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Article in *International Forum of Psychoanalysis* · March 2013

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International Forum of Psychoanalysis

Publication details, including instructions for authors and subscription information:
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Available online: 20 Jul 2011

To cite this article: Alfredo Naffah Neto (2011): The imaginative elaboration of body functioning and maternal holding: Winnicott and the formation of the psyche-soma, International Forum of Psychoanalysis, DOI:10.1080/0803706X.2011.589408

To link to this article: <http://dx.doi.org/10.1080/0803706X.2011.589408>



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ORIGINAL ARTICLE

The imaginative elaboration of body functioning and maternal holding: Winnicott and the formation of the psyche-soma

ALFREDO NAFFAH NETO*

Abstract

Since the concept of imaginative elaboration of body functioning, which is essential to Winnicott's idea of psyche-soma, has rarely been investigated up to now, this article sets out to do this and tries to pursue the meaning and articulation of that concept in the corpus of Winnicott's theory. In this way, it contributes to bringing the body to the core of psychoanalytical theory.

Key words: *imaginative elaboration of body functioning, psyche-soma, mind*

Body functioning as a substratum of the psyche

Among the various theoreticians within psychoanalysis, Winnicott could be counted as one of those who allocate the greatest importance to the body, both as a *substratum* of the psyche, and as an integral part of it.

For Winnicott, the newborn counts solely on a genetic inheritance, one which is biologically transmitted by kinship and constituent of a *biological body* that, in turn, undergoes a long process before it becomes a *human* body inhabited by a psyche. On the psychic plane, the baby defines itself as a void loaded with possibilities that can come to be, which Winnicott denotes as *primary creativity*: pure potentiality, guaranteed – on one hand – by the greater or lesser spectrum of possibilities provided by this biological inheritance, but depending – on the other – on the environmental support that the newborn is furnished with in order to eventually give form to them. There are no inheritances in the psychic plane: neither *primal phantasies*, phylogenetically transmitted, as per Freud; nor *phantasies* as unconscious translations of Eros and Thanatos, and characteristic of the human species, as per Klein.¹ Nor are there any others.

In this respect, Winnicott behaves, philosophically speaking, as an empiricist: every psyche is born from the *experience* of being a child, which unrolls in the interaction between this group of possibilities – provided by the biological inheritance and linked by the baby's primary creativity – and the environmental configurations available. And, just as at this beginning of life the baby's primary creativity is oriented by the body's biological needs and functions, so the psyche must be created supported by them.

We might therefore think that, so far, there is nothing ground-breaking in psychoanalytic terms: Freud himself introduced child sexuality as being born supported on physiological functions. The Freudian thinking in question is widely known: the feeling of pleasure, as that “something extra” than the purely physiological satisfaction of breastfeeding, which arises *supported* on it, but which is only set into motion by its *absence*, through a hallucination of the breast, the creation of *sexual desire* as separate from *physiological necessity*, although supported by it. With Winnicott, however, this is not the case.

This is so because, in first place, Winnicott thinks that the issue at the beginning of life is not actually the creation of child sexuality, which will in effect constitute itself over the span of the child's development, but which will also require a longer time. Winnicott understands that first there is the need for a minimal existence of a child's *self* that is able to

¹ For Winnicott, *unconscious fantasy* appears only later, after the so-called *use of an object stage* (cf. Winnicott, 1992b). In addition, he thought that the concept of *death instinct* – or *Thanatos*, to give it its Greek name – was of no use, having developed a *monistic* conception of instincts (which considers the aggressive elements as part of the baby's primitive love impulse).

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appropriate this “something extra” that accompanies the physiological satisfaction and to imprint an *erotic sense* on it, thus allowing a sexuality to take form. It is nowhere as immediate and automatic as for Freud.²

For Winnicott, if the id exists since the beginning, it is in practical terms as if it did not, for it is completely *exterior* to the infant’s experience of existing, so much so that the instinctive drives that it feels, such as hunger, need to be satiated within a limited time for the infant to avoid being occupied with them, to avoid reacting to them. The infant who has had to react to hunger will take it in as something as threatening and traumatic as an extremely intense epidermal sensation, one that overwhelms its capacities to integrate it – tearing its being – or as a feeling of being crushed by a falling physical object. Overly intense hunger and epidermal sensation on one hand, and the feeling of being crushed by a physical object on the other, meet in an equivalent relationship *external* to the baby’s existence, as they *exceed* its capacity to absorb them. In this sense, the only benign forms of hunger, epidermal sensation or “external” threat are those which fail to achieve a level of sensibility that is intense enough to make them appear to the infant as *entities* in themselves – in other words, those which remain as sensations able to melt and disappear within the baby’s *area of omnipotence*, guaranteed and sustained by a sufficiently good environment. Any excess is always traumatic and, beyond a certain level, leads the infant to create a psychic protection against these threats.

One of these protections is the *split* false self as a premature differentiation of the primary creativity nucleus, created with the sole purpose of functioning as the infant’s protective shield against the threats of environmental intrusions and overly intense instinctive drives that have still not been appropriated by the self. However, the constitution of this splitting in the heart of infant existence will mark the start of borderline disease, the so-called latent schizophrenias, as it interrupts the experience and thus the constitution of the psyche. The false self will therefore occupy the place of the true self, which fails to develop and remains covered.³

² Winnicott was unable to consider the constitution of sexuality as something so automatic and immediate because of his contact with borderline patients who, as adults, had a completely false “sexuality,” one that operated mechanically or served some most basic functions of subsistence, such as, for instance, the fear of disintegration.

³ The uninterrupted nature of the flow of experience, sustained by maternal holding, is what allows that which Winnicott called the infant’s *going on being*. When this experience is interrupted by a *split* false self – which isolates the true self from any contact and imitates surrounding human traits to adapt to environmental demands – the infant loses that continuity of *going on being*, thus simply subsisting in an “as if” way. It is the advent of psychoses.

In order for the instinctive drives – which, at the beginning of life, possess only a *biological* existence – to acquire a *psychic* existence, it is necessary that they undergo the *imaginative elaboration of body functioning*. It is also this function that will gradually create the infant sexuality, first by giving a *human sense* to purely physiological movements and transforming them into searches for *pleasure* or *aggressive* discharge; and then by attaching these instincts to discriminate objects and melting the erotic and the aggressive/destructive elements into *ambivalent feelings* (of attraction/repulsion, love/hate), constituent of all human desire. But, what is it that comes to be, exactly, the imaginative elaboration of body functioning as Winnicott conceives it? Let us look at his own words:

When I say that life starts right away I admit that at first life takes a very restricted form, but the personal life of the infant has certainly started by the time of birth. These odd habits of infants tell us that there is something more in infant life than sleeping and getting milk, and something more than getting instinctual gratification from a good feed taken in and kept down. These habits indicate that an infant is there already, actually living a life, building up memories, forming a personal pattern of behaviour.

To understand further I think we must reckon that there is in being from the first a crude form of what later we call imagination. This enables us to say that the infant takes in with the hands and with the sensitive skin of the face as well as with the mouth. The *imaginative* feeding experience is much wider than the purely physical experience. The *total* experience of feeding can quickly involve a rich relationship to the mother’s breast, or to the mother as gradually perceived, and what the baby does with the hands and eyes widens the scope of the feeding act. This which is normal is made more plain when we see an infant’s feed being managed in a mechanical way. Such a feed, far from being an enriching experience for the infant, interrupts the infant’s sense of going on being. I don’t know quite how else to put it. There has been a reflex activity and no personal experience.

... Have you ever seen an infant sucking a finger at the same time as happily breast-feeding? I have. Have you ever seen a dream walking? When an infant sucks bits of clothing or the eiderdown or a dummy, this represents a spillover of the imagination, such as it is, imagination stimulated by the central exciting function which is feeding. (Winnicott, 1994, pp. 17–18)

Based on these descriptions, we are able to see how the imaginative elaboration of body functioning describes a very basic form of *imagination*, one active since birth and which makes use of exploratory relations with objects, even before the infant discovers the existence of objects. They are, as Winnicott says, “odd habits” – ones that exceed and

overflow the physiological functions, giving them a dimension that makes them standard for future psychic functions.

At first, the imaginative elaboration of the feeding function creates, under normal conditions, what Winnicott called the young infant's *illusion of omnipotence*. When the infant can count on a mother who is *good enough*, one who can make the breast appear, as if by magic, when faced with its instinctive urgency, the baby forms the illusion of having created the object at the moment in which it was needed. This description formulates the creation of the *subjective object*.

Within this process, as the infant still lives dispersed over time and space, having a completely vanishing identity that passes through various forms, it will be, at different moments pure instinctive urgency, the nipple that is suckled, and the milk that is swallowed. This *primary identification* with the object will allow, as part of the process of imaginative elaboration, the infant to be able to incorporate its properties. Thus, a supportive mother will serve as a model that will, later on, become a psychic function and enable the child itself to *hold* the complexity of its emotional universe. Winnicott called this primary identification with the mother the *female element*, given this capacity to create psychic functions shaped in maternity, and distinguishes two kinds of mother's breast: one that *is*, allowing the infant the illusion of omnipotence and primary identification; and a second kind of breast that *is not*, but which *does*, imposing external standards on the infant and making it discover the existence of a world outside its area of omnipotence, during a period in which it is still not mature enough for this. Only the first kind of breast allows the infant to *come to be*; the second kind originates the formation of the split false self, as mentioned above.

The psychic functions of incorporation, evacuation, introjection, and projection are also born, later on, anchored to physiological functions, modelled on ingestion and defecation. Their dynamics will, therefore, follow the pattern of the physiological functions in question.

Internalising good environmental objects happens as a natural part of growth, whether it is in a more spontaneous or a defensive manner. In *Human nature*, his last unfinished book (Winnicott, 1988, pp. 75–77, 80–81), Winnicott distinguishes *incorporation* from *introjection*. *Incorporating* good objects in the form of *care*, in this distinction, is a spontaneous process that takes place from the beginning, as a natural part of growth and with no defensive connotations. In the same manner, a student can incorporate the teachings of a professor. *Introjecting* "good objects," on the other hand,

implies a magical idealisation of the internalised objects, as a defense mechanism against anguish, when the environment becomes threatening.

The same reasoning applies to *evacuation* and *projection*: we *evacuate* the remains of that which we incorporate and has no psychic use to us, but we *project* persecutory internal objects that produce unbearable psychic pain in us, to magically rid ourselves of them. In any case, introjection and projection are processes that come later, subsequent to the distinction between the internal and the external world, and have a more *mental* connotation, one linked to a defense against environmental storms.⁴ But they are also useful for normal development, for they allow a transition between inside and outside that generates many psychic functions, one of which is learning to place oneself in the other's position – in crossed identifications.

Right from the start, through the act of sucking a thumb or blanket, the infant exercises a form of omnipotent control over the object, capable of generating enough confidence in the environment that, later on, it may come to lose the primary object, for short periods, without feeling threatened, and being able to substitute it for *transitional objects* such as a thumb, comfort blanket, teddy bear, etc. Winnicott tells us:

These (sucking) phenomena cannot be explained except on the basis that the act is an attempt to localize the object (breast, etc.), to hold it half-way between in and out. This is either a defense against loss of object in the external world or in the inside of the body, that is to say, against loss of control over the object.

I have no doubt that normal thumb-sucking has this function too.

The auto-erotic element is not always clearly of paramount importance . . . (Winnicott, 1945/1958, p. 156)

Later on, it will also be through the imaginative elaboration of body functioning that the infant will create the externality of the world by means of an already constituted infant sexuality, under the form of *oral sadism*. Through the imaginative elaboration of the *survival* of the "breast object," destroyed by its sadistic attacks, the infant may gradually discriminate a *real, objective object*, independent of its area of omnipotence, from a *subjective object*, which it continues to destroy in its fantasies. This stage marks the appearance of fantasies as constituents of the internal world, and therefore in an area separated from reality, from the external world. Thus, a more

⁴ *Incorporation* and *evacuation*, on the other hand, exist as processes from the very beginning.

complex form of imaginative elaboration will arise, one populated by *fantasies*. The possibility of repressing these fantasies, eliminating them from the conscience, will also appear whenever they generate unbearable anguish. This then gives rise to the *repressed unconscious*.⁵ Henceforth, the infant can make use of real objects and, whenever necessary, protect itself in its internal world, like a weary traveller under the shade of a tree.

This distinction between inside and outside and the capacity to act on the world, pursuing the aims of its own desire, designates the constitution – in the child’s personality – of that which Winnicott called the *male element*. If the female element constitutes, for the infant, the possibility of *being*, the male element formats its capacity to *do*.

In the following stage, the infant will already distinguish its mother as a being *similar* to itself, and will become able to feel sorry for her every time it attacks her breast sadistically. Through a (generally unconscious) feeling of guilt, it then experiences desires of *reparatory* movements, which create the first ethical values in the intersubjective relationship. If the mother is good enough to *receive* both the infant’s sadistic attacks and reparatory acts again and again during this whole stage, without retaliation and without leaving the scene, the infant will gradually appropriate the aggressive/destructive impulses that pass through its body, without intense feelings of guilt, since it obtains confidence in being able to repair what it destroys. In this stage, then, imaginative elaboration has already spread to the constitution of human values.

The period of the Oedipus complex makes the psychic dynamic much more complicated, as it introduces a third element. Until then, the father is experienced by the child as a mother substitute. However, imaginative elaboration in this period is of crucial importance, not only for the child to internalise cultural interdictions (such as those regarding incest, for example), but primarily to allow it to be able to sustain feelings of *ambivalence* when faced with objects that generate love and hate simultaneously, such as the father and mother, during this period.

This stage is also of crucial importance for the formation of a sexual identity, through the imaginative elaboration of the *phallic phase* – with a view to the conquest of *genital sexuality* – and also, through the advent of *secondary* identifications with the father, mother, and other important figures in the child’s education.

For example, the manner in which Winnicott conceives the imaginative elaboration that marks the passage from the phallic phase to the genital phase in girls is very interesting. Let us look at his description, in which he simulates, step by step, the process of elaboration of castration until the discovery of the vagina, over succeeding discoveries:

I have a penis. Of course I shall grow a penis. I had a penis, I am traumatized (punishment for excitement). I shall use a penis by proxy, let a male act for me. I shall let the male use me. In this way I get a deficiency made up but acknowledge a dependence on the male for completeness. (Winnicott, 1988, pp. 44–45)

And, for those who consider this description to be loaded with sexist culture – I, myself, have had some female students who thought so – he adds a footnote: “At the phallic phase a boy is complete, and at the genital he is dependent on the female for completeness” (Winnicott, 1988, pp. 44–45).

Passing through the Oedipus complex results in the formation of the *superego*. Winnicott also has some interesting things to say about this subject, even though this part of his theory is generally forgotten by most “Winnicottians.” In the section reproduced below, he assesses the relief a child feels on being integrated as a *whole person*, when arriving at the Oedipus complex process and who, through having parents present, is able to form a normal superego:

We have to say, this child is well enough to be one whole person amongst three, to experience the triangular situation, and to be able to work through in the presence of the parents all that is meant by the passing of the Oedipus complex and the setting of a superego which has some relationship to the parents as perceived and the parents as conceived of. A very large number of children never have this relief. What happens in such cases is not that there is no superego but that the superego formation never becomes humanized and will remain rather like the polytheism before monotheism. It is as if there are forces and mechanistic agencies that are feared and that must be magically countered, and that certainly cannot be defied. Every possible kind of frightening mechanism belongs to the lack of health in this area. In health the child may (to be sure) develop psychoneurosis, but nevertheless he or she has the great relief of a superego which is related to the human beings in fact, the father and the mother. The analysis can cash in on this. These human beings can be loved and hated, obeyed and defied, in the ordinary way that is well known. (Winnicott, 1960/1992a, pp. 470–471)

In other words, here too, imaginative elaboration operates in different ways, whether or not it can count on the child’s healthy development in the

⁵ The unconscious that existed until then has a purely descriptive statute, that is, it constitutes mechanisms and processes that function at a threshold incapable of reaching the conscience, which, in the initial stages, is not even entirely constituted as such.

previous stages and with the effective presence of the parents, incorporating human images with which the child is able to dialogue internally, either obeying or challenging them. When this is not possible, the cultural interdictions are internalised through the introjection of anonymous, magical, and powerful forces, ones far distant from everyday life, creating a kind of fantastical world to which the child must submit or which, generally, doles out severe punishment when it is disobeyed. Melancholy, although a psychosis, can constitute one of these typical cases, as can some grave obsessive neuroses.⁶

In general terms, we can say that the imaginative elaboration of body functioning operates, from the very beginning of life, by exploring and enjoying the objects in a way that foretells the *playful* relations with them that come later and differentiate a space for mediation between the inside and outside, the so-called *potential space* that constitutes the region of the psyche to which Winnicott allocates all and any process of creation of, and relations with, cultural objects.

Maternal holding and the constitution of the psyche-soma

Once again, it is extremely important to stress that the normal development of the imaginative elaboration of body functioning is *entirely* dependent on, during the so-called periods of absolute and relative dependence, the holding received from the mother or substitute figure.

Holding constitutes a broad term that designates all the maternal care capable of providing support for the infant's primary creativity over the process of the constitution of the psyche. Thus, it is important to note that the process of imaginative elaboration is undertaken *by* the infant's primary creativity, although it needs to be *supported* by the maternal care. During this process, it is not up to the mother to perform the role of main *interpreter*, as conceived by Bion in the activity of *reverie*. Below is a section taken from another text I wrote:

⁶ In a different text, Winnicott describes a pathological form of the *superego* that seems to bear relations to this one: "in some cases there may have been a *false superego* development based in an abnormal way on the intrusion of a very powerful authoritarian influence derived from the environment of early years" (Winnicott, 1965, pp. 19–20, emphasis added). As however, he does not elaborate further on the subject, it is difficult to be more precise regarding his thinking in this regard. Personally, I see this kind of *false superego* as an extremely active part in certain formations of the *split false self*, common to borderline patients, which functions as a formation of intensely oppressive psychic forces. However, it could also perfectly well describe the superego of certain melancholic or grave obsessive neurotic patients.

In the conception of Bion, the infant is incapable of elaborating, on its own, the raw material, of a sensory nature, of its constitution, which emerges in the form of β elements and needs to eject these elements outside itself, in the form of projective identifications on the mother, such that she can digest them, through the function of reverie, and return them transformed into α elements. These α elements are suitable for use in the function of thinking. This makes the Bionian psychoanalyst very accustomed to, in clinical practice, that α function – the donor of form and sense –, using interpretation for this purpose, even when dealing with borderline or psychotic patients.

For Winnicott, the infant is not primarily dependent on reverie, but on holding, on support, which means that if it has its going on being guaranteed through maternal care, it will be able to – through the use of its primitive and rudimentary tools – gradually give meaning to the functioning of its body in its relationship with the environment. Through this, it will gradually conquer a psyche, in which the capacity to think is included.⁷ This means that psychoanalysts of a Winnicottian inclination, especially when treating borderline or psychotic patients, will favour holding and the processes of regression to the stages of dependency, in large part giving up interpretation. (Naffah Neto, 2011, p. 13)

Supporting the infant's primary creativity means, above all, for the mother, a vote of confidence in the life and the right of her child to be *singular*. However, according to Winnicott, this is guaranteed through the process of *primary maternal preoccupation*, originating from the mother's regressive movement and which allows her both an identification with the infant's basic needs and the ability to respond to her gradual conquests in a confident manner.

It would, therefore, be imprecise to base ourselves on the philosophical notion of intersubjectivity to designate this kind of mother–infant relationship, one that is so peculiar and unique, especially because, in those first moments, the infant is effectively unable to designate a constituted subjectivity in the strong sense of the word. It is about a relationship in which both subjects are not centered on themselves, the mother being fundamentally present as a body/breast identified with the infant, the latter emerging as a vanishing and amorphous body identified with, in turn, this maternal body/breast. They suggest two mutually overlapping planes that pass one inside the other, in the form of a reversible chiasm.

⁷ It is true that, for Winnicott, the mother performs an important mirror function – reflecting to the infant an image of itself. This, however, does not characterise a kind of *reverie*, as it does not imply a transformative digestion (of β elements into α ones, for example); the function of the maternal look is to *grant existence* to the infant at a period in which it lives dispersed rather than integrated.

Perhaps, in this sense, the notion that best expresses this state of things would be what Merleau-Ponty called *chair* in his unfinished book *Le visible et l'invisible* (Merleau-Ponty, 1964), and which would be best translated as *flesh*. Below, we can see how evocative Marilena Chauí's words are when seeking to describe this Merleau-Pontyan notion:

The reversibility and transitivity of the colours, surfaces and movements – the flesh of things –, of our senses among themselves – the flesh of our body – of them and of things in resonance and reverberation without beginning and without end is the unveiling of the sentence as “the medium that contains the Being, without needing to be placed”. This is the sentient experience.

The fundamental narcissism of the body in synergy that propagates between the bodies in an unfinished intercorporeal reflection or permanent incarnation in the community of Narcissus, is the experience of intercorporeality as originating the existence of the self and the other. (Chauí, 1981, p. 276)

This, however, is a very complex topic that would require a different reflexive journey. Thus, I leave it here simply as a suggestive title for future incursions into the subject.

In any case, we can say that, thanks to maternal holding, the infant's primary creativity is capable of imaginatively elaborating the biological functions in its relations with the world and creating a psyche that is effectively supported by the body, thus (obviously as long as we separate any mystical sense from the term *spirituality*) constituting its spiritual counterpart. Thus, the infant will gain a psycho-somatic unit in which body and psyche constitute two components of a single structure.

However, Winnicott never reached a true monism of pure identification between the body and the psyche, because his clinical practice never allowed him to make such a postulation. He tells us:

Another psychotic patient discovered in analysis that most of the time she lived in her head, behind her eyes. She could only see out of her eyes as out of windows and so was not aware of what her feet were doing, and in consequence she tended to fall into pits and to trip over things. She had no “eyes in her feet”. Her personality was not felt to be localized in her body, which was like a complex engine that she had to drive with conscious care and skill. (Winnicott, 1945/1958, p. 149)

In other words, if the psycho-somatic unit can only be achieved in the happiest of cases, then, in real terms, clinical practice does not authorise us to purely identify the psyche and body in formulas such

as “the psyche is the body” or “the body is the psyche.” At the same time, we have advanced far beyond Cartesian dualism. Loparic suggests that, for Winnicott, body and psyche should be seen as two groups of functions, integrated among themselves but irreducible to each other (cf. Loparic, cited in Oliveira Dias, 2003, pp. 112–113).

It is also essential to distinguish between the notion of *psyche* and the notion of *mind*, as, according to Winnicott, the latter designates a specialised functioning of the psycho-somatic unit entirely destined for *intellectual functions*. The *mind* first differentiates itself in order to give the infant some predictability regarding environmental events, albeit as a zone directly in contact with the exterior world, with the functions of transforming subjective temporality into Cronos, measuring space, analysing and categorising events, storing and classifying memories, outlining relationships of causality, and making predictions (Winnicott, 1965, p. 7).

Psychic health presupposes an integrated function between psyche, mind, and body, and this could, perhaps, be the most precise meaning of the term *psycho-somatic unit*.

Acknowledgements

The first version of this paper was reviewed by psychoanalyst Janete Frochtengarten, whom I would like to thank for her contributions.

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