7. Winnicott: Therapeutic Consultations

While Winnicott could fit patients into a traditional schedule of psychoanalysis, one hour a day, five days a week, every week save vacation of the year, for many years, he also became interested in an idea which is the very opposite. Perhaps he could fit into a time frame dictated by the needs of the patient? Therefore, he ventured into giving two- or three-hour meetings at intervals as long as once in several months or even "on demand" (Winnicott, 1971b; Gustafson and Dichter, 1983a). One of the experiments in "adapting to need" was his long series of single hours of consultation. Here the single hour he gave was set in advance but the willingness to repeat the single hour would be elicited when the patient rang back to ask for it again. Most of the cases in Therapeutic Consultations in Child Psychiatry (1971b) are of small or latency-age children, with a few adolescents; there is one case of a 30-year-old mother, called Mrs. X., reported there. It is a remarkable piece of work which sets up a whole world of possibilities for "therapeutic consultations" with adults.

When I had an interview in 1981 with Masud Khan, Winnicott's editor and friend for many years, Khan told me that Winnicott got better results with brief psychotherapy sessions with adults than with his long analyses of adults. Winnicott never wrote of this, because he was very careful to appear as accepting as he could manage with respect to psychoanalytic theory (Gustafson and Dichter, 1983a). Certainly, Khan would know better than anyone about Winnicott's practice, but in a way, it doesn't matter whether his "therapeutic consultations" with adults were unusual for him, or frequent and striking in outcome. If we understand what he did, and what he thought, as with Mrs. X, we can carry on this remarkable tradition of "therapeutic consultations" with adults ourselves.

**The Case of Mrs. X.**

This 30-year-old mother of a six-year-old daughter was "constantly bringing her daughter for one doctor or another to examine her and to treat her for ailments the severity of which was not as great as the mother's anxiety would seem to indicate" (1971b, p. 331). When Winnicott got word from the
social worker that the mother at last might be ready to talk about herself, Winnicott conducted the interview I will describe from Therapeutic Consultations. "The result of this interview was favourable from the point of view of the clinic's efforts to give suitable help to the child since the mother, having communicated about herself, was now able to do a new thing, which was to hand over the management of her daughter to the case-work organization" (p. 331). The girl was "carried through" the next several years quite well in a special school, while keeping daughter and mother in contact. This mother "became better able to manage her own affairs following the interview and its sequel: the proper care of the daughter" (p. 332).

I am obliged to quote much of the back and forth between Winnicott and this Mrs. X., for this is what the consultation is about, this way in which Winnicott finds his way into her world. A little overview of the interview might help, to keep our bearings. Here is a woman who, as Winnicott puts it, "insisted on her own badness, and in this she persisted to the very end of the consultation" (p. 332). Winnicott, from his side, accepted what was "terrible," but always went looking on for the something "worthwhile" that made it possible for her to "manage it all." With this only "companion," his theoretical knowledge of emotional development, he went in search back there for what made it possible for this woman to live. Always, Winnicott wanted to go as far back as necessary to find a place from where a person could start, from where a person could live in a positive sense. He was done with an interview when he had made his transition from what was most worthwhile to what was most terrible, and back again. Here the transition was made the other way, from the terrible to the worthwhile.

Winnicott always seemed to open with an off-hand remark, which was telling:

I saw Mrs. X. alone.
I said: "Hello! You look rather thin."
She said: "As a matter of fact I am fat and I can't get my clothes on." She was looking serious and worried.
I said: "Let's talk about Anna—it will break the ice."
Mrs. X. said: "She is really good, you know, She does not have a very nice life—I never talk to her, for instance, simply because no one ever talked to me when I was a child." (p. 332)

Oh, my, what a plunge into a miserable life! But Winnicott would not be knocked over by this. As she made the case against herself, something like the Housewife-Economist of Sullivan, only worse, Winnicott held out for the good in her. While the patient confessed that she failed exams for becoming a nurse, was thought "amoral" at 20 by a doctor, took all affection as a sexual event, wrecked all relationships by becoming totally jealous and possessive, had two lesbian affairs, and so forth, Winnicott was saying: "I can't think how you managed. . . . Children are often like that—probably Anna has
been? . . . Well, all that is terrible. Something good has happened to you elsewhere but it has got lost. I am sure of that because you can recognize good things in Anna. . . . Perhaps mother may have been all right at the beginning from your point of view” (pp. 332-333).

This first attempt by Winnicott to “reach back” for what was worthwhile got only more desolation. “She said: ‘She (my mother) could not have been (a good mother) if she was so cruel that I had to be taken away from her’” (p. 333). The woman then spoke of her desperate loneliness and jealousy of girlfriends who seemed to have something. So she could not reach her mother yet in the interview. In a way, that would be Winnicott’s aim, by the conclusion, for it would make the woman’s life more bearable to have back a good piece of her long lost mother. She would be less desolate, therefore less destructive in the usual antisocial way of forcing the environment (here the clinic) to make it up.1 Winnicott thought he could reach her, because he always thought that antisocial activity is a sign of hope, that the child-adult is in protest of something having been lost, and hasn’t given up yet (1958). He also noticed here something else hopeful about her that “she kept her normal self going in the personality of her friends, of whom (in consequence, perhaps) she is inordinately jealous” (pp. 333–334).

Asking for her knowledge about her childhood, Winnicott got more of the desolation. She knew from her birth certificate that her parents’ last names were “Y” and “Z,” while hers was “X.” She suspected the orphanage changed her name to “X” to save her from shame, perhaps a crime in the family. She was placed in an orphanage with 150 children, later smaller places. Her only single memory of kindness was one visitor who let her choose something out of a bag of gifts, and she chose a mirror. Then she became ill and was sent to the hospital.

Here Winnicott did something else, which he always did with these antisocial presentations.2 He acknowledged how the woman was let down: “I spoke of the awfulness of being taken from an orphanage, which was different from being taken from one’s own home, because of the uncertainty of returning. . . . I made a remark here about the ward having dealt with her body but seemed to leave out the rest of her” (p. 335). The patient responded: “I feel that people owe me things, but of course it is me who is wrong.” She would wreck what little she got.

Winnicott knew this territory very well. He knew about the destructiveness to expect here.

I said: “It must be very difficult for you to know what to be angry with, and yet there must be violent anger in you somewhere.”

She said: “Yes, but it takes an odd form—I feel a shudder going through me. It is a feeling as if for a split second (she found it very difficult to describe this) I might go mad, but I remember where I am, and it’s over.” I said: “You mean you do go mad, only it is done so quickly that it is all over. Your fear is that you will find you have done something awful while you have been mad.” (p. 335)
Of course, Winnicott is letting her know, as Sullivan would, that the worst could be received all right by him, and she then gave it to him. “She told me something which she said she had ‘never told anyone,’ and she was very distressed” (p. 335). It was about nearly strangling a child who was screaming and got on her nerves. “She took it by the neck and shook it, but then stopped. . . . On another occasion she would hug children hard in order to get sexual feelings.” This was when she worked in a nursery.

“This is horrible and dirty — do any other women ever do anything like this? Sometimes Anna gets into bed and hugs me and I feel sexy. Has any mother ever felt this? Of course in the nursery school I was given all the dirty jobs, including cleaning up the babies, I was never allowed to do anything of the kind that would be important for a baby.”

Those babies in the nursery were all going to be collected by their parents and so I suggested that this could be one reason why she nearly murdered this child, she herself having never had a home to go back to. (p. 336)

Again, like Sullivan, Winnicott handled the “damaging admission” as something ordinary for her circumstances. “She then went on.” Now they would plunge deeper.

Mrs. X. now confessed about stealing a pound note at 18 from her young mistress “to buy herself something pretty,” which got her sacked. She went on about her craving for sweets. Winnicott asked then about the mother again, and was told that her mother

“. . . never came near me in all those years from 3 to 16. A friend said to me, though, ‘You are always searching for something.’ . . . I interpreted here about the link between the compulsive stealing and searching for something, perhaps for a lost bit of good relationship with her mother. She said she does not steal ever now but she still has a terrible urge for sweet things. At any minute she may have a desperate need and have to rush out and buy a cake, even when giving Anna a bath” (p. 337).

Here we see a transition that Winnicott himself discovered, not a transition that Sullivan knew about so far as I can tell, though he knew about so many other transitions. That is the transition from the “bad”, antisocial forcing of the environment by the child-adult to the good relationship which was taken away. Having reached the two ends together, Winnicott now made another kind of transition which was typical of him, and original to him. He knew the right time to reach deeper, which he would almost always do by asking for a dream.

First he got a dream about a rat eating the child’s orange, so she could starve or eat where the rat had bitten. Winnicott “withheld using this dream.” She then offered others, including being chased by thousands of little people with little bodies and huge heads, which reminded her of the lice.

“The lice in my head would run over the pillows and I felt compelled to touch my head, although it was all terrible. I have always wanted someone to love or cuddle
me, but I was never kissed until I was 19. Auntie never kissed any of us good-night. I am all the time ashamed of the orphanage.” Here she put in an illustration that showed her sense of fun. She said: “Once on a bus the conductor said to Auntie (who was a nun): ‘Are all these your kids?’ Auntie was flustered and said: ‘Yes, but they have all got different fathers.’” (p. 338)

After this little oasis, “she quickly returned to the desert,” with more desolate remarks about the orphanage with Auntie, and how she could get a little from seeing the queen had children, from sweets, from substitute helpers for Auntie, from daybreak fantasy for two hours with her hand between her legs, and from rocking with her thumbs in her armpits.

Now Winnicott knew it was time to make his last move, to reach the good mother, as he would not get another chance: “It seemed to me that we had nearly had enough, each of us, and I must do some work. I must act now or not at all” (p. 340).

I said: “You know, it may be that these rats and mice are in between you and the breast of the mother that was a good mummy. When you get back to infancy and you think of your mother’s breasts the best you can do is rats and mice.”

She seemed shocked, and she shuddered and said: “How can that be!” I said dogmatically that the rats represented her own biting, . . . I related this to the fact that her own mother failed her during the time she was dealing with the new problem of the urge to bite in her personal development. She accepted this and immediately started looking for something in the relationship to the mother which could be carried over. She said she had never had a nice dream. . . . Then a significant thing happened. She said she remembered something—being carried—it had to do with the time before the orphanage. (p. 340)

She now “reached back over the gap,” and to some extent recovered the memory of her own “good” mummy. One thing was a cereal food from her country home called “pobs”; the other a frightening episode of how the home was lost:

She tried very hard to get it.

“There is a voice—feet are running—I know doors are opening—there was a man there—people are shouting and someone has a bag or case.” This was the moment of being taken from home to the orphanage.

This was a memory which was extremely precious to her and she felt sad to be losing it, although it never quite got her back to the early days as the word “pobs” did. (p. 340)

Winnicott now could end, “by saying that it would be quite possible for the relationship between her mother and herself to have been good at the start, although from the point of view of people observing, the mother was said to be cruel to her. We had to leave things in this state” (p. 341). “She said, however, that if I really liked she would show me her birth certificate, which she never shows to anyone as she keeps it locked up. Once she could have got married to someone very nice, but at the last minute her birth certificate
had to be produced so she ran away from the whole thing” (p. 341). Winnicott has reached her most precious possession, her beginning.

As was said in the preamble to the case presentation, Winnicott had waited for confidence in the clinic to allow this interview. After the interview, “she stopped using the daughter as ill and in need of medical care. The child went into substitute care, and the good relationship between her and her mother was maintained and enriched. Anna is now almost an adult” (p. 341).

A Contrast to Sullivan

Before we walk through this consultation to Mrs. X., let us remark the contrast to Sullivan. What is common to Sullivan’s “psychiatric interview” and Winnicott’s “consultation” is how both allow the patient to make herself known very fast. “Terrible” revelations are received as terrible, but ordinary. The worthwhileness of the patient is sought after, steadily, in spite of the negative findings. So both men could get both the worst and the best. Both were after this kind of accurate picture, where at least the extreme dimensions would be gotten right.

But the emphasis falls differently. Instead of the “formal inception” of Sullivan, we see the informal, offhand remark from Winnicott to begin: “Hello, you look rather thin.” This is an easy, unforced atmosphere, offered by this kind of beginning. We will get to Winnicott’s theory about why this atmosphere gives a “natural method of history taking” (1971b, p. 161). For now, simply notice the informality, in contrast to the sharp presence of Sullivan.

There is something like Sullivan’s second stage of the interview, the “reconnaissance,” in that Winnicott also goes after a rough sketch of the landmarks—what happened to her mother and father, and so forth. But in other cases Winnicott did little of this.

I saw the child without first seeing the mother who brought her. The reason for this was that I was not at this stage concerned with taking an accurate history; I was concerned with getting the patient to give herself away to me, slowly as she gained confidence in me, and deeply as she might find that she could take the risk. (my italics; 1971b, Case XIII, Ada, p. 220)

Sullivan’s routine was to go after the rough sketch, using history to make a connection with the patient (1976, p. 38). Winnicott might use history or not. What was more important to him was this “getting the patient to give herself away to me.” The word “play” has something to do with this atmosphere, this kind of interaction, but it is one of those generalizations which can hardly tell us very much. We need a more accurate description of what Winnicott did. I would say that he and the patient would fall in together into something both wanted to do. You can’t leave yourself out—how you are feeling that
day, that hour—but, on the other hand, you don’t want an impingement. You cannot dance leaving yourself out, but neither must you force yourself on the other person. The two of you fall into what you need to do, and, hopefully, the patient gives herself away. Another example may help:

Hesta and her mother seemed friendly, and after a few minutes in which we all talked together about the family the mother decided to go for a walk in the district. I was left then with a rather heavy 16-year-old girl, potentially hostile and a bit dressed up, so that one felt she had been told to put on her best things because she was supposed to see the doctor. It was a very hot day. I was in a mood in which I was reluctant to work; I let her know about this and it seemed to suit her very well. . . . (1971b, Case XI, Hesta p. 177)

Winnicott got them both out of a stiff start. Soon they were having some fun, passing drawings back and forth in his “squiggle game.” He stayed with her. He writes:

You will see here again how I give myself away freely in this sort of interview. (Drawing number 7) Hers. She knew what it looked like to her, but wanted me to have my own way of working it out. Eventually I tried to draw her idea. It was a baby dinosaur. “It’s stupid.” Later she named it Cyril. She was very pleased indeed with this drawing and thought it might be the best we would do. (p. 182)

Really, is it so unfamiliar? I don’t think so. It’s what we do following a child’s lead in a game. They tell us. We play along. Playing along means you do have to show some of your “own way of working it out,” but you also have to let the child direct the play. They quit when you direct or divert. With adults, it is about the same: “There is no essential difference between an interview with a parent and an interview with a child except that with adults, as with older adolescents, it is unlikely that an exchange of drawings would be appropriate” (p. 331). So usually there will be a back and forth over the adult’s sketch of her own history, as with Mrs. X. This is the second part of the consultation, getting to know “where the patient lives.” In the Case of Mrs. X., this part is very prolonged, because she will only tell desolate, terrible things for the longest time.

For the third part of Sullivan’s interview, the “detailed inquiry,” we get in Winnicott the transition down deep, almost always by asking for a dream, at the right time when the patient is ready. We saw he did this with Mrs. X., after linking up her stealing with searching for the good mother. So this third movement in Winnicott is down deep and inside, whereas the third movement in Sullivan is towards the problem with the environment, why the patient can’t do the “ordinary thing.”

The fourth movement, the termination, is quite similar in both—a little summary, or a sharp end to keep the patient from wrecking something good. Here with Mrs. X. we see a little summary, and then a sharp period: “We had to leave things in that state.”
The Theory Behind This Apparently Offhand Method

I believe we need a little of the theory behind what Winnicott did, or we will not see how well conceived is the consultation. Then we can take on Mrs. X. As with Sullivan, Winnicott’s scheme is deceptively simple, but deep.

Let us start with “anxiety.” Sullivan saw anxiety as the threat of disapproval or humiliation in the social world. Therefore, his job was to see why the individual could not find an ordinary, simple way to get what he wanted, without risking too much of this disapproval or humiliation.

Winnicott did not see “anxiety” in such an external way, as the anticipation of threats “out there.” Neither did he want to accept the psychoanalytic emphasis on anxiety as an “internal event” or “intrapsychic” experience. What interested Winnicott was the possibilities for playing the internal onto the external (1971a). This is a “transitional area” where he thought we all live most of the time. Neither inside, nor outside—rather, seeing what we can do to map inside onto outside. This is culture, this is preoccupation, this is where we live.4

Anxiety for Winnicott occurs in this attempt to map inside onto outside. The most primitive kind is whether a self can be at all, or whether it will be annihilated, bowing in futility and helplessness to external impingement. Mrs. X. is one of those people who appears nearly dead, or desolate, whom the world had failed too much, but in whom a hidden spring of life runs. Of course, getting this precious secret of hers wrecked would do her in altogether. Notice how she ran from having to show her birth certificate, so she didn’t get married. So Winnicott has to work, in this case, against a strong current of anxiety about annihilation.

A less primitive, though still primitive, kind of anxiety for Winnicott is what he called “depressive anxiety,” following Melanie Klein. Here there is a response to the self which is good enough for the self to take risks, to be a going concern as Sullivan would say, but look out when that self is let down! There will be destructiveness. The depressive anxiety will be: “I am wanting to smash what is good to me when I get less. Will I make holes in what is good to me? Will I destroy it?” With individuals like Mrs. X. who got something, then lost it, the destructiveness will run very strong, in an attempt to force the environment to make up the loss. But the individual will be very anxious about wrecking what little good there is. Mrs. X. was forcing the clinic, which could have destroyed her ability to get care from the clinic, and she was very anxious about her daughter’s need for doctors, probably given her own destructiveness to this one good object in her life. We could say that the self-disparagement of Mrs. X. then controls both her anxiety about annihilation and her depressive anxiety. It hides her wellspring, even from herself, and it blunts her destructiveness from being inflicted on others, by inflicting it more on herself.5
The reader also needs to understand a little piece of original theory from Winnicott about the "antisocial tendency," since this theoretical understanding of this tendency governs many of his moves in the interview. When a child-adult has something good, which is lost or taken away, the child gets destructive, to force the environment to take notice. For example, when Malcolm X's father was murdered when Malcolm was a child, he began stealing fruit. If the environment did not take notice, the destructiveness can become chronic and hopeless, although it is difficult to say in any given case when the possibility of reaching the child-adult is over.

As a therapist you do three things. You acknowledge the letdown. You face the destructiveness squarely. You then reach back to recover the goodness that was lost. These are three necessary transitions that the doctor will need to make for the patient so that she will have the necessary experience to bring the parts of herself back together—the pain, the destruction, and the good. Notice how this procedure gets the patient through the two major anxieties that concerned Winnicott. The acknowledgment of the letdown, that it objectively occurred, protects the patient from thinking herself crazy, from this kind of chronic self-annihilation. The facing of the destructiveness helps the patient get a handle on the actual danger of destroying what is good in the environment, a risk the person may run to dangerous extremes, hoping to be noticed. The reaching back to the good that was there before gives back the source of most help against annihilation, a source that could not be reached for fear that it too would be endangered. That would be annihilation.

We also need to understand Winnicott's theory of ordinary development to appreciate what he did with Mrs. X. He thought that infants, and small children, first need the "preoccupation" of the mother, so that what is inside the infant or child is met dependably by the mother. The child will locate herself or himself in the mother's response, will literally find herself or himself in the mother's face. In her expressions she or he will get herself or himself back (Chapter 9, 1971a). This is why Winnicott "will give himself away" (p. 182), as he said with Hesta, and why Hesta would say to him, "She [Hesta] knew what it looked like to her, but wanted me [Winnicott] to have my own way of working it out" (p. 182). Here is an idea that the Milan team would take up later—that we become ourselves in the eyes of others, so that we can be refound in our view of what others see in us.

As primary maternal preoccupation fades, the child gets different frustrations, and gets destructive. But—here is a difficult idea which the reader should ponder carefully—externality can only be created by the attempts to destroy it (Chapter 6, 1971a). This is how the child learns what is not him, according to Winnicott, by trying to destroy something and not being able to. It survives him; therefore it is out there, not in him. This is the continual experiment of growing up. This is why Winnicott wrote, "In the unconscious phantasy, growing up is inherently an aggressive act... If the child is to
become an adult, then this move is achieved over the dead body of an adult (unconsciously)” (1971a, pp. 144-145).

The trouble is that the necessary destructiveness will make the child fearful of actual destroying, which can occur if the parents are weak. This is the depressive anxiety. How does the child learn it is not necessarily so? Over time he learns, by being carried through episodes of his own destructiveness. Then he can give back (reparations) to the environment-mother. This is then a benign cycle, as the giving back gives him confidence that instinctual letting go can be survived and made up for. Perhaps the reader can now appreciate how Winnicott will be doing just this with Mrs. X.—carrying her through a spate of her own destructiveness, which he will survive, only for them to reach something good finally, and for her to give something to him at the end, showing her precious memories and her birth certificate.

Winnicott had little to say about progression beyond this, except that the child attempts to play his dream onto wider and wider social circles of external, material reality, where he is subject to increasing dangers and setbacks, which his earlier accomplishments must comfort him through. For his view of development, two kinds of anxiety will do: either anxiety about being hurt or annihilated oneself or about destroying the good environment.

This developmental perspective takes Winnicott out of the psychoanalysis he wanted to stay in. He preferred to blur the dichotomy between his thinking and conventional psychoanalysis; in doing so he actually made a transitional zone for himself while being loyal to the convention. He was actually President of the British Psychoanalytical Society twice. But he did think that psychoanalysis got caught up in the intrapsychic, behaving as if the environment could be dismissed. His view was that the “good enough” dependability of the environment makes all the difference to the well-being of the child. The same may be said of what he gave the patient as an environment for the consultation. A good enough environment for a consultation will be there to find the patient “where he lives” and be there to survive his destructiveness.

Winnicott's Consultation with Mrs. X.

Perhaps the reader now has some of the “backbone . . . of theory . . . of the emotional development of the individual” which grew up with Winnicott, which is the basis of the consultation. The aim is to give “the child [adult] some hope of being understood and perhaps even helped” (1971b, p. 5). Winnicott believed that first visits gave the doctor a terrific chance, because of the intensity of the anticipation of the child-adult. One indication of this opportunity is the “frequency with which the children had dreamed of me the night before attending. . . . Here I was, as I discovered to my amusement, fitting in with a preconceived notion. . . . What I now feel is that in this role of subjective object, which rarely outlasts the first or first few inter-
views, the doctor has a great opportunity for being in touch with the child” (1971b, p. 4).

This “dream of the doctor” indicates the “very great confidence which children can often show in myself (as in others doing similar work) on these special occasions, special occasions that have a quality that has made me use the word sacred. Either the sacred moment is used or it is wasted. If it is wasted, the child’s belief in being understood is shattered. If on the other hand it is used, then the child’s belief in being helped is strengthened” (pp. 4–5).

The consultation then may give the hope of being understood and, therefore, the readiness to go forward with treatment. Some will be so deep that “whereas a child was caught up in a knot in regard to the emotional development, the interview has resulted in a loosening of the knot and a forward movement in the developmental process” (p. 5). The hope of being understood and the further loosening up of development depend upon the child-adult’s having an experience of herself as a going concern and making the transition back to what is most disturbing, but also further back to a positive starting point from which a person can live. When the child-adult can get back and forth between what is most terrible and what is most reliable, when the child-adult can use the environment to support this back and forth, then a coming together or integration of the child-adult has begun to move forward. The consultation discovers how this use of the environment will work for this particular patient. The first interview may need to be repeated a few times, or “on demand,” to remind the patient or the parents how the “good enough” use of the environment works for this patient. “No two cases are alike.” Then the patient and the environment can continue their work of meeting the patient’s needs.

Now let us see how Winnicott did this with and for Mrs. X. He opened spontaneously, as always, giving himself away, hoping for the same back from the patient. “Hello, you look rather thin.” She said: ‘As a matter of fact I am fat and I can’t get my clothes on’” (1971b, p. 332). This is the kind of reply Winnicott was up against until the very end of the interview, the presentation of herself as a bad or objectionable person. The misery ran on, with an absence of spontaneous gesture. The patient would not “give herself away.”

What kind of an environment is needed by this kind of person? Well, Winnicott will show us. First, what is needed is an environment which will not give up, which has an eye for what is hopeful in a person despite the attempts of the person to appear either dead or desolate or hopeless. “I can’t think how you managed. . . . Well, all that is terrible. . . . Something good has happened to you elsewhere but it has got lost. . . .” When this first attempt did not get there, Winnicott made a second attempt, through his theoretical understanding of the antisocial tendency.

He acknowledged how the woman had been let down: “I spoke of the awfulness of being taken from an orphanage, which was different from being taken from one’s own home, because of the uncertainty of returning . . .”
and so forth. The patient responded: "I feel that people owe me things, but of course it is me who is wrong."

He knew what to do here next. He had reached her about being "let down," but she had gotten twisted up in her own destructiveness, turned back upon herself. The destructiveness now had to be acknowledged, also. "She said, 'Yes, but it takes an odd form—I feel a shudder going through me. It is a feeling as if for a split second . . . I might go mad.' I said: 'You mean you do go mad only it is done so quickly that it is all over. Your fear is that you will find you have done something awful while you have been mad'" (p. 335). Now he has acknowledged "being let down," destructiveness, and madness. This brings out the most distressing, the most terrible part of her, how she nearly murdered a child. This being accepted, this being understood in her circumstances of "having never had a home to go back to . . ." (p. 336), Winnicott would now look for a transition to what was good in her.

He got the transition to the good from the stealing and craving for sweets which she now introduced. A friend had said she seemed to be "always searching for something." Winnicott told her it was for the lost bit of the good mother. This was a standard move for Winnicott, at this point, to "reach back for the good object," having gotten the letdown, destruction (and even madness). Another standard move for Winnicott, when he felt the right time had come for getting deep, would be to ask for a dream. What is complex here is that Winnicott did both at once, so he was reaching for both the good object and for the depths, for a good object he knew was in the depths, given how difficult the job had been of locating it at all. This is a virtuoso move.

So is the final and decisive "last chance" for Winnicott with Mrs. X. Even getting deep in her unconscious looking for a good mother, he got rats and mice eating the child's orange, lice in place of someone to hold her. A little hint of encouragement came, however, from her joke about Auntie having so many husbands. He could not have made this final move without his theory. He took her dream material of rats and mice as the last veil to be put aside: "When you get back to infancy and you think of your mother's breasts the best you can do is rats and mice." This reaches her, when she comes right through with the memory of "pobs," the long lost childhood country home, and the terrifying memory of being taken away from there.

The ending is very much like Sullivan, a little summary about the good mother she had reached, and a sharp end—"We had to leave things in this state" (p. 341)—which prevented her from wrecking what she had gotten. Winnicott liked to give back what he got in this way, so the person would have something positive to go on with or back to as he or she needed. Often, he would go over the series of drawings, so the transition into the disturbance and out of the disturbance was as clear as possible. This meant that there was a road back and a road forward. This is what the "good enough" environment has to do for a person with a problem—to give him or her the road backward and forward. This gives him or her a transitional area, more room to maneuver, to live in, a loosening of the knot, and hope.
Notice how Winnicott used his theory, “his only companion” for a journey like that of Orpheus into the depths.

The only companion that I have in exploring the unknown territory of the new case is the theory I carry around with me and that has become part of me and that I do not even have to think about in a deliberate way. This is the theory of the emotional development of the individual which includes for me the total history of the individual child’s relationship to the child’s specific environment. One could compare my position with that of a cellist who first slogs away at technique and then actually becomes able to play music. (1971b, p. 6)

His theory always gave him, as with Mrs. X., a probable map of the depths. In her case it gave him the idea of looking for what was worthwhile that was hidden, the idea of taking up the letdown, the destructiveness and the madness, the reaching back for the lost, good mother, and the idea of the rats and mice as the final veil to be swept aside. But probable maps never fit an individual, and Winnicott was entirely flexible about having the patient set him right. Interpretations with him were for letting the patient know what he did understand, but also what he did not. He and Sullivan were both inviting the patient to say where they got it right, where they got it wrong. Thus, Winnicott showed his flexibility over being kept away from anything positive for almost the entire interview, over taking the reach for the good mother and the dream dive simultaneously, and over being ready for the final veil of rats and mice, without dismay. A virtuoso has a backbone of theory and technique, but is also ready for taking the surprising variation. Here is a musician giving himself to the music.

The Domain of this Technique

No one really knows how far you can go with therapeutic consultations. It appears one can take on much more disturbance than is conventional for brief therapy, given what Winnicott did with Mrs. X. Winnicott did insist that you do not do this kind of interview when there is not a good enough environment to carry the patient back over the ground traversed by the interview. You do not do this with strangers riding on the bus. The context for the interview with Mrs. X. is the holding environment of her relationship to the clinic. Winnicott waited for her to have confidence in the clinic, before he felt the time was right for the interview.

Also, Winnicott was prepared “on demand” to see the patient over again, as needed, so the patient would not be let down altogether if the environment was not quite carrying the patient forward. Winnicott would be there as a backup, knowing the success of the first interview could be repeated, as needed, once reached. The road backward and forward could be replowed, as necessary.

Winnicott’s consultations in the book are about more than “talion” or oedipal fearfulness. Most often, they were about depressive anxiety, where the person (child) fears he will destroy the good object with his savagery. This
is what makes the "good enough" environment so necessary for his work, as it must be able to hold on and survive the onslaught.

The other kind of case in the book is of people who have not found a self, and dread to begin to have a self, for fear of annihilation. Mrs. X. had this problem, as we saw, but there are others who are more difficult to reach than she was. These others require an extension of the technique described with her, which is further described by Winnicott, especially in Playing and Reality (1971a), as a return to formlessness, to a completely non-impinging, receptive relationship. An adaptation to this need is necessary for some patients.

Of those patients who have a self which can be reached, whose difficulty lies with some interruption of a relation to good objects or a good enough environment, the extent of what therapeutic consultation plus adjustment of the environment can do is unknown. Often with patients showing the antisocial tendency, a lot of holding environment was necessary, while in others very little. Each of Winnicott's cases was some kind of experiment. His attitude was to improvise as best he could, giving time for consultation as he had time he could give and as the patients could get to him from all over the country.

**LIMITS TO THE DOMAIN**

Since no technique is a panacea, even for the realm of neurotic patients, I am sure, and Winnicott was also, that therapeutic consultations have their limits as well. First, as Reich argued and demonstrated, some patients will do everything possible to avoid a regression, their entire bodily attitude being dedicated to this. Winnicott's use of the counterproposal, in play, will not draw some child-adults out of their holes or poses. He just got to Mrs. X., this woman so dedicated to proving how bad she was, in his final move. He gave up with George, the last case in the book, who was too far gone, "a nothing," where reaching him would have required an enormous involvement from Winnicott and a boarding setup, which could not be provided.

Winnicott himself also said that you do not do this kind of consultation without a good enough environment to take up what you get going. I rely on an 'average expectable environment' to meet and to make use of the changes which have taken place in the boy or girl in the interview, changes which indicate a loosening of the knot in the developmental process. . . . Where there is a powerful continuing adverse external factor or an absence of consistent personal care, then one would avoid this kind of procedure. (1971b, p. 5)

As Sullivan made so clear, some people live in hateful environments, often built up by themselves gradually over time. Given such predicaments, a perspective like that of Sullivan for clarifying the muddled, obscured, hateful interactions may be necessary to find the relatively simple, ordinary adaptations which are possible. Bad obsessionals, for instance, routinely need something like this of Sullivan, because a more free, playful, original slant may just reap the hatred generated by past interactions of the obsessional.
No doubt there are other person-environment situations, requiring different adaptations to need by the doctor. Winnicott would have welcomed such differences which meet the need as it actually appears. For him, it was the technique that needed to be adapted, not the patient fit into the standard procedure.

A WORD ABOUT THE DOCTOR

My discussion about the domain of this technique would be missing something important without a word about what this technique is like for the doctor. My experience is that Sullivan's technique is a strain, because of the sharp demand for expertise at all times. It is a terrific challenge, to be this acute, but more anxiety is therefore carried by the doctor.

Winnicott's consultation relies more on the informal atmosphere and the ability to enter in oneself, freely, into something quite disturbing. It is much less of a strain, but it also requires a healthier person to go in easily to big trouble without the defense of a formal stance. You play into the patient's direction in your own way, which is quite exciting. As Winnicott wrote, “the test of these case descriptions will hang on the word enjoyment” (1971b, p. 6).

THE CASE OF THE DAUGHTER OF A SAINT

What follows is a report of my consultation to a patient whose love is more easily reached. The emphasis here will fall on bearing the destructiveness—not so easy for the daughter of a saint. My patient wanted to know why the thought of her boyfriend sleeping with another woman should disturb her so much. She was in a panic. This was our fourth consultation, of two hours each, a month apart. After a lovely, calm, self-reliant bike ride in the country, she was driving home, contemplating seeing Sam again for some fun, when she hit this thought about his sleeping with other women. Their relationship had been good, but not exclusive.

I was a little elaborate here, wondering whether this indeed was what she most wanted to talk with me about. She had gotten me to take over the previous talk, so I wanted none of that. She was anxious to please. Was this new offer another variation on pleasing me? No, it appeared this subject was quite for her.

So, all right, what was this experience about driving back? She hated to say. She felt she would be unproductive for days, unable to get rid of the experience. She felt it would take her over for hours at a time. She cried. She was angry. I said it sounded dangerous, the way she talked about this state of mind. She said, “Yes, my loving feelings can disappear for the longest time.” I said, “Yes . . . and then?” She seemed to be hinting at what harm
she could do feeling destructive, but I did not know yet what she had in mind. I would have to wait.

Her answer was indirect. She said that she had had an affair when married, which she told her husband about. Actually, she had only "made out" with a man, but felt obliged to confess. Her husband was very hurt and very angry, having been neglected by her as well for several years. That had been the beginning of the end of their marriage. I said, "Well, so telling can do damage." She nodded sadly. "But," I said, "Somehow you could not bear to contain this emotional burden... of having done some wrong. You had to get it out." I had now gotten a second hint, of a developmental problem concerning being able to hold and feel something destructive. This could explain the panic, driving home, thinking of her boyfriend having sex with another woman. Perhaps she could not contain her urges to destroy him or their relationship.

She was thinking along the same line, for she then asked me, "But why should I be preoccupied with men having sex with other women?" This, I thought, was the right time to dive deeper. We had two powerful stories of her inability to feel something destructive, and I knew very well what had happened to her as a child that would make bearing something destructive into a big problem for her. Why not state the ordinary explanation? So I did. I said, "I suppose it has to do with losing mother when you were five, losing possession when you had had her all to yourself." I knew her mother had remarried then, several years after her father died. She responded by starting to cry. She said, "Sex and possession are all tied up for me, a blow to who I am. When mother remarried, it destroyed the happiness of her and me, grandma and grandpa."

I said, "So you could bring out your hurt and anger then." She said, "No, mother's husband was in a near rage most of the time. Mother was a kind of saint herself, quite fragile. If I had declared my feeling, I would not have had her affection for my dear little self. How irrational." I said, "No, not necessarily. It could have been so." She could well have been let down. I wanted that acknowledged.

She felt better. Perhaps she would be all right now about her boyfriend sleeping with other women? I thought to myself, "Not so fast!" I said, "Perhaps this perspective on being five helps, but there could still be a problem at 35 because 'instincts' can still make holes in relationships, damage them—either sexual instincts or hurt and angry feelings. I am beginning to see why you had to confess your sexual feelings before to your husband, as you think sex is quite destructive to relationships." She said, "Oh... I am having trouble feeling much in my vagina, and I do not come to orgasm. Could we talk about that?"

I said, of course, but before we took that up next time, a big subject, I had one more question. Why had the little girl, who could not tell her feelings to her saintly mother, not told them then to someone else who was im-
important? Where was grandma? Where was grandpa? Well, she told me grandma was warm, but idealizing of her. For grandma, it was you and me against the world, you who can do no wrong. How could she talk to grandma about feeling destructive towards mother? Grandpa was awfully kind. She palled around with him on the farm. He was very nice. So I said, “So neither might be able to receive your hurt and anger about mother.” She began to cry. She told me grandpa died a year after mother remarried.

I told her, ending, that we had found someone very important to her whom I had not known about. She said, “So if instincts can do damage, why am I always hopping into bed with men?” I said, “Well, they aren’t always . . .” She said, “I have trouble finding out when.” I said, “Yes, it seems so.” Notice how I end by holding to something good in her. This allows her to introduce her uncertainty about when she is good and when she is bad. She gets mixed up.

This was quite an outpouring. I recognized early in the consultation that her trouble was about her own destructiveness, hence the depressive anxiety, a sudden panic on the road. I was glad for Winnicott’s map of this problem. I would “carry her through” the outpouring of feeling which she had felt that no one could bear. Hence, her depressive anxiety about destroying what good was there for her: her boyfriend, and before, her mother and grandparents. The transitions are simple, but they are decisive to what we accomplish. The first is to be sure the subject is hers. The second is to go right into these two destructive experiences with her, noticing she finds them so dangerous. The third is to say to her that she had this same problem very much as a child. This is the dive into the depths that Winnicott would take after being well underway. She then came up to say that had helped very much. I took her down for another time, to ask how it was that no one had been there to receive her hurt and anger at her mother. Finally, I say, “Enough,” despite an invitation into another big subject, her inhibited sexuality. I am willing to hear this music of children fearing their own destructiveness. I want to know the context in which she had to contain her destructiveness. I want to know how her environment had let her down before. I made a road back to where she had to hold up herself, to become such a pleasing person, and I carried her through and along another road of her own outbursts, a road forward, but a road she had to be careful about. You can wreck what you’ve got, even now. This is all Winnicott.