatrics. According to his memory (Rodman, 1987, p. 196), he was a physician in charge of a department at Paddington Green Children’s Hospital from 1923 until he retired from that work forty years later. He had a similar appointment from 1923–1933 at Queen’s Hospital for Children. During that period of intense work with children, he noted, his work shifted gradually from a focus on physical illness to a focus on emotional disturbance.

Why did he choose to work with children? It seems that, as a young man, as throughout the rest of his life, he had intense empathy for the suffering of children and an unusual ability to relate to them. His sister, Violet, remembered two anecdotes from his early adulthood (Anderson, 1981g). One time, Winnicott was in the garden of the house in which he had grown up, and he said suddenly, “Oh, there’s a child in trouble”. He had heard a child up the road who was crying. He went to see what the problem was, and when he returned he said, “It’s all right”. Another time he told her that when he listened carefully to a child’s crying, he could tell whether the child was unhappy or not. He said that the key was to pay attention not to what he thought but to what the child was saying to him. The intensity of his involvement comes out in a comment he made once to a patient, the reviewer and literary scholar, Rosemary Dinnage. He said, according to her recollection, “When I was on the wards with children I had to ask people to take over my rounds sometimes because if I saw too much of it I stopped being able to see the suffering and just got used to it” (Anderson, 1981f).
Virtually everyone who watched his work with children was struck by his amazing ability to relate to them. Fellow paediatrician, J. P. M. Tizard (1971, p. 226), said he “had the most astonishing powers with children”. Anna Freud told me that when she first came to London she attended some of his consultations with children and she was impressed by his skill at relating to children. “He had a way of getting rapport instantly”, she said (Anderson, 1981c). According to Masud Khan, Winnicott once said to him, “I stopped growing at seven. That’s why I can work best with children” (Anderson, 1981d).

In my view, Winnicott always sought to find and to keep alive the child side of his personality. He equated growing up with being too conventional, too compliant with others’ expectations, and too far removed from his inner needs. He wanted to avoid losing his ability to play. That is what he meant, as I see it, by saying he stopped growing at seven, and it was central to his capacity for relating to children and to the child within adults.

Early involvement with psychoanalysis

Given Winnicott’s background, it is surprising that he became a psychoanalyst. Violet Winnicott told me that psychological thinking was alien to the members of her family. She called their approach “straight forward” (Anderson, 1981g). She meant, I think, that they did not indulge in what they would see as the dark, complicated peering into the unconscious that they would regard as characterising psychoanalysis. I asked her whether her parents would have found it surprising that her brother became a psychoanalyst or whether they would have seen it as a natural selection for him. She replied, “I think they would have thought it was wrong—they didn’t know what [it was]—this kind of discipline” (Anderson, 1981g). Not only did the family have a negative view of psychoanalysis, but, as Winnicott (1989, p. 406) noted, the medical profession of the day also was antagonistic toward Freud’s creation.

Yet Winnicott (1989, p. 574) recalls, “As soon as I found Freud and the method that he gave us for investigating and for treatment, I was in line with it”. A clue as to why Freud had this instant appeal to him comes from a letter (Rodman, 1987, pp. 1–4) he wrote to his sister, Violet, in 1919 while he was a medical student. He was attempting to describe this new theory of mind to her, someone who knew nothing about it. Discussing the “instincts”, he said, “the something which we call the life force must travel outwards”. He wrote that an idea cannot be controlled as long as it is subconscious (as he calls it). In psychoanalysis, he noted, the patient gets in touch with this “foreign body” in the subconscious. “He is then able to bring his own will into the battle and his will is given a fair chance”.

I am struck by the connection of this account to his description at sixteen of his struggle over his choice of vocation. If some material is out of awareness, nothing can be done with it. If one becomes aware—for example, of a deep desire to become a doctor—one has the chance of realising that desire. Psychoanalysis appealed to him, I think, because he understood it as offering the possibility of his relaxing the false self, of organising his life less around complying with others, and of getting in touch with his desires, which he then had a chance to fulfill.

Winnicott (1965b, p. 171) once noted that in 1923: “I found I needed help”. With his positive orientation to Freud’s creation, he decided to enter psychoanalysis. Why did he need help? At various times he said more, but never much, about what troubled him in 1923. He commented
that at the time he was “having personal difficulties” (1988, p. 2), he “was ill”, and he was “a rather inhibited young man asking whether anything could be done about it” (Kahr, 1996, p. 44). All we can say for sure is that he was suffering.

There is yet one more suggestive comment about why he started analysis. Clare Winnicott (1982, p. 262) reports he once told her that he said to a friend, “You know I never dream. I wonder why I never dream”. The friend replied, “You want an analysis”. Dreaming is allied, in Winnicott’s (1971, p. 31) view, with “creative playing” and “living”. Not dreaming (or not being in touch with dreams—we know now that everyone dreams) is a sign of the false self. Winnicott (1971, p. 67) noted that extroverts come to psychotherapy “because they feel estranged from dream”. “They have a sense that something is wrong and that there is a dissociation in their personalities, and they would like to be helped to achieve unit status …”. While Winnicott may not have been an extrovert, it may well be that as a young man he experienced that dissociation from his inner world.

Through a recommendation from Ernest Jones, the founder of psychoanalysis in Great Britain, Winnicott entered treatment with James Strachey. This member of the Bloomsbury artistic circle seems like an odd choice because of his lack of experience. Strachey (Meisel & Kendrick, 1985, pp. 19–30) graduated from the University of Cambridge about a decade before Winnicott. After several years of various literary activities, such as reviewing books and plays, he became interested in psychoanalysis and asked Jones how he might become an analyst. Jones advised medical school; Strachey gave it a try but lasted only three weeks. He found a shortcut to becoming an analyst. Using family money, he had an analysis with Freud in Vienna from 1920–1922. There was no psychoanalytic institute in Vienna or London yet that offered courses; Strachey qualified as a psychoanalyst solely on the basis of his analysis. Strachey is best known today for being the editor and the chief translator of the “Standard Edition” of Freud’s works. While Strachey was in analysis with Freud, the founder of psychoanalysis had enlisted him, and also his wife, Alix Strachey, to translate his writings.

It is discomfiting to think of the vulnerable Winnicott in the hands of Strachey, an untrained beginner. The analysis lasted about ten years. For about a year of that time, 1924–1925, Strachey carried on a correspondence with his wife, who was in analysis in Berlin with Karl Abraham. No trace comes through of concern for Winnicott’s well-being or appreciation of his gifts. Strachey seems preoccupied with Winnicott’s payments. In a typical comment he writes his wife he would like to get an additional patient. “Where shall we be”, he asks, “if Winnie cracks up? In the Bum-bailiff’s hands, I fear” (Meisel & Kendrick, 1985, pp. 120–121). (A bum-bailiff is an official who in an earlier era could arrest debtors for non-payment.)

Looking back, Winnicott (1965b, p. 172) was critical of what psychoanalysis was like when he first became involved with it. “At that time, in the 1920s”, he observed, “everything had the Oedipus complex at its core”. He noted that treatment with neurotic patients “over and over again” led the psychoanalyst to “the 4-5-year period”, that is, the time of the Oedipus complex, and to “the child’s relationship to the two parents”, that is, the triangular relationship of child, mother, and father, as opposed to the earlier relationship between mother and child. But from his own extensive experience with children, Winnicott was convinced that people who are disturbed “showed difficulties in their emotional development in infancy, even as babies”. He concluded: “Something was wrong somewhere”.

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There is an obvious relevance to his analysis with Strachey. Winnicott (1965b, p. 176) characterised his analysis with Strachey as “strictly orthodox” and noted (Rodman, 1987, p. 33) that Strachey “adhered to a classical technique in a cold-blooded way”. Before, I quoted the comment Strachey made to his wife about Winnicott’s analysis (Meisel & Kendrick, 1985, p. 330): “In Winnie’s case at all events the normal Oedipus situation seems deeper repressed than the inverted one”. The comment offers evidence of how Strachey thought exclusively in terms of the Oedipus complex; the most flexibility he can muster is to look at both Winnicott’s standard Oedipus complex and his supposed inverted one. It seems likely that Winnicott sensed his problems were grounded in his earliest years, a time of life that Strachey’s limited knowledge would have left him unequipped to explore.

**Encounter with Melanie Klein and Joan Riviere**

Winnicott chose to undergo a second analysis with someone knowledgeable about Melanie Klein’s approach. As he chiefly valued Klein because she went beyond, or I should say before, Freud’s emphasis on the Oedipus complex, it is all but certain that he felt his problems were grounded in the early part of his life and had not been touched on sufficiently in his analysis with Strachey. Clare Winnicott confirmed to me that he was disappointed with his analysis with Strachey. She added, though, that he also “admired” Strachey and valued Strachey for introducing him to psychoanalysis (Anderson, 1981k).

In 1926, Jones brought Klein, a pioneer in the psychoanalysis of children, from Berlin to London. Aware of Winnicott’s work with children, Strachey suggested that he meet her. “I found an analyst [meaning a psychoanalytic thinker]”, Winnicott (1965b, p. 173) recalled, “who had a great deal to say about the anxieties that belong to infancy”. Winnicott was impressed with her and went to her for supervision of his child cases. He considered her to be the most creative psychoanalytic thinker after Freud, because of the way in which she opened up the study of the child’s mind in the first years of life.

Looking back, he made a revealing comment about the experience of learning from her. Winnicott (1965b, p. 173) found it “difficult” because “overnight I had changed from being a pioneer into being a student with a pioneer teacher”. Winnicott’s bent was to be innovative, but he let himself learn from Klein. Winnicott (1989, pp. 575–576) dated the period in which he was in “the learning area of Mrs. Klein” as 1930–1940.

When Winnicott decided to undertake a second analysis, he first asked Klein, according to a report attributed to Clare Winnicott. Klein turned him down because she wanted him to analyse her son, Eric, who was twenty-one years old (Grosskurth, 1986, p. 233). She recognised that her son could not be in treatment with a person who was in treatment with her. Her choice of Winnicott illustrates her respect for Winnicott as a clinician. Eric was in treatment with Winnicott from 1935 until 1939 or possibly later (Rodman, 2003, pp. 113–127).

At the beginning of Eric’s analysis, Klein shockingly declared to Winnicott that she would supervise him—on the treatment of her own son, a young adult. Winnicott, to his credit, said no. Klein herself had analysed Eric when he was a little boy and published a paper about the analysis (Grosskurth, 1986, p. 75).
For his own analysis, Winnicott, unable to see Klein, turned to one of her most devoted followers, Joan Riviere, and the analysis began in 1936. Though a person with no university education, Riviere was highly intelligent and capable of writing carefully reasoned and organised papers. One of her services to Klein was in helping the theoretician write her works.

Riviere was about thirteen years older than Winnicott. She had gone through severe psychological difficulties herself, including a breakdown that resulted in a stay in a sanatorium. She was in analysis with Ernest Jones from 1916–1921 (Kris, 1994). Jones referred her to Sigmund Freud for further treatment and wrote (Paskauskas, 1993, pp. 453–454) him about her. Jones concluded that her analysis was “the worst failure I have ever had”. Seeing at the beginning of treatment that she was “unusually intelligent”, Jones “hoped to win her for the cause”, that is, to get her involved professionally in psychoanalysis, as indeed happened. But he quickly ran into trouble because, as he put it, he “underestimated the uncontrollability of her emotional reactions”. Riviere, Jones told Freud, developed an intense erotic transference towards him and felt rejected when he did not return her feelings. Then, said Jones, “she devoted herself to torturing me without any intermission and with considerable success and ingenuity”. Jones notes that he could not “master” her transference, and therefore “the treatment finally broke down”. Jones characterised her as having the “most colossal narcissism imaginable”.

Freud did not have with her the dramatic difficulties that Jones had had. Appreciative that Jones had recruited her for the psychoanalytic cause and recognising her intelligence, Freud put her to work translating his writings into English. Riviere later complained (Rosenfeld, qtd. in Kris, 1994, p. 661) that “she resented Freud’s use of her as a translator before she was able to relate to him as a patient in analysis”. Freud, like Jones, considered Riviere to be narcissistic. He was also troubled because of her being someone who reacted poorly if she had success and received praise or if she had a failure and received blame. There seemed no approach that could work with her. When this problem is touched upon in her, Freud said, “she projects her selfcriticism to other people, turns her pangs of conscience into sadistic behaviour [and] tries to render other people unhappy because she feels so herself”. Freud did not feel psychoanalytic theory had yet “mastered the mechanism of these cases” (Paskauskas, 1993, pp. 483–485). Near the end of her treatment, which lasted only five and a half months in 1922, he concluded that he had not “much altered” her. He felt he had not developed a method of “character-analysis” that would have worked for her (p. 491).

Freud also recognised what everyone else who knew her saw about her, that she was a tough, forceful person. He described her as being “implacable”, “a real power”, and as “a concentrated acid not to be used until duly diluted” (Paskauskas, 1993, pp. 476, 491). After her death, James Strachey noted (Kris, 1994, p. 659): “Perhaps I was afraid of her. A lot of people were. I often felt sure, for instance, that Ernest Jones was. And indeed she was a very formidable person”. It was probably this quality that Clare Winnicott had in mind when she commented to me, “I knew Joan Riviere some. I cringe when I think Donald went to her” (Anderson, 1981k).

Given that Riviere had had little success, in her own analyses, at working out her personal problems, it is not surprising that Winnicott’s analysis with her turned out to be disappointing, as Clare Winnicott told me it was (Anderson, 1981k). A few months into the analysis, Riviere wrote Winnicott, “I know that you are not very satisfied with the analysis you have so far had...
with me” (Rodman, 2003, p. 82). They did continue on for six years. Winnicott’s increasing divergence from Melanie Klein, of whom Riviere was a staunch and unwavering defender in this period, became a central issue in the analysis.

Winnicott (1965b, p. 176) developed a particular criticism of Klein’s theories. He appreciated her for her analysis of the development of the child’s mind in the earlier years, an area that he saw as being overlooked in Freud’s writing. He regarded Klein’s most important contribution as being her delineation of the depressive position, although he did not like that name. He preferred to talk about how a child could develop the “capacity for concern”. He gave her credit for seeing the developments that had to take place for a child to be concerned for the other, to feel guilt, to be able to make reparation, and to be able to grasp that the love object’s presence is continuous. Winnicott (1965b, p. 126) concluded, “Melanie Klein represents the most vigorous attempt to study the earliest processes of the developing human infant apart from the study of child-care”. He puts those words in italics because they are the key to his critique.

As a paediatrician, Winnicott observed many thousands of mother–infant pairs and he did so with his uncanny perceptiveness. He saw the profound effect that the mother had on the child. His theory of development is in essence an explication of how the child’s mind develops through the intricate interplay with the mother (he uses the term “mother”, as the mother was, in the vast majority of families, the chief parental figure in his era). He writes in detail about how the child gradually separates from the mother and achieves some independence as the child can internalise an image of the mother, how the child reacts protectively and forms a false self if the mother impinges on the child, how, when the child’s gestures are received by the mother, the child has an existence stemming from the true self, and how the child eventually can achieve a measure of independence and ego-relatedness.

Winnicott (1965b, p. 177) became increasingly disturbed that Klein was “temperamentally incapable” of seeing the mother’s role. One time he observed (Rodman, 1987, pp. 95–96) that talking to Klein about the “part the mother plays” is like “talking about colour to the colour-blind. Winnicott (1964a, p. 88), in contrast, believed what he expressed in his famous statement, “There is no such thing as a baby”. That means, as he explained, “A baby cannot exist alone, but is essentially part of a relationship”.

Winnicott’s difference with Klein led to a major clash in his analysis with Riviere. One of his colleagues, John Padel, described the scene to me in these words: “He told Riviere once he was thinking of writing [about] the child’s environment. She told him, ‘If you do, I’ll turn you into a frog’. Of course, not in those words, but that was the message” (Anderson, 1981a). Winnicott (1989, p. 576) once said much the same thing, that when during his analysis he told Riviere he was writing a paper on the environment “she just wouldn’t have it”. Winnicott added, “I had to wait a long time before I could recover from her reaction”. One can imagine the effect her demand had on him as it came from Riviere, who was not only his analyst but also a tough, no-nonsense woman.

In 1956 he was still seeing Riviere and Klein as quashing his work. Referring to a conversation with Riviere after Klein had given a paper, Winnicott wrote (Rodman, 1987, pp. 94–97) to Riviere, “you gave me to understand that both of you are absolutely certain that there is no positive contribution to be made from me to the interesting attempt Melanie is making all the time to state the psychology of the earliest stages”. He added: “You will agree that you
implied that the trouble is that I am unable to recognise that Melanie does say the very things that I am asking her to say. In other words, there is a block in me”. According to Winnicott, Riviere was accusing him of misperceiving Klein’s work because of his psychological problems. He reiterated at the end of the letter: “I want you to know that I do not accept what you and Melanie implied, namely that my concern about Melanie’s statement of the psychology of earliest infancy is based on subjective rather than objective factors”.

There is yet one more anecdote on this topic, my knowledge of which I also owe to John Padel. “There was a crucial moment in Winnicott’s analysis of Klein’s son”, he recalled. “The son got very angry and burned the couch with a cigarette. The son said, ‘She didn’t give me the breast’. Or maybe he put it, ‘She refused to breastfeed me’. Winnicott told me this” (Anderson, 1981a). It seems that, not only was Winnicott convinced that the particulars of the mother’s behaviour makes a vital difference in the development of the child’s inner world, but Klein’s son, Eric, had the same conviction. And Eric based his view on what he understood himself as having gone through with his mother, Melanie Klein. She, in contrast, believed that internal biologically based forces were decisive, and she paid scant attention to the mother’s behaviour.

Here I will double back to the first words of this paper, Joan Riviere’s purported statement dismissing his ideas with the claim that “Winnicott makes theory out of his own sickness”. As noted, there is evidence in the 1956 letter to Riviere that Riviere and Klein had such a view of Winnicott’s ideas.

In a letter to Klein in 1952 (Rodman, 1987, pp. 33–38), Winnicott took up this very matter. He complains that she and her followers stifled, rather than encouraged, his work, work that “develops in me out of my own growth and out of my analytic experience”. He said that what he wanted, when he gave a paper at the psychoanalytic society, was “that there should be some move from your direction towards the gesture that I make in this paper”. “It is a creative gesture”, he goes on, “and I cannot make any relationship through this gesture except if someone come to meet it”. His language evokes his view of the interaction between baby and mother: the baby makes a gesture, an act that is the essence of creativity, and that gesture is met by the mother. (See, for example, this comment by Winnicott (1965b, p. 76) about favourable mother–child relations: “Also, the environment-mother has a special function, which is to continue to be herself, to be empathic towards her infant, to be there to receive the spontaneous gesture, and to be pleased”). The true self is realised through such interactions.

“This matter which I am discussing”, he notes, “touches the very root of my own personal difficulty so that what you see [that is, the ideas of his that she sees] can always be dismissed as Winnicott’s illness”. He is referring to Klein and Riviere dismissing his work as stemming from his “illness” or “sickness”. He then says something about what he is referring to when he speaks of his “illness”. “My illness … is not far away from being the inherent difficulty in regard to human contact with external reality”.

To Klein he does not spell out what he means, but in a letter (Rodman, 1987, pp. 38–43) to another correspondent he explains his view of the “infant’s relation to the external world”. There are two possibilities. Either “the world impinges on the infant; if this is the pattern the infant reacts and in order to regain a personal sense of entity has to withdraw”. In other words, in this situation the infant has to react to the mother and withdraws into a false self. Or, “if the pattern is that the infant discovers the world by impulse, movement, gesture, salivation, sight,
etc., then the contact with external reality has in itself been part of the life of the individual” and there is no need for that withdrawal. By saying his illness stems from the basic difficulty of “contact with external reality”, Winnicott is pointing out that he largely had to protect himself with the false self. He had too little of the true-self experience that is instantiated in “impulse, movement, gesture” and other spontaneous expressions.

While this paper started with Riviere’s purported statement of dismissal—“Winnicott makes theory out of his own sickness”—it turns out that we can use Winnicott’s own words in stating he himself believed that his “ideas” stemmed from his “illness”. His experience was of retreating into too much of a false self, and his quest was the constant search for the life that feels real. His development of his own original, personal psychoanalytic ideas was a basic part of that quest.

In the 1952 letter to Klein, Winnicott also makes a link to his two analyses. As noted, he said he had wanted Klein to meet the “creative gesture” he made in putting forth “creative and original” ideas in his paper. He describes that reception of his gesture as being (Rodman, 1987, p. 34) “in the nature of a therapeutic act”, and points out that that is “something which I could not get in either of my two long analyses”. Hence he is stating clearly what he saw as a major shortcoming of both of his analyses. He adds that, in the paper, he made a criticism of Riviere. While he believes his criticism of Riviere was “based on objective observations”, he notes that it also “was coloured by the fact that it was just exactly here that her analysis failed with me”. So we have in Winnicott’s own words his opinion of where it was that his analysis with Riviere failed him: his creative gestures were not accepted; the expression of his true self was not nurtured.

Winnicott not only developed a theory of development. As I discuss in another paper (Anderson, 2014), he also created an innovative approach to psychoanalytic treatment. Based on my reading of his works, the accounts by Harry Guntrip and Margaret Little of their analyses with him, and the interviews I conducted with several people who were in analysis with him, I argue that he developed in the latter part of his career an approach in which he allowed regression, held the patient through this process, and encouraged patients to turn over the false self to him and enabled them to live on the basis of the true self. He emphasised “holding” and “adaptation to need” and de-emphasised interpretation as part of this form of treatment. With many patients, Winnicott (1965b, pp. 168–169) notes in various places, he carried out analysis in a more traditional way, with ample use of interpretation and attention to the Oedipus complex, but he also conducted a different kind of psychoanalysis. He summarised (Rodman, 1987, p. 62) that kind in these words: “the mothering technique is handed over to the analyst and what I have called the true self comes out of safe hiding … and risks living in the new environment which I am able to provide, at any rate in token form in the analytic setting”. The analyst, in other words, provides an environment, similar to what the child needs from the mother, and the conditions of the analysis allow for true-self living. “Our patients, more and more”, Winnicott (1989, p. 582) noted, having this other kind of analysis in mind, “turn out to be needing to feel real, and if they don’t then understanding is of extremely secondary importance”. That form of treatment is precisely what he would have wanted for himself and did not get with Strachey and or Riviere.
His use of relationships in living on the basis of his true self

Winnicott told Margaret Little, a psychoanalyst who was analysed by him, that he did not get much out of his two analyses and he realised “he had to do it for himself” (Anderson, 1981i). In his later years, he appears to have been a person who exemplified living from his true self. Just how he got to that place is hard to say. We can see, from what we have looked at about his life, that he often seemed troubled about living his life too much on the basis of his false self and he was constantly striving to be more playful and more creative and to have authentic interactions with others, rather than behave in conventional, sterile ways. He was never imprisoned in his false self; there was always a dynamism going on within him, as his temptation to comply with what was expected of him came into conflict with his desire to feel real.

Certainly his relationship with his second wife, Clare Britton Winnicott, played a central role in his personal development. The intimacy he established with her fostered his creativity. In 1946 he wrote (Rodman, 1987, p. 32) her, “My work is really quite a lot associated with you. Your effect on me is to make me keen and productive and this is all the more awful—because when I am cut off from you I feel paralysed for all action and originality”.

Also of vital importance to him was his relationship with Masud Khan. A brilliant, irreverent, and grandiose psychoanalyst who had grown up in British India, Khan had a lengthy analysis with Winnicott and also collaborated in working with him on much of the elder analyst’s writing (Hopkins, 2006). To Clare Winnicott’s distress, he came to Winnicott’s home virtually every Sunday for some years, and they worked together in the basement.

The Winnicott-Khan relationship is controversial, primarily because Khan’s behaviour, which had skirted the borderline of unacceptability, became outrageous when Khan deteriorated after Winnicott’s death. Today Khan’s incisive early writings receive little attention, while his later period of disgrace dominates the way he is viewed.

Winnicott was troubled by the prospect of dying with no son. Writing with himself in mind, he noted (C. Winnicott, 1978, p. 20) that a son is able “to provide the only continuity that men know. Women are continuous”. Khan told me that when he and Winnicott were discussing whether or not he would go into analysis with him, Winnicott was hesitant. Khan said to him, “I will assure your future” (Anderson, 1981d). Later Winnicott said to a supervisee, “You cannot gain immortality without a son. Masud is my son” (Anderson, 1981e).

Khan claimed to me, with his characteristic braggadocio, that Winnicott’s papers were “two-thirds Winnicott, one-third Khan” (Anderson, 1981d). But there may have been an element of truth in his comment. Khan helped him with the clarity of his prose and used his greater knowledge of psychoanalytic literature to strengthen the references. More importantly, though, he gave Winnicott the security and strength to take positions that would be deemed wrong and deviant by Klein and other members of the psychoanalytic establishment.

Khan talked with me at length about himself and Winnicott. Although his comments, as I see it, were filtered through his sense of having been abandoned and left alone by Winnicott’s death, they reflect the nature of the animated interaction between them. Khan said that his analyst at the time, John Rickman, recommended that he attend a talk by Winnicott in 1948. From this first hearing of a Winnicott presentation, Khan was “astonished”. “I knew, here’s genius, real genius”. But after the talk, Riviere criticised Winnicott, and Khan felt Winnicott reacted
like “a dog that eats his own vomit”. Winnicott did not stand up to the criticisms (Anderson, 1981d).

According to Khan, Rickman then put Winnicott and Khan together so that Khan could help Winnicott edit his papers. After a few months, Khan also began supervision with Winnicott. Then Rickman died, and Khan asked Winnicott about going into analysis with him. Winnicott was hesitant. According to Khan, he said, “Mrs. Klein said you will do the same to me that Mrs. Schmideberg, her daughter, did to Glover. That Glover was her most faithful pupil and exponent. And then Mrs. Schmideberg went and that changed. She thinks the same will happen to me” (Anderson, 1981d). This comment refers to how Glover, a leading member of the psychoanalytic society, joined the opposition to Klein while he was analysing Klein’s daughter, who was bitterly antagonistic to her mother.

Khan says he replied, “Dr. Winnicott, if you can say that, you have already turned away. There’s no turning away to do”. Khan further said to Winnicott, “It’s bad manners for you to have discussed it with her” (Anderson, 1981d). Khan said he also had reservations about the analysis, and he voiced his chief condition for going into analysis. “Don’t humiliate me at the Institute. I have seen you now read papers four times. The Kleinians attack you. You say, ‘Oh yes, yes I am sorry, mea culpa’. If you do that I don’t want to come into analysis with you” (Anderson, 1981d). Despite Khan’s hyperbole, there may be some deeper truths in his account. It may be that Winnicott had already broken with the Kleinians, for the reasons I have already discussed, and his involvement with Khan helped complete the split. And also, it may be that Khan’s encouragement emboldened Winnicott to stand up more forthrightly for himself.

Khan surprised me by saying, “Winnicott didn’t like me, and I didn’t like Winnicott. As persons. But we had great respect”. I exclaimed, “That’s shocking, that you say he didn’t like you and you didn’t like him, despite the incredible relationship you must have had”. I asked him to explain what he meant (Anderson, 1981d). He said:

For example, he disapproved of everything about me. He thought I was too arrogant, too exhibitionistic, but I wasn’t. Well, I flaunted it, that’s true. For example, there was a dinner for the anniversary of the Institute. I turned up with a turban, a huge emerald, and my satin dress. I made the rest of them look like waiters in comparison. He was totally furious. Also I had my extravagances. I would go to Paris every weekend. I had three cars: a Rolls Royce, a Jaguar, and an Aston Martin. I had five horses. To him this was terrible. (Anderson, 1981d)

I asked him what he disliked about Winnicott. He replied:

I already told you. I didn’t like his crawling in public. At the Institute when he gave a paper, they criticised him. He would say, “Yes, you’re right”. I stopped that, but even so, I couldn’t stand it. And he was the most arrogant person. He was a genius, and he knew it. He never changed a word of what he wrote, except sometimes when I corrected him. And another thing I didn’t like about him was his deviousness. He could never ask for anything directly. (Anderson, 1981d)
My impression is that Khan’s spontaneity and brazenness delighted Winnicott, even if Winnicott expressed criticisms at times, and Khan’s behaviour encouraged him to become less inhibited and more outspoken. Winnicott was the analyst, and held together this fragile, troubled man, but Khan had a profound effect on Winnicott, who was able to become more himself.

Winnicott as a person

My final topic is: What was Winnicott like, this Winnicott who became more himself, in the latter part of his life? Winnicott struck people as appearing casual, informal, and comfortable—anything but imposing. He was short, about 5’5” or 5’6”, and had a slight build. Even in his mid-thirties, according to one colleague, W. H. Gillespie (1971, p. 228), “his face was already strangely creased”. In later life his face became even more wrinkled. He was balding and had an aquiline nose. He often wore a rather rumpled, comfortable suit and a plain tie. A favourite picture, a signed copy of which he gave to Khan, shows him from a child’s perspective, that is, from below, slouching on a chair much too small for him and looking tired, thoughtful, and above all, cozy. Bowlby said he thought of Winnicott as the kind of person who would never hesitate to “get right down on the floor and play with children. He was the opposite of pompous” (Anderson, 1981j). A characteristic memory for Marion Milner was of a time when Winnicott came out to greet a mother and her child, saw a toy on the floor, and suddenly jumped over it (Anderson, 1981b). Journalist and literary critic Rosemary Dinnage recalled what Winnicott was like during her analysis with him. “He would sit by the fireplace on a light, fluffy rug. He got lots of fluff all over his dark suit. Sometimes he fell asleep a little bit, but I liked that” (Anderson, 1981b).

Khan described Winnicott as similar to “Welsh ponies”, which are “frisky, wild, child-like. They have never grown up. They are full of energy and always moving around” (Anderson, 1981d). Milner had a similar image, comparing Winnicott to a Catherine wheel, a type of firework that “spins round and round and round, with sparks flying off”. When she received supervision from him, he would not proceed in an orderly, linear way but would set off sparks (Anderson, 1981b). Bowlby thought of Winnicott as being an artist, intuitive but not systematic. “Some people find his work difficult. He often contradicts himself if you look too carefully. But what matters is the music, not the words” (Anderson, 1981j). Khan, whom many people spoke of as brilliant, said that he himself was not a genius. “I have a large IQ and great talent and I applied myself almost to the point of genius. But I was not a natural genius like Winnicott” (Anderson, 1981d).

Although Winnicott was engaging and vital, several people told me that he simply was not sexual. For whatever reason, sexuality was not central to his personality. Khan claimed to me that Winnicott was impotent (Anderson, 1981d). Winnicott biographer Rodman (2003, pp. 70, 102) marshals considerable evidence that Winnicott’s first marriage included little if any sex and that Winnicott was impotent while in analysis with Strachey. He also reports that Clare Winnicott said there was love-making in their marriage.

My hypothesis is that sex was so loaded for him with negative meanings and implications that he found it unappealing and largely avoided it. He pays little attention to sex in his
writing, and, when he does, he often writes about it with distaste. Winnicott (1965a, p. 42) notes, for example, that an individual generally has a “sense of concern or guilt that arises out of the destructive elements (largely unconscious) that go along with the love impulse when this is expressed physically”. This concern or guilt, he goes on, is one of the chief reasons contributing to the individual’s need for children. “The growing family better than anything else neutralises the frightening ideas of harm done, of bodies destroyed, of monsters generated”. Sex did not bring to his mind pleasure, love, and intimacy. Instead it seemed to evoke images of guilt, destruction, and monsters.

The negative images of sex in his writing resonate with a report Strachey wrote his wife about a dream Winnicott had during his analysis: “Winnie had a virulent anxiety dream a few days ago in which his wife, disguised in a Bear (bare) skin, embraced him; and her penis came out … woop … and castrated him” (Meisel & Kendrick, 1985, p. 329).

Clare Winnicott told me that he was someone who went through a lot of “suffering” (Anderson, 1981k). While his temperament was not predominantly melancholic, she (C. Winnicott, 1978, pp. 17, 19) wrote that he “often found life hard and could be despondent and depressed and angry”. Winnicott was anything but a placid person who coasted through life without any troubles. He regularly referred to himself as being “crazy”, as Margaret Little and Martin James both mentioned to me (Anderson, 1981i, 1981h). One time he showed Enid Balint some of his squiggles, those casual drawings he often made, and he said, “You have to be insane to understand that” (Anderson, 1981I). Another time, a young psychotherapist, Baljeet Mehra, came to him for supervision, and he declined, saying, “You seem like a normal girl. I’m too schizzy for you”, later relenting and accepting her for supervision (Anderson, 1981e).

Winnicott (1965b, p. 132) wrote: “the artist has an ability and the courage to be in touch with primitive processes which the psycho-neurotic cannot bear to reach, and which healthy people may miss to their own impoverishment”. He was referring to people like himself. His life-long struggle to realise his true self resulted in his being in touch with his deeper impulses, conflicts, appetites, and feelings and to have a vital experience energised by the forces within him. He resisted succumbing to his tendency, formed during childhood, to get along by being conformist. Winnicott (1958, p. 150n) believed “we are poor indeed if we are only sane”.

But he obviously was not “only insane”. One of his central characteristics as a psychoanalyst was the trustworthiness and stability that he was able to offer his patients. Dinnage, looking back at her treatment with him, described him as being “reliable, utterly reliable” (Anderson, 1981f). She said to him that he seemed to be “a natural healer”. With some embarrassment, he replied, “Yes, I do have this gift somehow”, and then he changed the subject.

Winnicott’s health was fragile from the time of his first heart attack, which Rodman (2003, p. 151) dates to 1949, until his death on 25 January 1971. Clare Winnicott recalled a time during his last year when he climbed a tree by his boyhood home in Plymouth and was trimming it (Rodman, 2003, p. 368). She thought that was typical of him. “He wanted to live”. In the pages he wrote of an autobiography, he commented at the bottom, “Prayer: Oh God! May I be alive when I die” (C. Winnicott, 1978, p. 19). That prayer is yet one more illustration of his desire to live in a way that felt real to him.

In closing, I would like to relate three anecdotes I heard about Winnicott. They each illustrate the particular flavour of his personality: playfulness involving relating to others and living
on the basis of his true self. Baljeet Mehra, recalled that, at the beginning of every supervisory session, he would come into the room with two cups of tea and two biscuits on his saucer and one biscuit on her saucer. He would say, “If you don’t really want that biscuit, I’ll eat it”. In a year of supervision, she noted, “I never ate a biscuit” (Anderson, 1981e). Winnicott was letting himself express his desire. Mehra easily could have asked for the biscuit, or she could have asked for more biscuits, if she wished. But she preferred to join in the game.

In the 1950s, Martin James wrote a paper on early development, a paper that has come to be recognised as an important contribution. Because he knew Winnicott took a similar approach to infancy, James sent him a copy before submitting it to publication. Winnicott indicated that he was impressed with the paper, and he returned it to James with the following comment written on it: “You should put your name on this or someone else might” (Anderson, 1981h). Winnicott was expressing a mischievous desire and at the same time using the admission of his desire to bestow a compliment on James.

Milner often observed Winnicott’s clinical work with children, and she mentioned a vignette that she saw as typical of his style. A mother brought her daughter into the clinic and explained that her husband often criticised their daughter for her table manners. Winnicott told the little girl that he would teach her a rhyme, and he suggested that she tell it to her father. The rhyme went: “I eat my peas with honey, I’ve done so all my life. It makes the peas taste funny, but it keeps them on the knife” (Anderson, 1981b). In this situation, he was encouraging the little girl to be herself and providing her with a charming way of asking her father to ease off on his control of her. Winnicott’s having a life that felt real involved giving greater leeway for the expression of one’s desires while also finding playful ways of interacting with others.

References


