subject’s reparation – as Klein believed – but constituted by its own survival.

The mother – as we have seen, that original Winnicottian analyst – must recognize and reflect back what the infant initiates, and must be resilient in a non-retaliatory way when the infant seeks the recognition inherent in destructiveness. It is part of Winnicott’s demand on the mother that she be robust; if she is in any way rejecting, the infant has to comply with her response. It is the strategies of compliance that Winnicott calls the False Self Organization. Because of this primary and enforced attentiveness to the needs of the mother, the False Self, he writes, always ‘lacks something, and that something is the essential element of creative originality’. The creative originality that Winnicott considered to be an innate characteristic of infancy, realized through maternal care, could be muffled or felt to be lost.

In ‘The True and False Self’ Winnicott links ‘the idea of a True Self with the spontaneous gesture’; this, he believes, is the beginning of a feeling of existing and feeling real, and depends upon what he refers to elsewhere as ‘a basic ration of the experience of omnipotence’. ‘The protest against being forced into a false existence’, the premature abrogation of omnipotence, ‘can be detected’, he writes, ‘from the earliest stages’. There is, he implies, an innate authenticity. But if the infant is unable to ‘start by existing not by reacting’ then he will have to develop a False Self as a measure of protection, ‘a defence against that which is unthinkable, the exploitation of the True Self, which would result in annihilation’. The False Self, an ‘idea which our patients give us’, has three functions: it attends, within severe limitations, to the mother; it hides and protects the True Self by complying with environmental demands; and it is also a ‘caretaker’ (another ‘patient’s word’), like a nurse looking after a child, taking over the caring function of the
environment that has failed. It is a primitive form of self-sufficiency in the absence of nurture. It begins to emerge, in its severest form, in infancy:

The good-enough mother meets the omnipotence of the infant and to some extent makes sense of it. She does this repeatedly. A True Self begins to have life, through the strength given to the infant’s weak ego by the mother’s implementation of the infant’s omnipotent expressions.

The mother who is not good-enough is not able to implement the infant’s omnipotence, and so she repeatedly fails to meet the infant’s gesture; instead she substitutes her own gesture which is to be given sense by the compliance of the infant. This compliance on the part of the infant is the earliest stage of the False Self, and belongs to the mother’s inability to sense her infant’s needs.\(^\text{15}\)

The mother implements in the sense of fulfilling the infant’s gesture by her response. If she is unable to respond to him through identification he must compulsively comply in order to survive. The False Self organization, at its most extreme, ‘results in a feeling unreal or a sense of futility’. But there are, Winnicott makes clear, ‘degrees’ of False Self, and these can be summarized, beginning with the most severe case, as follows:

1. The False Self replaces and appears to be the real person, while the True Self is so hidden as to seem absent.
2. The False Self protects the True Self that is ‘acknowledged as a potential and is allowed a secret life’.
3. The False Self has a ‘main concern’ which is the finding and maintaining of conditions, of an environment ‘which will make it possible for the True Self to come into its own’. The False Self, ‘built on identifications’, copies others to protect the True Self from misrecognition.

4. The False Self represents an ordinarily adaptive ‘social manner’. It is the healthy compromise of socialized politeness that is seen as such, a ‘not wearing the heart on the sleeve’. This both maintains and implicitly acknowledges a more private personal self.

The True Self, by contrast, cannot be said to have degrees. It cannot strictly speaking be defined because it covers what is distinctive and original about each person. It is simply a category for the idiosyncratic. ‘There is but little point in formulating a True Self idea,’ Winnicott writes, ‘except for the purpose of trying to understand the False Self.’ In broad outline it can be characterized in the following way:

1. At first it is ‘the theoretical position from which comes the spontaneous gesture and the personal idea. The spontaneous gesture is the True Self in action.’
2. The True Self is the source of what is authentic in a person. ‘Only the True Self can be creative,’ Winnicott insists, ‘and only the True Self can feel real.’
3. The True Self is bound up with bodily aliveness. It is ‘little more than the summation of sensory-motor aliveness’. In fact it ‘comes from the aliveness of the body-tissues and the working of the body-functions, including the heart’s action and breathing’.
4. As it is what is original about a person that derives from ‘inherited potential’, it is ‘at the beginning, essentially not reactive to external stimuli, but primary’.
5. The True Self is the body as creative.

Somewhere between the True Self and the False Self Winnicott mentions – as a transitional figure, as it were – the actor as the paradoxical man:

In regard to actors, there are those who can be themselves and who also can act, whereas there are others who can only act, and who are completely at a loss
when not in a role, and when not being appreciated or applause (acknowledged as existing). The distinction is between choosing to act as part of a repertoire of ways of being, and being unable to do anything but act, as a derivative of early compliance. Winnicott even suggests, in a characteristically oblique sentence, that ‘it may even be possible for the child to act a special role, that of the True Self as it would be if it had had existence’. Is it possible to enact an idea of authenticity, and where would the idea come from if it was possible? Winnicott leaves his most extraordinary (and perhaps fruitful) idea about the Self in italics, but unelaborated.

His late division of the Self into True and False elements could not, despite his disclaimers, be easily linked with Freud’s concepts of the Id and the Ego. The True Self was not a ‘seething cauldron’ of instincts, as Freud had once described the Id; and the Ego, which does bear some comparison with the False Self, could never have been described by Freud as a nurse. Winnicott had built his theory out of the self-descriptions of patients, not out of a special language that was divorced from clinical work; there were inevitably drawbacks to its application. One can imagine, for example, a person describing a part of himself as false because it was unacceptable, but nevertheless truly a part of him. It was, perhaps, misleading to refer to a part of the self that looked after another part as ‘false’, and an essentially indefinable part as True. And yet through his use of an albeit idiosyncratic ordinary language, Winnicott made the theory of psychoanalysis more accessible to people it was originally intended to help.

But given psychoanalysis had been traditionally conceived of as a treatment in words, what was the relationship of language to this elusive True Self? Could it, like the Unconscious, speak (albeit in disguise), or be spoken to? It was certainly not, like the Unconscious, intrinsically unacceptable. Winnicott, in fact, never confronted the difficulty of relating his True Self concept to Freud’s concept of the Unconscious. As he got older he developed his own ideas in virtual disregard of the traditional languages of psychoanalysis. But it was to the role of language in psychoanalytic treatment, and its tenuous relationship with the True Self, that Winnicott turned his attention in the last years of his life.
6 The Play of Interpretation

'It is good to love the unknown.'

Charles Lamb

In virtually every paper Winnicott wrote, he says something explicitly about language, though he tends to speak of 'words' rather than the more panoramic idea of Language as a system. And yet all his major contributions to psychoanalysis are based on a theory of infancy. As he points out in a section of his paper 'The Theory of the Parent-Infant Relationship' (1960) entitled The Word Infant: 'Actually the word infant implies "not talking" (infans) and it is not unuseful to think of infancy as the phase prior to word presentation and the use of word symbols.' The double negative that is common in Winnicott's writing may compact a doubt. But whereas for Freud psychoanalysis was essentially a 'talking cure' dependent on two people speaking to each other, for Winnicott the mother-infant relationship, in which communication was relatively non-verbal, had become the paradigm for the analytic process, and this changed the role of interpretation in psychoanalytic treatment. For the neurotic and the psychotic patient, for the child and the adult, interpretation was a sophisticated extension of infant care, albeit a crucial part of the analyst's primary aim in the treatment which was to establish and maintain an environment conducive to growth. The defining characteristic of the analytic setting for Winnicott was not exclusively verbal exchange.

In the work of the British School linguistics was never seen as a complementary discipline to psychoanalysis. Lang-
the body but without language, be reached through language? There is, Winnicott implies, a language of maternal care, that is not made only of words.

Verbal interpretation in analysis is, for Winnicott, a form of mothering. 'What matters to the patient', he writes—and it is with what matters to the patient that Winnicott is always keen to concern himself—

is not the accuracy of the interpretation so much as the willingness of the analyst to help, the analyst's capacity to identify with the patient and so to believe in what is needed and to meet the need as soon as the need is indicated verbally or in non-verbal or pre-verbal language.³

The act of interpretation, aside from its content, expresses collaborative concern; it comes out of identifying with the patient—being able, to some extent, to imagine what it is like to be that person at that moment—and then the more unexpected consequence of 'believing in' what he needs. Identification here, for Winnicott, like Primary Maternal Preoccupation, implies a commitment. In fact the process of willingness, belief in, and meeting are all suggestive of his almost religious sense of the mother's 'ordinary devotion' to her infant (even though 'ordinary', like 'natural', in Winnicott's writing often expresses a wish). The analyst in Winnicott's account is not only, as Freud wrote, 'disclosing to [the patient] the hidden meaning of the ideas that occur to him';⁴ he is using interpretation to signify maternal care. The analytic setting is a medium for personal growth not exclusively the provision of a convincing translation of the unconscious.

If it is 'the innate tendencies towards integration and growth that produce health, not the environmental provision',⁵ then, by the same token, 'it is axiomatic', Winnicott writes, 'that the work of the analysis is done by the patient.'⁶

The analyst, like the mother, facilitates by providing opportunity for communication and its recognition. Just as a feed can be seen as an interpretation of the infant's cry by the mother, so the analyst's verbal interpretations can be like a feed for the patient in language. For Winnicott, these are simple and accurate equivalents on a developmental continuum. In 'The Theory of the Parent-Infant Relationship', Winnicott describes what is by now a familiar process. At first, we may remember, it is as though the infant is merged in with the mother who seems to him to have 'an almost magical understanding of [his] need'. As they separate out and there is a disentanglement of maternal care from something which we then call the infant, the mother notices that the infant no longer expects this magical understanding. 'The mother seems to know', he writes, 'that the infant has a new capacity, that of giving a signal so that she can be guided towards meeting the infant's needs. It could be said that if now she knows too well what the infant needs, this is magic and forms no basis for an object-relationship.'⁷

In the merged state the mother is exclusively a subjective object which precludes the need for anything the infant could conceive of as a signal. If she 'knows too well', then from the infant's point of view he is not relating to an external object. But Winnicott describes this development from being merged in to being separate and requiring some kind of language as a natural process given good-enough mothering. And he assumes that the infant's capacity to signal is akin to the adult's acquisition of language; language is seen as the sophisticated giving of signals. So Winnicott can make a direct comparison between the infant giving a signal to the mother and the patient talking in analysis. 'It is very important', he writes, 'except when the patient is regressed to earliest infancy, that the analyst shall not know the answers except insofar as the patient gives
the clues. Magical interpretations pre-empt the patient’s separateness; he is robbed of a mind of his own. The mother does not give the infant a feed, the infant gives the mother the opportunity to feed him. The clues provided by the patient facilitate the analyst’s capacity to interpret. ‘It is not so much a question of giving the baby satisfaction,’ and the comparison with the analytic situation is implicit, ‘as of letting the baby find and come to terms with the object.’

Critical of the ‘silent analyst’, Winnicott interprets, he says, because ‘if I make none the patient gets the impression that I understand everything. In other words, I retain some outside quality by not being quite on the mark – or even by being wrong.’ Winnicott is acutely sensitive to the ways in which the analyst, by virtue of the psychoanalytic situation itself, can become a seductive impostor of the omniscient mother. He aims to be an attentive but unimposing object. Through brief, ‘economical’ interpretations – ‘I never use long sentences unless I am very tired’ – he communicates to the patient that he is not a usurping presence. Since in Winnicott’s version the mother–infant relationship is defined by its reciprocity – the ‘illusion’ that makes exchange between them possible, sustained by mutual participation – then the conversation that is psychoanalysis becomes analogous to play. For Winnicott the opposite of play is not work but coercion. This means, of course, that the analyst has to be able to play as well. It is in the overlap, the transitional space between analyst and patient, that communication takes place. Playing stops when one of the participants becomes dogmatic, when the analyst imposes a pattern that is not of a piece with the patient’s material. ‘Interpretation outside the ripeness of the material’, Winnicott writes, ‘is indoctrination and produces compliance. A corollary is that resistance arises out of interpretation given outside the area of overlap of the patient’s and the analyst’s playing together.’ There can be no right interpretation that is beyond the patient’s recognition. The patient’s resistance, in Winnicott’s view, is not integral to the psychoanalytic enterprise, as Freud believed, but reflects the analyst’s failure to play. The unacceptable interpretation, like a maternal impingement, can only be reacted to by the patient, not taken in and used. ‘An interpretation that does not work’, Winnicott writes in the Introduction to his Therapeutic Consultations in Child Psychiatry, ‘always means that I have made the interpretation at the wrong moment or in the wrong way, and I withdraw it unconditionally . . . Dogmatic interpretation leaves the child with only two alternatives, an acceptance of what I have said as propaganda, or a rejection of the interpretation and of me and of the whole set-up.’ Winnicott believes that the child knows what interests him; the interpretation, just like the spatula, cannot be forced into the patient’s mouth. It is there to be used, in the way Winnicott described the Transitional Object as being used, not revered, copied, or complied with. And because it is essentially transitional to an unknowable destination, it could never be conclusive. A good interpretation, one could say, is something the patient can entertain in his mind. It is not a password.

Since Winnicott was consistently preoccupied, as we have seen, with the transitional rather than the conclusive in human experience – committed to growth, not the acquiring of convictions – interpretation was always in the service of a developmental process in which knowing and being known had an increasingly equivocal status for him. The final decade of his work is marked by a profound ambivalence about the knowability of the self that is matched by a certain reticence about the value of the analyst as interpreter. For both patient and analyst playing replaced knowing as the aim and the means of analysis. The mother, and her later counterpart, the analyst, could enable but should not, in Winnicott’s view, inform or teach. They both were
facilitators of an ongoing developmental process which they had not invented and in which the will to comprehensive understanding was redundant. ‘There are those who fear to wait and who implant,’ Winnicott writes in a distinction that is at the centre of his work, ‘just as there are those who wait, and keep ready for presentation the ideas and expectations that the child can use on his arrival at each new developmental stage of integration and capacity for objective consideration.’ It is through play that the child begins to include in his personal pattern of preoccupation those things he is ready for, that he finds himself interested in and enjoying. It is in this sense that for Winnicott the capacity to play was integral to the developmental process and not the capacity he rarely mentions but which had defined the psychoanalytic project, the capacity to know oneself. Insight is a word he rarely uses and one that cannot be found in the indexes to his books. Playing is the process of finding through pleasure what interests you, but it is by definition a state of transitional knowing, creative by virtue of being always inconclusive. And, of course, though there is word-play, playing is not exclusively verbal.

II

‘Psychoanalysis’, he wrote in his last book, Playing and Reality, ‘has been developed as a highly specialized form of playing in the service of communication with oneself and others.’ It is in his later work that communicating with oneself, of which not communicating with anyone else can be a part, became one of Winnicott’s central concerns. It provides the subject of his greatest paper, ‘Communicating and Not Communicating Leading to a Study of Certain Opposites’ [1963]. His continued study, over forty years, of dependency and the mother–infant relationship had led him to a belief in ‘the permanent isolation of the individual’. The paradox that he had begun to formulate was that the infant – like the adolescent about whom he could only write authoritatively in the last decade of his life – was an isolate who needed the object, above all, to protect the privacy of this isolation. It was maternal nurture that kept the essential privacy of the developmental process alive. ‘We can understand’, he writes, ‘the hatred people have of psychoanalysis which has penetrated a long way into the human personality, and which provides a threat to the human individual in his need to be secretly isolated.’ It is a striking use of one of Winnicott’s favoured ideas, the idea of provision. This paper can be seen, I think, as, among the other things, Winnicott’s belated attempt to understand his own resistance to psychoanalysis, which involved him in defining the self as essentially secret.

Adolescents, he suggests, ‘eschew psychoanalytic treatment, though they are interested in psychoanalytic theories’ because their ‘preservation of personal isolation is part of the search for identity, and for the establishment of a personal technique for communicating which does not lead to violation of the central self’. Violation of the central self refers to the self-betrayal born of compliance; identity is bound up for Winnicott with this search for a personal way of communicating that is not compromised by concession to the object. In ‘Morals and Education’ [1963] he explicitly values ‘those who do not copy and comply, but who genuinely grow to a way of personal expression’. Because he was fearful of his own ventriloquism, of speaking someone else’s language – which is to some extent what language always is – he tended to idolize the individual voice as a way of protecting its possibility. His work was increasingly the attempt to understand what precluded the emergence of the individual voice.

The ‘danger’ of psychoanalysis, he believed, could be
located at that specific developmental point which we have
looked at, and which he keeps referring to in his later
writing: the moment when the analyst in the transference
changes over from being a subjective object to an object
objectively perceived. It is at such moments that the
patient’s experience of omnipotence can be violated, and
the analyst impinges:

here there is danger if the analyst interprets instead of
waiting for the patient to creatively discover . . . If we
wait we become objectively perceived in the patient’s
own time, but if we fail to behave in a way that is
facilitating the patient’s analytic process (which is the
equivalent of the infant’s and the child’s maturational
process) we suddenly become not-me for the patient,
and then we know too much, and we are dangerous
because we are too nearly in communication with the
central still and silent spot of the patient’s ego-
organization.

The interpretation, like the object, is only good to the
patient if it is felt to be created by him: and yet, Winnicott
writes, ‘the object must be found in order to be created. This
has to be accepted as a paradox.’ Analyst and patient, like
mother and infant, work in that intermediate area of
illusion which is always vulnerable to pre-emptive intrusion.
But in this paper Winnicott implies that language, in
the form of an accurate interpretation for which the patient is
not ready, can reach into his innermost being, evoke his
most primitive defences. It suddenly acquires an unexpected
potency. ‘Rape and being eaten by cannibals,’ Winnicott
writes, ‘these are mere bagatelles as compared with the
violation of the self’s core, the alteration of the self’s central
elements by communication seeping through the
defences.’

Language, in this context, is potentially a terrify-
ing maternal object. In writing this paper, in fact, Winni-
cott says that he found himself ‘staking a claim, to my
surprise, to the right not to communicate. This was a
protest from the core of me to the frightening fantasy of
being infinitely exploited . . . the fantasy of being found.’

For Winnicott surprise authenticates: he suggests there is a
primitive terror in the form of a simple equation – to be
found means to be exploited. And he takes it for granted
here that a person can be found in language. The overinter-
pretative analyst becomes the tyrannical mother, and lan-
guage is integral to her power. So Winnicott uses this paper
to distinguish between ‘pathological withdrawal and
healthy central self-communication’: the child’s need to
escape into himself away from the intrusive mother, from
the mother having facilitated in her infant satisfying contact
with himself. The origin of this satisfying self-communion
he describes in a complementary paper, ‘The Capacity to be
Alone’ [1958].

As the child being contentedly alone in the presence of his mother. The person’s relationship with
himself begins to take centre-stage in Winnicott’s theory-

making.

Winnicott describes a repertoire of three ‘forms’ of
communication. ‘In the best possible circumstances’, he writes,
growth takes place and the child now possesses three
lines of communication: communication that is for
ever silent, communication that is explicit, indirect and
pleasurable, and this third or intermediate form of
communication that slides out of playing into cultural
experience of every kind.

The first kind of communication, Winnicott suggests, in a
puzzling double negative, is ‘not non-verbal; it is, like the
music of the spheres, absolutely personal. It belongs to
being alive.’

Winnicott offers an elusive paradox here to
deal with the possible contradiction of the idea of a private
language (how does one learn it, and where does it come
from if not from outside?). Although he does not say so, the
dream, perhaps, provides the most compelling example of what he is talking about. But the music of the spheres – which, like the dream, one does not hear – was produced, Pythagoras said, by the essentially harmonious movement of the spheres. This non-conflictual analogy is used to illustrate Winnicott’s favoured form of communication, linked for him with feeling real.

The second form of communication Winnicott associates with verbal language. By being what he calls indirect but explicit – a shrewd association of ideas about language – language protects the separateness, the isolation of the self. He refers to children becoming ‘masters of various techniques for indirect communication’, as though these techniques were like Transitional Objects, not complied with but used. There is no sense here, it should be noted, of language being subtler than the intentions of its users. And Winnicott never makes clear to what extent it is through the acquisition of language that the mother becomes an object objectively perceived, or whether language is acquired as a consequence of this process. Certainly, in this account, verbal language, like other Transitional Phenomena, joins by separating and separates by joining the mother and her developing child. The third, intermediate form of communication, Winnicott says, is ‘a most valuable compromise’ between the other two kinds, a compromise between language and silence.

But for Winnicott the main point of his paper is that communication with an external object involves a compromising concession on the part of the self. The object always, to some degree, invites compliance. ‘At the core of the individual’, Winnicott writes, ‘there is no communication with the not-me world either way.’ There is, however, a contradiction he cannot resolve. He proposes an absolute insulation at the core of the self and then also says that the problem for the individual is how to stay isolated without being insulated. It is as though at the end of his life the issue he had always struggled with, of separation and connectedness, had changed from being an inter-psychic problem between mother and child, to being an intra-psychic problem about a person’s relationship with the core of himself. And it is worth noting once again that Winnicott takes his language for an ‘essential’ self from a simpler form of organic life: the core is the central casing of a fruit that contains the seeds.

Winnicott suggests in this paper that ordinary human development involves a benign version of the splitting of the personality that one finds in severe psychopathology. ‘The traumatic experiences that lead to the organization of primitive defences belong’, he writes, ‘to the threat to the isolated core, the threat of its being found, altered, communicated with. The defence consists in the further hiding of the secret self.’ Each psychoanalytic theorist, it could be said, organizes his or her theory around what might be called a core catastrophe; for Freud it was castration, for Klein, the triumph of the Death instinct, and for Winnicott it was the annihilation of the core self by intrusion, a failure of the holding environment. To understand the hide-and-seek of the self, Winnicott examines what he calls the two opposites of communication. One is a ‘simple not-communicating’, and the other a ‘not-communicating that is active or reactive’. Simple not-communicating is like a period of rest after which, and in one’s own time, one goes back to it. It is the second one, in which health and pathology overlap, that preoccupies Winnicott. If the maternal provision fails – and to some extent it must, by definition, fail – then ‘in the matter of object-relating the infant has developed a split’. With one half of the split he relates to the available object and develops a false, compliant self to do so, and with the other half he relates to a subjective object, one of his own invention. This involves ‘active non-communication
with that which is objectively perceived by the infant'. Despite the impoverishment that the split creates—the absence of modification or enrichment from outside—this communication with subjective objects 'carries', Winnicott says, 'all the sense of real'. In what he calls the 'slighter illnesses', the neuroses of everyday life, there is always, Winnicott says, some active non-communication 'because of the fact that communication so easily becomes linked with some degree of false or compliant object-relating; silent or secret communication with subjective objects, carrying a sense of real, must periodically take over to restore the balance.' There is, Winnicott makes clear, a strain built into object-relating. But secrecy, we should note, is different from silence; a secret can be found out, silence is, so to speak, invisible. They are both words Winnicott uses when writing about the True Self.

In the healthy person, Winnicott writes, there is the equivalent—what he refers to enigmatically as 'something that corresponds to'—'the state of the split person in whom one part of the split communicates silently with subjective objects. There is room for the idea that significant relating and communicating is silent.' There is, he insists, and it is rather like an article of faith, 'the healthy use of non-communication in the establishment of the feeling of real'. The feeling of real that for Winnicott was synonymous with health and development was not constituted linguistically, nor exclusively in relation to the other, though self-communion of the kind he describes is only possible through the experience of good-enough early care that protects the possibility of the self. So for Winnicott what might be called the non-verbal silences in analytic treatment are as potentially fertile as verbal exchange: they signify the secret metabolism of the self. So Freud's work, built on by Winnicott, makes a new kind of silence possible. Indeed, one of the aims of analysis may be to facilitate such silences in the patient.

Winnicott defines the self in this paper as isolated, secret and silent. It can only be understood in terms of a profound ambivalence about the value of communicating with external objects. 'The individual knows', he writes, 'that [the true self] must never be communicated with or be influenced by external reality', but it is as though communication is equivalent to influence and that influence is malign (one of the early precursors of this paper is entitled 'On Influencing and Being Influenced', 1944). 'Although healthy persons communicate and enjoy communicating, the other fact is equally true', he writes, 'that each individual is an isolate, permanently non-communicating, permanently unknown, in fact unfound.' This is unusually consistent for Winnicott. It is, on the one hand, a passionate commitment to the privacy of the self. But on the other hand it may also be true that if the analyst offers himself up as primarily a maternal object, his need for privacy, his fears about being exploited, will eventually reassert themselves.

Once again it is the figure of the artist who embodies the drive for authenticity that is for Winnicott exemplary for that integrity of being he values above all else. 'In the artist of all kinds', he writes, 'one can detect an inherent dilemma, which belongs to the co-existence of two trends, the urgent need to communicate and the still more urgent need not to be found. This might account for the fact that we cannot conceive of an artist's coming to the end of the task that occupies his whole nature.' Development is primarily comparable for Winnicott to the project of the artist whose most urgent need, he now believed in the last years of his life, is not to be found. For Freud, towards the end of his life, there was the conflict between the two instincts of Life and Death, Eros and Thanatos. For Winnicott there was the conflict between two trends, to communicate and to hide.
Winnicott

The self is, by definition, elusive, the player of hide and seek. In a review of Jung's autobiography, *Memories, Dreams, Reflections*, one of the most revealing pieces Winnicott ever wrote, he suggested:

If I want to say that Jung was mad, and that he recovered, I am doing nothing worse than I would do in saying of myself that I was sane and through analysis and self-analysis I achieved some measure of insanity. Freud's flight to sanity could be something we psychoanalysts are trying to recover from, just as Jungians are trying to recover from Jung's 'divided self', and from the way he himself dealt with it.

Placing himself in the tradition, Winnicott offers us a choice: sanity, a divided self, or the achievement of 'some measure of insanity'. It is a characteristically paradoxical phrase. If there could be Winnicottians they would have to recover from Winnicott's flight into infancy, his flight from the erotic. But his measure of insanity is, I think, an inspiration.