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Donald winnicott playing and reality pdf

Child Playing in Camomilles, Pablo Picasso Playing and Reality (Winnicott, 1971) represents a compendium of papers published during Donald Winnicott's theories relating to the development and use of the internalised evaluations of ourselves that lie at the heart of the object relations approach. These essays outline the role developing internal objects (initially internalised representations of physiological aspects of caregivers, later obtaining affective and thinking aspects) play in child and adolescent development, and how they relate to the concept of play – both as a way of exploring the external universe, and a means of counterfactually denying the failure of omnipotence. Each chapter outlines or elaborates on a specific element of Winnicott's thinking. Chapter 1 explains the use of a symbolic transitional (substitute mother / breast) object (a favourite blanket or the like) as a midway point between infantile omnipotent egocentrism and individuation / instrumentalism (and later empathic relation with others). Thus Winnicott seeks to outline an area of experience / fantasy linking interpersonal reality — a point where a persistent relationship with individuals and with society. Winnicott sees this transitional object (TO) as the first visible instance of symbolic (representative) reasoning (literally the transformation of an internal object into the illusory need fulfilling aspects of an external one) and thus key to a variety of intellectual developments; as well understanding later developmental problems. Orana Maria, Gauguin Although Winnicott's approach has psychodynamic theory at its heart, the object relations system that he (in common with Melanie Klien) pioneered gives rise to a radically altered conception of interpersonal relationships as key to the development of the individual. Although the emphasis remains on early developmental experience — where Freud situated innate drives and universal conflicts at the heart of individuation, Winnicott puts the parent child relationship. The concept of the 'good-enough mother' (Winnicott, 1971, pp13) has been an influential aspect of Winnicott puts the parent child relationship. The concept of the 'good-enough mother' (Winnicott, 1971, pp13) has been an influential aspect of Winnicott, 1971, pp13) has been an influential aspect of Winnicott puts the inevitability of imperfect parenting, while simultaneously emphasising the need anticipating role of the maternal relationship, and the frequent importance of 'reparenting' in psychodynamic therapy. This represents an entirely different way of thinking about the client – not so much as an individual to be helped to develop the capacity for insight through the analyst's skilled interpretation, but as a person in need of (organic) 'corrective emotional experiences' (Summers, 1999, pp183), which will facilitate healthy 'dethronement' (Adler, 2006) through the domain of infancy, the oedipal triad and the physiological progression of the stages of sexual development; but a lifelong process of adjusting to decentration, of engaging with others as necessary elements of our introjected developing selves. Winnicott's examples of the neurotic's defensive preoccupation with an imagined alternate life (a creative denial) 'rigidly fixed in a defensive organisation', blocking potential real behaviour and change. This behaviour is rooted in childhood separations (what we might think of today as attachment disorder), necessitating dramatic defensive re-working. Fantasying links in with Winnicott's idea of the realm of 'illusion' as a defensive formation – but also a place of motivation and creation. However, Winnicott goes on to explore distinct degrees of delusion / dissociation and their symbolic significance. For him dissociative omnipotent 'fantasying' lacks the symbolic productive aspects of dreaming, and as such shares the obsessive imposed quality of compulsive thoughts in OCD. Winnicott sees such extreme disabling dissociations as caused by the failure of 'scaffolding' containment offered by the primary caregiver. Winnicott's conception of the play space of therapy, dovetails with Erving Goffman's idea of the 'script' of the social encounter (Goffman, 1959). To Winnicott, all progress in the therapeutic encounter occurs in the liminal play space. He describes this playing as like the playing of children – unrelated to erotic stimulation. Playing is neither inside nor outside the individual – and therefore, like the transitional objects of their internal fantasy life 'dream material' and projects them onto real world objects (toys etc) – in a creative symbolic manipulation of meaning. Playing has positive outcomes – growth, group integration and communication. In fact to Winnicott, psychoanalysis is a form of play, and play is a form of psychotherapy. Winnicott describes the diagnostic use of play observation in a variety of case studies – but it's here that his tendency to interpret in line with theory, rather than the evidence of observation takes over. For example with the boy Edmund – who displays a stammer, difficulty with toilet training and disconnection from his mother – 'it was clear that the string was simultaneously a symbol of separateness and of union' (Winnicott, 1971, pp58). This tendency to see patterns is useful, but when over applied approaches pareidolia. I'm not suggesting that children's play is essentially symbolic). Winnicott describes unobserved play as communication with the self (the observing ego), but this is fallacious both because it presumes an understanding of infant sexist in this liminal space of subject-object enmeshment, do they not in a sense always assume themselves to be observed? Winnicott's need to validate play as therapeutic, in the context of object relations theory, fixes it in the hermeneutic structure of psychoanalysis. Winnicott's need to validate play as therapeutic, in the context of object relations theory, fixes it in the hermeneutic structure of psychoanalysis. Winnicott sees play as part of the process of individuation — an infant moves from 'merged' omnipotence towards objectivity (Freud's reality principle), through the mothers 'scaffolding' (to apply Lev Vygotsky's term), and later containment and processing of projected experience to allow the infant to re-introject. Eventually the ideas of others can enter into the play space, as autonomy develops making socialisation possible. Winnicott saw unstructured playing as creative and therapeutic; moving away from the necessity of 'indoctrinatory' interpretation in his play sessions (Winnicott, 1971, pp63), to avoid creating reactance or inducing conformity. For Winnicott, play occurs neither inside (subjective) – but in space of transitional phenomena, and initially in the transitional object – the first symbolic instrument and plaything. This object is a symbolic representation of the infant-mother union, and at the same time acknowledges their separation, tying an external symbol to a mental representation. It is an external object that requires the support of real maternal affection for its continued internal significance. Prolonged maternal object that requires the support of real maternal affection for its continued internal significance. anxiety', and a breakdown of 'continuity of existence' (Winnicott, 1971, 130) for the infant. Culture is an expansion of this inter-subjective 'potential space' between self (inner reality, unconscious and dreams) and world (related to as a drive satisfying object), 'continuity and contiguity'. Its appreciation, for Winnicott, requires a sound base of world reliability. This is significant because Winnicott sees life as not merely the absence of neurotic symptoms, but a real engagement with playful creation (of the external world through continued fantasy of object destruction). The deprived child, with his impoverished capacity for play, displays an impoverished capacity for culture, a 'compliant false self' – this is the space of religious indoctrination, of Catholic guilt. As Dylan Moran jokes, 'Catholics don't need twitter, they have constant internal updates – you're fatter than you were thirty seconds ago'. Thus, cultural appreciation is rooted in the final stage of infant separation; 'Male' individuation, accompanied by a provision of space by maternal object. This tentative moment requires both presence and a toleration of separation (both in childhood, and in the therapy room). Ultimately reliability / identification / love allow for freedom. Winnicott is particularly amusing about culture and the failure of caregivers to provide a proper and timely access to cultural heritage. 'What... are we doing', he asks 'when we listen to a Beethoven symphony, or making pilgrimage to a picture gallery, or reading Troilus and Cressida in bed?' Why, being middle class of course. Winnicott, 1971, pp73), since the discovery of self requires 'non-purposive' activity. In practice this exhibited in his therapy sessions with a tolerance for ambling digression, without imposed interpretation (primarily given in response to client request). Withholding interpretation allowed clients own creative space for unstructured sessions, which allow crises to emerge, and clients to communicate by impact. This can seem problematic to a modern reader – since Winnicott stretches sessions to fit client's needs on request (often to several hours), and compensate for missed sessions: Both violations of boundaries that seem inviolable today. However the fluid space of Winnicott's therapy room – full of toys and art supplies, where clients are free to roam around, draw or remain silent, is appealingly open and creative. Winnicott suggests that this unstructured approach, this space for creativity and 'formless experience', allows 'unintegrated states' to emerge, which through reflection by the therapist bring on the real work of the session (Winnicott, 1971, pp82) – the reintrojection of disowned parts of self. Aspects of Winnicott's chapter on 'creativity and its origins' were the parts of the book I found most compelling. Winnicott, creativity is a universal faculty of life (not merely artistic creation) – a faculty which can be diminished (hidden) or damaged by illness or repression. To be creative is to retain the capacity to suffer – and it is those who are unable to sacrifice their own creativity who suffer most under tyranny. In common with Foucault, Winnicott claims that modernity made possible the individual (Foucault, 1995) – alienated from identification with community and nature. Creativity is embodied in 'healthy looking' and 'deliberate doing' – active engagement rather than passive participation in life. Thus Winnicott normalises and universalises (the creative impulse), placing it at the heart of healthy life. "Compliance carries with it a sense of futility for the individual and is associated with the idea that nothing matters and that life is not worth living" Winnicott, 1971, pp87. The Self Seers (Death and Man), Egon Schiele Winnicott goes on to discuss the schizoid to whom, 'reality remains to some extent a subjective phenomenon'. This is a state not sharply delineated from health – nor from schizophrenia, one in which a 'fay' individual is unable to fully connect with consensual reality. These individuals feel dissociated, detached from both the 'real' world, and the 'dream' symbolic universe. To understand early breakdowns in creativity (in Bionian terms –K activity) – we need to examine both the individual and their early environment (primarily their parenting). Hence Winnicott offers a space for the social in psychoanalysis. Graduated failure (the good enough mother) makes possible the trauma of loss of omnipotence. Reliable environment is key, to trust that allows the creation of the bisexual (transsexual) nature of humans, and his identification of aspects of male and female is less productive; and includes outdated ideas like the centrality of anal sex to homosexuality (Winnicott, 1971, pp 105). Winnicott discusses the male and female aspects existing within people of either sex. He identifies how traumatised clients sometimes split off one of these two components of self – triggering for example a fixation on young girls in an effort to excite the immature disavowed female component of an older man. For Winnicott the 'male' component in both men and women is associated with drives, ego-separation, doing, and Freud's 'erotogenic' stages, while the female component relates directly to the breast / mother and is responsible for the sense of 'being'. A failure of maternal containment (the 'good' breast) at the omnipotent stage of infancy is thus responsible for envy and 'lobsided' gender development. Winnicott distinguishes object relating from object use. Object relating alters the self, obeying the pleasuring principle (seeking on some level erotic excitement), using projection and identification to imbue another with meaning. This evolves into object use, obeying the reality principle, a shared reality / environment which allows interaction with the real world. To transfer from object relation to object use, the infant in the process of recognising their own lack of omnipotence must destruction). If the object survives the destructive impulse, love results (although the creative destruction persists, and must persist to allow an interface with the real). If the destruction is not contained (for example by the mother's retaliation or withdrawal), then the developing individual can fail to proceed to a relationship with external / shared reality. This process occurs too in analysis, when clients engage in hostile transference – attempting on some level to destroy the analyst, who must persist to allow them to engage in object use. Although Winnicott humorously notes, 'when the analyst knows that the patient carries a revolver, then, it seems to me, this work cannot be done'. Thus we see the necessity of maintaining boundaries and reliability in psychotherapy, and of failing to be a perfect need satisfying object – in order to become a real one. Here Winnicott differs from Klien, since envy doesn't begin until the object is external (used), and occurs later in development than the infant's attempt at destruction. The film 'We Need To Talk About Kevin', depicts this failure of containment / mirroring by a schizoid mother and it's horrific impact. For Winnicott, the maternal resistance of infant aggression teaches the infant that aggression is intolerable, and thus uncontainable. Winnicott identifies the importance of reflection (whether because of maternal defence or preoccupation) diminishes creativity, forcing the infant to replace apperception (of self) with perception (Winnicott, 1971, pp149). The therapist's role too is to return the patients glance, to see them 'as they are'. Fantasy, Sergey Solomko Despite my reservations about the phenomenological claims of Winnecott and Klien alike, the attention they pay to the meaning symbolic objects and play have for children is worth replicating. Winnicott's focus on disabling dissociation is significant too – especially at a time when digital media provide a ubiquitous defensive utility, casually and socially acceptably employed on a near constant basis; while cultural individualisism precludes functional 'dethronement'. Understanding how clients employ fantasy could help them to manifest more actively and rewardingly – although it is also likely to provoke extreme dissonance as they come to fully realise the extent of the disconnect between lived and imagined life. I felt a sense of strong recognition when Winnicott, 1971, pp 43). While I feel Winnicott at times goes too far in his interpretation of infant play – his ideas about the importance of unstructured creative play at the heart of the psychodynamic encounter are invaluable. Winnicott's emphasises delaying interpretation (paralleling Rogers, and prefiguring Casement) to encourage transference. Interpretation is useful to 'let patients know the limits of my understanding', rather than to provide the answer that will heal. Winnicott points out that interpretation can be defensive. Since his treatment approach is rooted in transfer feelings held towards others or aspects of themselves onto the therapist. Winnicott's emphasis on a meaningful utility for depression is encouraging. For example with one adolescent client 'Sarah', he views her depression as buried rage provoked by the threat of loss of a 'good person' in her life, mirroring the failure of her 'good enough mother' in infancy (her primary narcissistic wound). Here, testing to destruction of the object failed, setting up a pattern of testing in later relationships (e.g.: of her boyfriend). Classic Boundaries IV, Theodoros Stamos Winnicott's papers are a product of the time they were published, and as such contain a variety of social evaluations that are problematic today, from worries about potential homosexuality to evaluations of the 'good family' and the 'backward girl' (Winnicott, 1971, pp 26). It's interesting to note that he describes a failure in the case of a boy who grew up to 'waste his time' and use recreational drugs. Given the date of this chapter's initial publication (1969), it might be worth contextualising in the countercultural revolution of the time. Winnicott references sessions extending beyond the traditional hour (Winnicott, 1971, pp 43), it would have been interesting to see more discussion / explanation for this. Winnicott claims that fantasying and dreaming are distinct in that fantasying lacks a creative / symbolic work of the dream) rather than client experience. In his back and forth with his unnamed female fantasist, Winnicott's interpretations arguably produce / shape the clients performance (as symbolic dreamer), rather than allowing her true experience to be expressed. The mother looms large in Winnicott, it would be interesting to hear his theories applied to more modern families. For while he talks about the female aspect of men and the male aspect of women, and his breast is often allegorical, he does speak about the unique relationship between mother and infant in a way that seems to ignore alloparenting and exclude contemporary gay and mixed families. Non-Objective Composition (Suprematism), Olga Rozanova Winnicott (like Freud), makes the claim that we never completely accept 'objective' reality – even in adulthood resorting to illusory experiences (like religion and art) to relieve the dissonance between reality automatic model' (Watts, 1996, pp76). Here, reality is assumed to be a) objectively perceivable and b) essentially meaningless, with meaning being a kind of conciliatory illusion. Certainly meaning is subjective – but that is not to say that meaningless experience is any more real, more 'true'. Indeed we can conceive of meaning (and meaning making) as a perceptive faculty, certainly one with adaptive utility, shaped by adaptive processes; what Herbert Simon called the blades in the scissors of ecological rationality (Gigerenzer, 2002). Meaning serves a variety of objectively useful purposes: without a comprehension of meaning, any theory of mind (contextualised assessment of another's motivation) disappears. Meaning underlies volition, hedonia, existential purpose – so what is this objective reality, to which the deprivation of meaning would allow apperception? It is not the domain of the physical universe – which is the case, then it can be assumed that meaning / experience / 'illusion' is normally concordant with a valid interpretation of reality. Winnicott unconsciously evokes Simon's ideas himself, when he talks about the 'good enough environmental provision' being essential to genetic expression (Winnicott, 1971, pp 187). Indestructible Object (or Object to Be Destroyed), Man Ray Winnicott makes strong claims about the importance of the transitional object – citing for example the lack of a 'true' transitional object / overlong breast feeding as the origin of significant attachment difficulties in later life (Winnicott, 1971, pp 9). However, the causal relationship he posits is never demonstrated conclusively in any of Winnicott's 'just so' case studies. Since correlation is not equal to causation, we cannot be sure whether the lack of weaning described is symptomatic of an attachment disorder, nor whether its cause is the mother's interpersonal difficulties, or some combination of (heritable dysfunction) in infant and maternal sociability or something else entirely. We cannot be certain whether the transitional disruption is cause or symptom (except in so far as it would fit Winnicott's system for it to be causal). The strong claim as to the importance of the literal transitional object lies at the heart of Winnicott's description of the development of object relations, and yet it seems largely hypothetical – never subjected to empirical testing (at least in this volume). At times he's forced into mental gymnastics to squeeze observed infant behaviour into his model – differentiating the observation (that infants do in fact appear to relate to others, even in the 'merged' stage of development), from hypothesised internal 'infant experience' (Winnicott, 1971, pp175) – without demonstrating a source for his phenomenological presumption. The need to describe all phenomena at the level of the individual becomes problematic and necessitates baroque theory – the separation of the 'merging' mechanism from later identification mechanisms for example, or the link between object use and the continual 'destruction' of an internal object. What's missing here is some perspective on the utility of various levels of description, and an acknowledgment that many phenomena are only meaningful on a social level (e.g.: language, culture). This is most visible when Winnicott discusses his belief that societies healthy growth develops out of the collective actions of individually healthy members. Winnicott gives as an example, the possibility that racial tensions in the United States are rooted in bottle fed white envy of black breast feeding (Winnicott, 1971, pp192). The impact of culture and history in the shaping of group and inter-individual relations is erased. Even if we take the family as the only unit of social impact, we can see the influence of culture – for example of child rearing practices on infant attachment in Northern Germany (Grossman et al, 1985). Alas, Winnicott (prefiguring Margaret Thatcher) believes 'there is no society except as a structure brought about...by individuals' (Winnicott purports to understand the phenomenological experience of the infant – in perceiving the breast as part of self, created out of desire (Winnicott, 1971, pp17), and thus integral to disillusionment of omnipotence. This is a fascinating conjecture – but unammenable to disconfirmation, and thus, neither evidence nor explanation. A more convincing case study involves a child defensively employing the imagery of string to combat separation anxiety / maternal depression (Winnicott, 1971, pp23), and in this example we see clearly the diagnostic utility of examining the symbolic weight of the transitional / phenomena Winnicott, posits for the TO. Later he suggests that for infants the mothers absence is assumed to be literal death (because of cognitive deficits in object permanence) (Winnicott, 1971, pp29), but this is to assume an understanding of death that is unlikely in the infant. Winnicott is at his strongest dealing with play, culture, the liminal space between self and other. He's weakest when describing the origins of self /object relations, or discussing adolescence. Winnicott believes adolescent groups take issue with social inequalities because of their seduction by individuals with 'delusions of persecution' into provoking actual persecution. His view of adult maturity, where jobs lessen guilt because of their social contribution (rather than their attendant social approval); and where the 'long term view' (for example privileging defence spending over education) is objective reasoned wisdom, rather than the conservatism of age, resource protection, cognitive inflexibility and the fear of death. Ultimately he is a thinker very much of his era, erroneously individuating and culturally stymied as often as he is insightful. Winnicott's key contributions are containment, graduated failure, the importance of play and the play of the psychotherapeutic encounter. His relative reluctance to interpret and informal therapeutic style have been influential, as has his focuses on the meaningfulness of symptoms and on the transference as a means of understanding. Arguably, Winnicott overemphasises initial parenting experiences, and underemphasises later socialisation's impact on current functioning. The dubious evidence for his infant phenomenology call into question the theoretical basis for object relations as a whole. However the processes of projection and introjection he outlines, and the narcissistic wounds he identifies in childhood offer avenues into understanding the developmental process underlying dysfunction. We must be careful however, not to pursue to dogmatically psychoanalysis's historic witch hunt of the inadequate mother, as the basis for chronic emotional dysregulation and neuroticism. Neglect and abuse can come from all quarters, and resilience factors can protect the infant and developing child from many of its worst impacts. 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