

## Can Winnicott's psychoanalysis be the accomplishment of a phenomenologically oriented scientific psychology project?

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**Abstract:** The purpose of this article is to develop the assumption that Winnicott's work can correspond to a possible realization of the elaboration project of a non-naturalistic scientific psychology, as it is found in phenomenology and modern existentialism philosophical conceptions. After distinguishing the clinical aspects of these philosophical propositions, I try to show that Winnicott, on one hand, rejects the use of naturalistic metapsychological speculations, on the other hand, reformulates the ontological model of psychoanalysis, introducing the notion of being; additionally, he introduced a notion of health and redescribed the theory of socioemotional development of the human being, focusing on dependency relationships. Such changes would place psychoanalysis in a non-naturalistic epistemological framework, in accordance with the philosophical influences above mentioned, changing at the same time the psychoanalytical practice itself, both in its objectives and handling.

**Keywords:** psychoanalysis, phenomenology, existentialism, epistemology, psychotherapy.

Kant had already discussed the construction of knowledge of man's way of being (his behaviors, feelings, laws and existential and relational dynamics) as a project that may be performed in two different epistemological frameworks, depending on whether it is considered a nature being (or a *physis* being) or not. "A systematic treatise comprising our knowledge of man (anthropology) can adopt either a *physiological* or a *pragmatic* point of view. – Physiological knowledge of man investigates what *nature* makes of him: pragmatic, what *man* as a free agent makes, or can and should make, of himself" (Kant, 1798/1997a, pp. 21-22). In both fields of Anthropology (or psychology) there is metaphysics that is base for the construction of this knowledge: a *metaphysics of nature*, in which the man is in his laws of causal determination as determined as any other natural being, made explicit by Kant in *Critique of Pure Reason*; and a *metaphysics of morals*, where man is able to do and let them do, also made explicit by the author in *Critique of Practical Reason* (Cf. Fulgencio, 2006a, 2008b, Gabby Jr., 2004, Loparic, 2003).

Psychology as science was founded in the 19<sup>th</sup> Century, whether in Fechner or Wundt, as proposal of being a nature science (Anthropology from the physiological point of view), even if certain reactions to this perspective have already pointed to another direction with Brentano. In this extensive framework, I want to call attention to the fact that the proposals of Skinner and Freud are both of construction of a naturalist psychology, despite their differences.

I will briefly retake Freud's position, since part of his discoveries will be later amplified and inserted by Winnicott into another epistemological framework,

which differs from his naturalist framework. Summarily, psychoanalysis, for Freud, provided science with the possibility to know the *life of the soul* as any other object strange to man, therefore being a nature science as any other (1933/2001c); his model of man, that is, his way of conceiving how the psychic life is, is constructed into a *as if* logic, with help from several analogical speculations applied to psychism and its dynamic, namely: man's consideration, referring to his psychological ontology, *as if* it were a psychical apparatus, driven by forces and energies (Cf. to Fulgencio, 2005).

In the phenomenological philosophy field, Husserl has criticized man as a nature being, considering that man has another way of being. In the case of the construction of psychology as science, he criticizes the fact that it has naturalist limitations that should be precisely surpassed by the phenomenology: "phenomenology constitutes the essential eidetic basis of psychology and of the sciences of the spirit" (Husserl, 1986, p. 47). It necessarily implies ontology, *telos*, and a way of causal determination, different from those that Kant made explicit in his physiological anthropology. In a direction aligned with Husserl's, we can recognize in philosophy a number of proposals that support this specificity of man's way of being, as in Kierkegaard, Jaspers, Heidegger and Sartre, for instance. We can gather those perspectives, as it has been done by Ellenberger, under the rubric of modern existentialism, also dealing with distinguishing philosophical proposals from its applicability in psychological or psychiatric science field, since the epistemological and methodological frameworks of science and philosophy are constituted differently (and my interest is to show, in psychoanalysis and psychology scientific field, that this has been modified by Winnicott, going from a

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naturalist framework to an existentialist one). In this sense, Ellenberger states:

What clinically are phenomenology and existential analysis? It may be appropriate first to clarify what they are *not*. In contradistinction to a common prejudice, they do *not* represent a confusing interference of philosophy into the field of psychiatry. It is true that there is a *philosophical* trend called “phenomenology”, founded by Edmund Husserl, and there is another *philosophical* trend called “existentialism”, whose major representatives are Kierkegaard, Jaspers, Heidegger and Sartre. But there is a wide gap between the philosophical phenomenology of Husserl and the psychiatric phenomenology of Minkowski and between existentialist philosophy and the psychiatric method called existential analysis. Analogously, there is a branch of physics concerned with the investigation of X-rays, and there is a branch of medicine, radiology, concerned with the application of X-rays for medical purposes; yet nobody will contend that medical radiology represents a confusing interference of physics into medicine. In a similar way, psychiatric phenomenologists and existential analysts are psychiatrists utilizing certain new philosophical concepts as tools for psychiatric investigation. (1958, p. 92)

Therefore, in this analysis my interest is much more in the clinical aspects of phenomenology and modern existentialism – expressed in practices of psychological care, found in psychiatric phenomenology, existentialist psychology and daseinanalysis – than in analyzing these conceptions in the philosophy field, seeking to highlight the presence of some of these conceptions in the way Winnicott conceives psychoanalysis as objective science of human nature.

There is a common starting point in all modern existentialists, and it is related to the characterization of the specificity of the human being’s way of being. I will bring back, only in indicative way, Kierkegaard’s and Heidegger’s positions, as two main examples which seek to characterize this ontology.

For Kierkegaard:

Man is not a ready-made being; man will become what he makes of himself and nothing more. Man constructs himself through his choices, because he has the freedom to make vital choices, above all the freedom to choose between an *inauthentic* and an *authentic* modality of existence. Inauthentic existence is the modality of the man who lives under the tyranny of the *plebs* (the crowd, i.e., the anonymous collectivity). Authentic existence is the modality in which a man assumes the responsibility of his own existence. (Ellenberger, 1958, p. 118)

Besides, for him, there is a constitutive anguish of the human way of being, anguish that derives from the fact that man is the only responsible for his choices (he is the “free” responsible for deciding to do and let them do); he is, in fact, obliged to choose, and this responsibility generates an existential constitutional anguish<sup>1</sup>.

For Heidegger, Dasein is considered as the human being’s specific way of being, whose main characteristic is making (configuring, creating) oneself, the other and the world in which one lives. In the book *The fundamental concepts of metaphysics: world, finitude, solitude* (1983/2003), he seeks to characterize this way of being different; what is the world for the several types of beings: “1. The stone (material) is wordless; 2 The animal is poor in world; 3. Man is world-forming” (p. 207). Throughout his work, we also find a series of expressions that aim at describing what this human being’s specific way of being is, such as: being-there; being-with; being-in-the-world; being-along-with; being-one-with-the-other; being-toward-death, etc. All expressions, before being understood as concepts, should be understood as *descriptions* of properly ways of being human beings.

The important here for my analysis, gathering these highlighted aspects, is rather pointing to the *empirical, phenomenological meaning* of this conception of what the human being’s way of being is than having a conceptual philosophical discussion, which would lead us to the field of analytical-critical story of philosophy history, redirecting our focus on the analysis of psychology as science. In a certain way, I am separating philosophical problems and practices from clinical-psychotherapist problems and practices, refusing a clinical philosophy and a philosophical clinic.

We know that Binswanger and Boss sought to construct a proposal of scientific psychology and psychotherapist care practice from the groundings of Heidegger’s analytical existentialism. One of the critiques against Binswanger is that he confused philosophy with science fields, sometimes performing a pseudo-philosophy, sometimes a pseudoscience (Cf. the critical analysis of this proposal in Loparic’s article, 2002). Regardless of whether this synthesis can be evaluated as good or unsuccessful, I want to defend here the hypothesis that Winnicott’s proposal, in his theoretical-practical-semantic reformulation of psychoanalysis, presented a scientific psychology that would be aligned with the conceptual framework of modern existentialists, remaining in the field of science, whether in terms of the description of a theory of emotional development or in terms of his re-description of the psychotherapeutic treatment method. In other words, my hypothesis could also be expressed in the enunciation of the following question: can Winnicott’s psychoanalysis, in his proposal to make psychoanalysis an objective science of human nature, be considered the

<sup>1</sup> It, thinking about existentialist psychotherapeutic practices, should not be confused with the anguish that comes from the affective story of the human being (Oedipal anguishes, for example).

accomplishment of the project of constructing a scientific psychology from the groundings of phenomenology and existential analysis point of view?

### **Proximity of Winnicott's semantics to modern existentialism semantics. Seeking a method for the dialogue between different theoretical-semantic perspectives**

By retaking Winnicott's specific semantic-conceptual innovations set, we can list a series of terms and/or expressions that are not part of the classic psychoanalytic semantics, such as: *acts and transitional phenomena; playing action; potential space; place in which we live; illusion of omnipotence; the paradox of creating-finding objects; primary maternal concern; invasion and environmental failure; absolute and relative dependence; subjective object; true self and false self; imaginative elaboration; essential solitude; being; continuity of being; innate tendency to integration; trauma as break in the line of being; original creativity; pure feminine and pure masculine elements; sacred heart of the self; silent communication; ability to have faith in ...; deprivation and antisocial tendency; ability to stay; mother-object; mother-environment; difference between need and desire; survival of the analyst; use of the object; unthinkable anguish; traumatic action; freezing of the traumatic situation; thawing; feeling real; distinction between psyche, sum and mind; life worth living; spontaneity*. Among these, I want highlight some of them that seem to be very close, despite not being identical, to conceptions recognizable in the modern existentialism field, as the notions of *being, continuity of being, true self and false self, trauma as break in the line of being, place in which we live, life worth living, spontaneity*.

This semantic proximity does not mean that Winnicott imported, in a direct connection or direct applicability, conceptions from a philosophical system or clinical system (from psychiatric phenomenology, existentialist psychology, or from *daseinanalysis*) and inserted them into psychoanalysis. The influence from philosophy or other theoretical systems of psychology (and even from psychoanalysis) on Winnicott's thought does not occur in this way. Winnicott himself states how it works, in terms of its influences: "What happens is that I gather this and that, here and there, settle down to clinical experience, form my own theories and then, last of all, interest myself in looking to see where I stole what" (1945/2000, p. 218).

Here we have an epistemological-methodological problem that relates to the way in which the relationships (of influence, communication, and dialogue) between philosophy and science, between the different sciences, between the various theoretical-semantic systems of psychoanalysis will be conceived. One can say, based

on Thomas Kuhn's work (1970/1975, 1977, 2000/2006) that a philosophical system (in this case, phenomenology, existentialism), and a theoretical-clinical system (psychiatric phenomenology, existentialist psychology), are *paradigms* different from that proposed by Freud; and thus different from psychoanalysis. In this perspective, considering that paradigms or disciplinary matrices are different realities, we should ask ourselves whether the same terms (used by different paradigms) have the same referent, or whether different terms can be related to the same phenomena, so as to know whether, by placing to ourselves the issue of proximity, resemblance, distance or even impossibility of communication between different theoretical-semantic systems (different paradigms), we are or are not in the field in which a dialogue or mutual influence may occur. In this same direction, the communication between two theoretical systems depends on the understanding of the referents of their conceptions, that is, it is through the phenomena described or made visible that it is possible to describe and/or explain/understand what a system may communicate to the other or to what it may contribute.

Freud himself pointed this perspective by commenting how psychoanalysis and anthropology could contribute to each other, in *Totem and Taboo*:

"It is a necessary defect of studies which seek to apply the point of view of psychoanalysis to the mental sciences that they cannot do justice to either subject. They therefore confine themselves to the role of incentives and make suggestions to the expert which he should take into consideration in his work."<sup>2</sup> (Freud, 1913/1998, p. 283)

In my understanding, it is much more than an incitement somewhat vague; it is, in Freud's proposal, the use of something that we know in one field as being useful to know something we do not know in other field, that is, use of analogical research method (Cf. Fulgencio, 2006b, 2008b).<sup>3</sup>

Considered this distinction and this methodological proposal, I can clarify a second point connected to this one, and it directly refers to the relationship between Winnicott and the modern existentialism, whether in philosophical terms or scientific clinical terms. First: I am not affirming that Winnicott agrees with or follows

2 This excerpt corresponds to a part of the annex "De quelques concordances dans la vie d'âme des sauvages et des névroses", composed of five paragraphs published in March, 1912, on *Imago* magazine, as an introduction to the first part of *Totem and Taboo*; they have been replaced with a written preface when the book was published in September, 1913. This annex was omitted in posterior editions and only published in 1987 (*Nachtragsband da Gesammelte Werke*). This excerpt was mentioned from the text of *Complete Psychological Works* published in French (*Nachtragsband da Gesammelte Werke*) (Freud, 1913/1998).

3 It may be a fruitful path for the dialogue and conjunction of knowledge coming from different theoretical-semantic systems in psychoanalysis, methodological issue that has been object of concern of the International Psychoanalytical Association (IPA), as the article of Bohleber et al. (2013) shows.

the conceptual or ideological philosophical system of some philosopher somehow associated with the modern existentialism. Winnicott cannot be considered Kierkegaardian, Diltheyan, Sartrean, Merleau-Pontyan or even Heideggerian; as Freud, even using and sometimes quoting philosophers and philosophies, he cannot be considered Schopenhauerian, Nietzschean, Kantian, etc. In this sense, it is not a question of making a projection affirming that Winnicott or Freud construed their thoughts from some specific philosophical system. Second: likewise, it is not possible to say that Winnicott identitarily embraces the clinical-theoretical system of psychiatric phenomenology, existentialist psychology or daseinanalysis.

What I am defending and analyzing is the fact that Winnicott has brought to psychoanalysis the recognition (within this framework and with these methodological provisos) of some phenomena, as well as the consideration of some conceptions that are in agreement with and similar to those which modern existentialists use in their thought systems.

After clarifying that it is not a matter of asserting that Winnicott is affiliated with one or another philosophical system, one must consider that he is not affiliated with any of the existentialist clinical perspectives. It is not by affiliation or direct import that these relations (or “influences”) occur, either in Winnicott or in Freud. Thus, in the same way that retaking the existentialist philosophical systems is not aligned with my proposal, it is not necessary to retake the theoretical-practical systems of psychiatric phenomenology, existentialist psychology, and daseinanalysis to consider that Winnicott has some conceptions similar to those of these perspectives. Submitting my analysis or hypothesis to the need for retaking these theoretical systems in the perspective of analysis which I am proposing, would be an epistemological, methodological error, and even an error of understanding of what I am proposing.

Now, I will analyze more specifically how the notion of being and the notion of false self and true self appear in Winnicott’s work, opening the way for further analysis of the notion of creating-finding oneself and the other (create the world in which we live), as well as of the notion of health, considering that all of them have meanings and referents close to those found in philosophy and existentialist psychotherapy practices.

## The notion of being in Winnicott’s work

Considering that psychoanalysis has its focus of attention and work on the being has already been emphasized by Georges Amado (1978, 1979). In this direction, he proposed an *ontological psychoanalysis*, of which Winnicott would have had the *intuition*, without, however, having analyzed Winnicott’s work in detail, seeking to make explicit how this notion was historically and critically inserted.

Other psychoanalysts also recognize the fact that it was Winnicott who, more explicitly, introduced the notion of being in psychoanalysis, whether as an action of development and expansion of psychoanalysis, or to criticize it.

René Roussillon (2009) considers that Winnicott made an *epistemological rupture* with the insertion of the notion of being in psychoanalysis, providing an immense construction site, since this insertion implies in numerous theoretical-practical modifications (123).

On the other hand, André Green (2011) has also dedicated himself to analyzing this Winnicott’s proposal, but in an extremely critical way, considering that it corresponds more to a Winnicott’s emotional defense, an *ingenuous symptom* to avoid his personal problems relating to the aggressiveness and destructibility of the human being: “I suppose that, instead of accepting the idea of a death drive, Winnicott reacted by introducing the being concept—that is, of a being that would be strong enough to oppose the temptation to totally destroy the object, or could at least help survive its attacks” (p. 83). Green focuses his criticism on arguments associated with Winnicott’s affective story and personality, interpreting him as if he were his patient, without properly developing the theoretical-clinical issues and their relations with the phenomena-problems that Winnicott’s proposals enunciate: his theory of aggression, his theory of repetition compulsion, his consideration of there being existential phenomena that are not reducible or referable to the life drive, etc. As far as I know, Green, a lover of metapsychology (1995) and death drive (2010), was not able to clearly see the phenomena described by Winnicott, reacting in defense of his own conceptions.

Winnicott’s insertion of the notion of being into psychoanalysis, his much more clinical rather than philosophical appreciation, seems to me as having two sources: on the one hand his experience with psychotic patients, since they are confronted with the existential issue of being, with experiences of non-being; and on the other hand, his personal characteristics, his formation in addition to the influence coming from the horizon of his time, in which existentialism emerged as a clinical alternative, as we can see, for example, in an important book published in 1958, which we can assume to be of his knowledge (although this is a speculative hypothesis): *Existence. A New Dimension in Psychiatry and Psychology* (May, Angel, & Ellenberger, 1958); these existentialism conceptions were part of the horizon of his time, and we know that there were many close to him who shared this perspective (Ronald Laing among them, for instance).

Fulgencio (2014b) made a census of presence and use of the notion of being in Winnicott’s work, noting that not only most references to the term are made in the 1960s, but also that a more conceptual use occurs only in that decade. He sought to show that what matters to Winnicott is not so much the concept of being, but

the experience of being or non-being that his patients report in the analytic process. It is precisely from this experience that he will formulate his understanding of what human nature is.

In one excerpt, which seems to me to be one of the most direct about his notion of being, he says:

I wish to postulate a state of being which is a fact in the ordinary baby before birth as well as afterwards. This state of being belongs to the infant and not to the observer. Continuity of being is health. If one takes the analogy of a bubble, one can say that if the pressure outside is adapted to the pressure inside, then the bubble has a *continuity of existence* and if it were a human baby this would be called "being". (1988/1990, p. 148)

In the same direction, which characterizes Dasein as world-forming, we have Winnicott's discovery of the nature of transitional phenomena and objects, since they highlight the *playing action as synonymous with the very continuity of being*, as expression of the creation of oneself and of the world in which we live, establishing the playing action as universal foundation of human nature. I retake some Winnicott's statements in this sense: "It is in playing, and only in playing that the individual child or adult is able to be creative and to use the whole personality: and it is only in being creative that the individual discovers the self" (1971/1975c, p. 80); "For me, playing leads on naturally to cultural experience and indeed forms its foundation" (1971/1975b, p. 147). For Winnicott, this playing action will be a foundation of the psychotherapeutic process:

Psychotherapy takes place in the overlap of two areas of playing, that of the patient and that of the therapist. Psychotherapy has to do with two people playing together. The corollary of this is that where playing is not possible, the work done by the therapist is directed towards bringing the patient from a state of not being able to play into a state of being able to play. (1968/1975a, p. 59)

Winnicott defends the playing action as a foundation of human existence (although this is not an innate capacity but something that happens after certain emotional integrations have already happened, even if some patients or people are ill and do not have this capacity). In this sense, Winnicott says:

In other words, *it is play that is the universal*, and that belongs to health: playing facilitates growth and therefore health; playing leads into group relationships; playing can be a form of communication in psychotherapy; and, lastly, psychoanalysis has been developed as a highly specialized form of playing in the service of

communication with oneself and others. The natural thing is playing, and the highly sophisticated twentieth-century phenomenon is psychoanalysis. It must be of value to the analyst to be constantly reminded not only of what is owed to Freud but also of what we owe to the natural and universal thing called playing. (1968/1975a, p. 63)

Winnicott will also consider that it is due to the expansion of the playing activity (expansion of the transitional phenomena) that the human being enters the world of culture, finding himself and the other. Therefore, playing corresponds to being-with, being-with-the-other, constituting itself and the place where one can live, which seems to correspond (or be very close) to what Heidegger says when he affirms that *Dasein* creates itself, creates the world in which it lives, giving meaning to itself and to the other.

### **The notion of false self and true self in Winnicott**

Winnicott recognizes that his conception of true self and false self (as human being's ways of being) has its origin in certain conceptions of philosophy, in certain religious systems and in psychiatry:

This concept is not in itself new. It appears in various guises in descriptive psychiatry and notably in certain religious and philosophical systems. Evidently a real clinical exists which deserves study, and the concept presents psycho-analysis as an aetiological challenge. (1965/1983d, p. 128)

This does not mean that his conception of false self and true self corresponds to an application of the conceptions that are in its origin. For him, these two ways of being are constitutive of the way of being human, just as his patients report how they feel; how they sometimes feel that have a life that is too adapted, which would oppose to a more spontaneous way of being:

The concept of 'A False Self' needs to be balanced by a formulation of that which could properly be called the True Self. At the earliest stage the True Self is the theoretical position from which come the spontaneous gesture and the personal idea. The spontaneous gesture is the True Self in action. Whereas a True Self feels real, the existence of a False Self results in a feeling unreal or a sense of futility. (1965/1983d, p. 135)

It could be said, using a metaphor for pedagogical purposes, that false being and true being are like water and wine mixed, therefore inseparable and constituent of the way of being human, although one can momentarily

appear or take place in a more accentuated way. The false self is part of the healthy organization, the pathological false self corresponds to a domination (of the adaptive aspects of the individual), establishing a hegemony in the individual's way of being.

Thus, paradoxically, the notion of false self and true self originates in philosophical, religious and psychiatric systems (in what seems to be a clear reference to what we can find in modern existentialism), while at the same time it does not correspond to its meanings and original referent elements (e.g. authentic life, authenticity) found in these systems.

### **Winnicott's psychoanalysis as objective science of human nature**

To conclude this point of my analysis, it should be highlighted that Winnicott places psychoanalysis in an epistemological framework that is much closer to what phenomenology and existential analytics expected for the constitution of a scientific psychology than Freud's proposal of the creation of psychoanalysis as a science of nature.

I retake some Winnicott's statements on *human nature*: "The task is the study of human nature" (1988/1990, p. 21), "What is the state of the human individual as the being emerges out of not being?" What is the basis of human nature in terms of individual development? What is the fundamental state to which every individual, however old and with whatever experiences, can return in order to start again?" (1988/1990, p. 153), "The life of an individual is an interval between two states of unaliveness. The first of these, out of which unaliveness arises, colours ideas people have about the second death" (1988/1990, p. 154). We could, in this same direction, place a Winnicott's and a Heidegger's phrase side by side, recognizing significant semantic and conceptual proximity between them: "Human Being is a time-sample of human nature" (1988/1990, p. 11); "Man is the placeholder of the nothing" [Der Mensch ist der Platzhalter des Nichts] Heidegger, 1929/2000, p. 60).

For Freud, the great contribution from psychoanalysis to science was to have placed the life of the soul to be understood as any other object which is foreign to man, that is, as a natural object (1933 / 2001c, Lesson 35). It is in this direction that he considers the life of the soul *as if* it were a psychic apparatus. For Winnicott, however, we have other ontology: the human being is constituted and driven by the need for being and keeping on being... It is within the framework of this new ontology, refusing to think of man as if he were a machine, recognizing causal determinations that are human (and not reducible or analogous to the causal determinations of natural systems), that Winnicott considers psychoanalysis as an *objective science of human nature*, leading psychoanalysis to

an epistemological framework different from that used by Freud.

### **Winnicott's position in relation to metapsychology**

Fulgencio (2008b) dedicated himself to analyzing the nature and function of metapsychology as a mode of Freudian theorization, then considering it not so much in its broad meaning as a theory of the unconscious but in its specific meaning as a set of speculative auxiliary concepts of heuristic validity only, which Freud characterized as *speculative superstructure of psychoanalysis* (1925/2001b). The speculative, central and structuring concepts of Freudian metapsychology, as everyone knows, are: the *psychic forces* or *drives*, which Freud clearly recognizes as a kind of *mythology*; the *psychic energies* – the *psychic energy* in fact sometimes referred to as *quantum of affection*, sometimes as *libido*; both *supposed energies* whose heuristic value would justify their use as *speculative auxiliary theoretical construction*; and the very idea of a *psychic apparatus*, which everyone knows is a *fiction*.

In the history of the development of psychoanalysis, as Assoun (1993, 2000, 2006) noted, this mode of theorization has been *expanded* and *modified* into different degrees (for example, Abraham, Ferenczi, Klein, Federn, Anna Freud), *replaced* with another of the same speculative nature (for example: Bion, Lacan); used as a toolbox (Marty, Aulagnier), and in the extreme case of Winnicott, who is for him an author *indifferent* to metapsychology (refer to Assoun, 2000, pp. 114-116, 2006).

Retaking, then, Winnicott's position, which goes in the direction of those who defend the need for using theoretical fictions such as those that characterize Freudian metapsychology, we have an explanation by himself about his position:

... we are trying to express the same things, only I have an irritating way of saying things in my own language instead of learning how to use the terms of psycho-analytic metapsychology. I'm trying to find out why it is that I am deeply suspicious of these terms. Is it because they can give an appearance of a common understanding when such understanding does not exist? Or is it because of something in myself? It can, of course, be both. (1987/1990, letter sent to Anna Freud in 1954, p. 51)

Fulgencio has devoted himself to this type of discussion by asking about the place of metapsychological theorization in Winnicott's work, arguing that he rejected certain ways of theorizing, such as the use of speculative metaphors (Fulgencio, 2005, 2007, 2008a, 2015, Girard, 2010, 2017). Also, in this same direction,

he sought to show that Winnicott has rewritten several classic terms of Freudian metapsychology, giving them empirical references that make them no longer speculative theoretical constructions (in other words, they are not *heuristic fictions*), moving away from Freudian speculations (Fulgencio, 2010, 2012, 2013a, 2013b, 2013c, 2014a, 2014c).

Winnicott's proposal to present a psychoanalytic theory that differs from and moves away from Freud's naturalistic metapsychology also seems to me to reiterate the hypothesis that names this article, establishing, on the one hand, another ontology and, on the other hand, a non-naturalizing language.

## The notion of health for Winnicott

In Freud and in most of the psychoanalytic systems developed from his work (Klein, Lacan, Bion), there is no notion of health. In Freud's text we find, for example, the statement that there is no descriptive but only theoretical way to refer to the notion of health: "It is impossible to define health except in metapsychological terms: i.e. by reference to the dynamic relations between the agencies of the mental apparatus which have been recognized – or (if that is preferred) or inferred or conjectured – by us" (1937/1985, p. 241, note 2). Assoun considers that Winnicott is not so much a psychoanalyst, but much more a thinker who provides an *anthropology with "psychodynamic" resources* (2006, p. 67), since he does not start from the symptom but from a notion of health, which would contrast to what should define the position of a psychoanalyst. In this sense, Assoun states: "A psychoanalyst starts from the symptom; our 'anthropologist', assuming the whole dimension of this term, starts from something else, 'health'. That is precisely what is, therefore, in its most literal sense, a clinical anthropology" (2006, p. 67).

However, Winnicott, without taking the risk of undoing Freud's achievements (reintroducing a normative, moralizing, idealized, and ideological conception of the subjects, both theoretically and clinically, since his notion is broad enough to be much more an *ethic of being* than a *morality of being*), presents a descriptive notion of health:

The life of a healthy individual is characterized more by fears, conflicting feelings, doubts, frustrations as much as by their positive features. The main thing is that the man or woman feels he or she is living his or her own life, taking responsibility for action or inaction, and able to take credit for success and blame for failure. In one language it can be said that the individual has emerged from dependence to independence or autonomy. (1971/1999a, p. 10) (Cf. also Fulgencio, 2016, for an analysis of the notion of health)

Here, the notion of health is also much closer to the way in which modern existentialism considers the mode of being human, much closer to the way that Heidegger characterizes *Dasein* than considering the human being as an apparatus, an entity of the nature.

## Winnicott's developmentalist perspective

Winnicott is clear in putting himself as a developmentalist: "You will already have perceived that by nature and by training and by practice I am a person who thinks developmentally" (1984/1999b, p. 42). He explains his position:

When I see a boy or a girl at a desk adding and subtracting and struggling with the multiplication table, I see a person who already has a long history in terms of the developmental process, and I know that there may be developmental deficiencies, developmental distortions, or distortions organized to deal with deficiencies that have to be accepted, or that there may be a certain precariousness in respect to developments that seem to have been achieved. I see the development towards independence and ever-new meanings to the concept of wholeness that may or may not become a fact in that child's future if the child lives. Also, I am all the time aware of dependence and the way that the environment, originally all-important, continues to have significance, and will have significance even when the individual reaches towards independence by means of an identification with environmental features, as a child grows and marries and brings up a new generation of children, or begins to take part in social life and in the maintenance of the social structure. (1984/1999b, pp. 42-43)

Besides, for him, psychoanalysis alone presents this theory of development as a function of relations of dependence: "We have the only really useful formulation that exists of the way human being psychologically develops from an absolute dependent immature being to a relatively independent mature adult" (1989/1994c, p. 94).

In this context, I would like to highlight the general framework of Winnicott's developmental process, that is, his description of the process of emotional development focused on the issue of dependency (or, in other words, the various ways of being-with-the-other), since both the ontology he considers (centered on the notion of being) and his notion of health are inserted in this context. Specifically regarding the *stages of infant development*, focused on the issue of dependency, Winnicott distinguishes three major periods: (1) *absolute dependence* (four first months), in which the infant does not yet have any possibility of recognizing a non-self reality

and the environment (the mother-environment) as something external to him; (2) *relative dependence* (up to approximately 1.5 years of age), in which the infant can realize the need for details of maternal care and can increasingly relate them to the personal impulse, phase in which transitional phenomena arise and which culminates as the conquest of integration or the feeling of the I AM (I am different from the world), differing himself from all that is not 'I'; and (3) *towards independence* (from 1.5 years of age until the moment of arrival in the Oedipus phenomenon and its relational scenario), in which the infant begins to make a series of integrations, until he comes to constitute himself as *whole person*, who has as one of his main existential tasks, the administration of the instinctual life in the Oedipal scenario, at which point there may be relations with objects external to the individual (perceived by the individual as external) (1960/1983a, pp. 45-46).

It seems to me to be terminologically appropriate, with this kind of analysis, to affirm that Winnicott's theory of emotional development is a theory of the development of being (of the various ways of being with oneself and with the other, expressed in the same terms).

### **The psychotherapeutic treatment in Winnicott's point of view**

Which is the objective of psychotherapeutic treatment, whether in the psychoanalytic setting or in other settings? (Although constructed based on this psychoanalytic theory of the development proposed by Winnicott.) It is about taking an individual to find a place to live, having a life that seems real; a life lived from itself, where the individual accepts what he is (with his positive and negative aspects, limitations, qualities, etc.) and for that reason, this life is worth living, whether with more or less suffering. It is a matter of seeking, as ideal, what he described as health, knowing, however, that individuals must come to themselves, have a life from themselves, accepting what they are (in their potencies, qualities and limitations); being able to take care of themselves and others or the place in which they live, being able to repair damages that may come from themselves and also take advantage of being responsible for doing things of value (for themselves and for others). In health, the human being can then adapt to the world without losing too much of the sense of himself and his spontaneity (1965/2001, 216), or without excessive loss of his personal impulse (1986/1999, 31).

And what would be the psychotherapeutic, psychoanalytic or psychoanalytic treatment? What are its objectives and dynamics? Considering the several ways Winnicott characterized his method of psychoanalytic treatment, we can state that: (1) psychoanalysis makes it possible for the patient to deal with his/her history, taking care of one thing at a time (1958/1978, pp.

275-276); (2) the treatment corresponds to a prolonged anamnesis (1989/1994b, p.109) or to a collection of stories (1965/1983c, p.121, 1984, p.264), having the treatment as a byproduct (1963 / 1996, p.180); and, fundamentally, (3) therapy must occur in the conjunction of analyst's and patient's playing areas (1971/1975c, 80).

Opposing the question "*how much* should one do?" in analysis, Winnicott established, in his maturity, another motto: "*how little* need be done?" (1965/1983d, p. 152). But what exactly does this motto mean? In a certain sense, it is a matter of waiting for the patient to make his/her own discoveries, but that does not mean doing nothing; on the contrary, it is necessary to create the conditions so that the patient can himself/herself arrive at his/her solutions: "If only we can wait, the patient arrives at understanding creatively and with immense joy" (1969/1994a, pp. 121-122). It is not a matter of, in the strict sense of the term, revealing the repressed unconscious, mentally understanding the patient's story and existential condition, but a matter of restoring the conditions for the patient to regain autonomy to face his/her problems and live his/her life by himself/herself, even if it is a life of suffering, but without false existence (false self) and without false solutions (a false solution is that which was not found by the patient himself/herself). The psychotherapeutic treatment aims to create environmental and communication conditions so that the patient can mature: "In a professional setting, given appropriate professional behaviour, the ill patient may find a personal solution to complex problems of the emotional life and of interpersonal relationships; and what we have done is to facilitate growth, not to apply a remedy" (1986/1999d, pp. 113-114).

At the end of a psychoanalytic psychotherapeutic treatment, or a psychoanalysis-based treatment, the patient should conquer the possibility of having a relatively autonomous life, being able to take care of himself/herself and others – as should be the case with his/her children –, so that the psychotherapist, in this sense, is no longer a support or a necessary environmental support, to the point of being able to disappear: "At the end of endless ramifications in term of hypochondriac fantasy and persecutory delusion a patient has a dream which says: I eat you. Here is stark simplicity like that of the Oedipus complex" (1965/1983b, p. 153).

### **Final considerations**

Bringing back this series of references – ontology, health as *telos*, the process of development described in terms of the situations lived and their achievements, some aspects of the psychotherapeutic process –, is used here to show that Winnicott integrated all the descriptive discoveries made by psychoanalysis of Freud, Klein, and others of his contemporaries, with the conceptions that I considered in agreement (conceptual and descriptive, although not exactly the same) with those found in



modern existentialism, aiming to show they arise in the descriptions of the psychic-emotional process and also can be taken up in the psychotherapeutic processes and in the handling of the relationship between the patient and his analyst.

With Winnicott, the ontology, the developmentalist *telos* (whether in health or in pathological organizations), the consideration of ways of being and of inter-human determination, are, therefore, much more in agreement with what phenomenology and existential

analytics expected that could be the basis of a scientific psychology according to *Dasein*, than the naturalistic model initially proposed by Freud... without ceasing to be psychoanalysis, since it maintains the empirical foundations of psychoanalysis (recognition of unconscious psychic processes, transference, resistance, repression, the importance of sexuality and the Oedipus complex in the process of development and psychic organization of the human being), even though it has restructured its epistemological framework.

### **Pode a psicanálise de Winnicott ser a realização de um projeto de psicologia científica de orientação fenomenológica?**

**Resumo:** Neste artigo pretendo desenvolver a hipótese de que a obra de Winnicott pode corresponder a uma realização possível do projeto de elaboração de uma psicologia científica não naturalista, tal como indicado nas concepções filosóficas da fenomenologia e do existencialismo moderno. Depois de distinguir o que seriam os aspectos clínicos destas propostas filosóficas, procuro mostrar que Winnicott, por um lado, rejeita o uso de especulações metapsicológicas naturalistas, e por outro, reformula o modelo ontológico da psicanálise, com a introdução da noção de ser; além de introduzir uma noção de saúde e redescrever a teoria do desenvolvimento socioemocional do ser humano focando-a nas suas relações de dependência. Tais modificações colocariam a psicanálise num quadro epistemológico não naturalista, mais de acordo com essas influências filosóficas citadas, modificando também a própria prática psicanalítica, seja em termos dos seus objetivos seja em termos do seu manejo.

**Palavras-chave:** psicanálise, fenomenologia, existencialismo, epistemologia, psicoterapia.

### **La psychanalyse de Winnicott peut-elle être un projet de psychologie scientifique d'orientation phénoménologique ?**

**Résumé:** Dans cet article, j'ai l'intention de développer l'hypothèse selon laquelle l'oeuvre de Winnicott peut correspondre à une réalisation possible du projet d'élaboration d'une psychologie scientifique non-naturaliste comme on voit dans les conceptions philosophiques de la phénoménologie et de l'existencialismo moderne. Après la distinction des aspects cliniques de ces propositions philosophiques, je cherche à montrer, d'un côté, que Winnicott rejette l'utilisation de spéculations métapsychologiques naturaliste, de l'autre côté, qu'il reformule le modèle ontologique de la psychanalyse, avec l'introduction de la notion d'être ; au-delà d'introduire une notion de santé et de redécrire la théorie du développement socio-émotionnel de l'être humain en la recentrant sur ses relations de dépendance. Ces modifications mettraient la psychanalyse dans un cadre épistémologique non-naturaliste, plutôt alignée sur les influences philosophiques citées, modifiant par là la pratique psychanalytique elle-même, soit vis-à-vis de ses objectifs soit vis-à-vis de son maniement.

**Mots-clés:** psychanalyse, phénoménologie, existencialismo, épistémologie, psychothérapie.

### **¿El psicoanálisis de Winnicott puede ser un proyecto de psicología científica de orientación fenomenológica?**

**Resumen:** En este artículo, mi objetivo es desarrollar la hipótesis de que la obra de Winnicott puede corresponder a una realización posible del proyecto de elaboración de una psicología científica no naturalista, como se ve en las concepciones filosóficas de la fenomenología y del existencialismo moderno. Después de distinguir los aspectos clínicos de esas propuestas filosóficas, busco mostrar que Winnicott, por un lado, rechaza la utilización de especulaciones metapsicológicas naturalistas, por otro lado, reformula el modelo ontológico del psicoanálisis, con la introducción de la noción de ser; además de introducir una noción de salud y de describir la teoría del desarrollo socioemocional del ser humano, examinándola en sus relaciones de dependencia. Esas modificaciones pondrían el psicoanálisis en un marco epistemológico no naturalista, pero en conformidad con las influencias filosóficas citadas, modificando también la propia práctica psicanalítica, sea con respecto a sus objetivos sea con respecto a su manejo.

**Palabras clave:** psicoanálisis, fenomenología, existencialismo, epistemología, psicoterapia.

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