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## Deprivation and Delinquency

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## 16

## AGGRESSION, GUILT AND REPARATION

(A talk given to the Progressive League,  
8 May, 1960)

I wish to draw on my experience as a psychoanalyst to describe a theme which comes over and over again in analytic work and which is always of great importance. It has to do with one of the roots of constructive activity. It has to do with the relationship between construction and destruction. You may immediately recognize this theme as one which has been developed chiefly by Melanie Klein who has gathered together her ideas on the subject under the heading 'the depressive position in emotional development'. Whether this is a good name or not is beside the point. The main thing is that psychoanalytic theory evolves all the time and it was Mrs Klein who took up the destructiveness that there is in human nature and started to make sense of it in psychoanalytic terms. This was an important development that came in the decade after the First World War and many of us feel that our work could not have been done without this important addition to Freud's own statement of the emotional development of the human being. Melanie Klein's work extended Freud's own statement, and did not alter the analyst's way of working.

It might be thought that this subject belongs to the teaching of the psychoanalytic technique. If I judge the situation correctly you would not mind even this. I do believe, however, that the subject is of vital importance to all thinking people especially as it enriches our understanding of the meaning of the term 'a sense of guilt', by joining up the sense of guilt on the one hand to destructiveness and on the other hand to constructive activity.

It all sounds rather simple and obvious. Ideas of destroying an object turn up, a sense of guilt appears, and constructive work results. But what is found is very much more complex and it is important when attempting a comprehensive description to remember that it is an achievement in the emotional development of an individual when this simple sequence begins to make sense or to be a fact or to be significant.

It is characteristic of psychoanalysts that when they try to tackle a subject like this they always think in terms of the *developing individual*. This means going back very early and looking to see if the point of origin can be determined. Certainly it would be possible to think of earliest infancy as a state in which the individual has not a capacity for feeling guilty. Then one can say that at a later date we know that (in health) a sense of guilt can be felt, or experienced without perhaps being registered as such in consciousness. In between these two things is a period in which the capacity for a sense of guilt is in process of becoming established, and it is with this period that I am concerned in this paper.

It is not necessary to give ages and dates but I would say that parents can sometimes detect the beginnings of a sense of guilt before their infant is a year old, though no-one would think that before the age of 5 there has become firmly established in a child a technique for accepting full responsibility for destructive ideas. In dealing with this development we know we are talking about the whole of childhood and particularly about adolescence, and if we are talking about adolescence we are talking about adults because no adults are all the time adult. This is because people are not just their own age, they are to some extent every age, or no age.

In passing I would like to say that it seems to me that it is comparatively easy for us to get at the destructiveness that is in ourselves when this is linked with anger at frustration or hate of something we disapprove of or when it is a reaction to fear. The difficult thing is for each individual to take full responsibility for the destructiveness that is personal, and that inherently belongs to a relationship to an object that is felt to be good; in other words that is related to loving.

Integration is a word that comes in here because if one can conceive of a fully integrated person then that person takes full responsibility for all feelings and ideas that belong to being alive. By contrast it is a failure of integration when we need to find the things we disapprove of outside ourselves and do so at a price, this price being the loss of the destructiveness which really belongs to ourselves.

I am talking therefore about the development which has to take place in every individual of the capacity to take responsibility for the whole of that individual's feelings and ideas, the word 'health' being closely linked with the degree of integration which makes it possible for this to happen. One thing

about a healthy person is that he or she does not have to use in a big way the technique of projection in order to cope with his or her own destructive impulses and thoughts.

You will understand that I am passing over the earliest stages, the things that one can call the primitive aspects of emotional development. Shall I say I am not talking about the first weeks or months. A breakdown in this area of basic emotional development leads to mental hospital illness, that is to say schizophrenia, with which I am not dealing in this lecture. In this paper I assume that in each case the parents have made the essential provision which has enabled the infant to start leading an individual existence. What I want to say could apply equally to the care of a normal child during a certain stage of development or to a phase in the treatment of a child or an adult, for in psychotherapy nothing really new ever happens; the best that can happen is that something that was not completed in an individual's development originally becomes to some extent completed at a later date, in the course of the treatment.

My intention now is to give you some examples from analytic treatments. I shall leave out everything except the details that are relevant to the idea I am trying to put forward.

#### Case I

One example comes from the analysis of someone who is himself doing psychotherapy. He started off a session by telling me that he had been to see one of his own patients performing, that is to say he had gone outside the role of therapist dealing with the patient in the consulting room and had seen this patient at work. This work involved very quick movements and was highly skilled and the patient was very successful in this peculiar job in which he uses quick movements, which in the therapeutic hour make no sense but which move him round on the couch as if he were possessed. My patient (who is the therapist of this man) was doubtful about what he had done, whether it was good or not, although he felt that probably it was a good thing for him to see this man at work. He then made a reference to his own activities in the Easter holidays. He has a country house and he very much enjoys physical labour and all kinds of constructive activity, and he likes gadgets, which he really uses. He then went on to describe events in his home life. I need not pass these on with all their emotional colouring, but I will simply say that he returned to a theme which has been important in the recent analysis in which various kinds of engineering tools have played a large part. On his way to the analytic session he often stops and gazes at a machine tool in a shop window near my house. This has the most splendid teeth. This is my patient's way of getting at his oral aggression, the primitive love impulse with all its ruthlessness and destructiveness. We could call it eating. The trend in his treatment is towards this ruthlessness of primitive loving, and,

as can be imagined, the resistance against getting to it is tremendous. (Incidentally this man knows the theory, and could give a good account of all these processes in an intellectual way, but he comes for postgraduate analysis because he needs to get truly in touch with his primitive impulses as a matter not of the mind but of instinctual experience and of bodily feeling.) There was much else in the hour's content, including a discussion of the question: can one eat one's cake and have it?

The only thing I want to pull out of this is the observation that when this new material came up relating to primitive love and to the destruction of the object *there had already been* some reference to constructive work. When I made the interpretation that the patient needed from me, about his destruction of me (eating) I could remind him of what he had said about construction. I could remind him that just as he saw his patient performing, and the performance made sense of the jerky movements, so I might have seen him working in his garden, using gadgets in order to improve the property. He could cut through walls and trees, and it was all enjoyed tremendously, but if this had come apart from the constructive aim it would have been a senseless maniacal episode. This is a regular feature in our work, and it is the theme of my talk this evening.

Perhaps it is true to say that human beings cannot tolerate the destructive aim in their very early loving. The idea of it can be tolerated however if the individual who is getting towards it has evidence of a constructive aim already at hand of which he or she can be reminded.

I am thinking here of the treatment of a woman. Early on in the treatment I made a mistake which nearly ended everything. I interpreted this very thing, oral sadism, the ruthless eating of the object belonging to primitive loving. I had plenty of evidence, and indeed I was right, but the interpretation was given 10 years too soon. I learned my lesson. In the long treatment that followed the patient re-organized herself and became a real and integrated person who could accept the truth about her primitive impulses. Eventually she became ready for this interpretation after 10 or 12 years of daily analysis.

#### Case II

A man patient came into my room and saw a tape-recorder that had been lent me. This gave him ideas, and he said as he lay down and as he gathered himself together for the work of the analytic hour: 'I would like to think that when I have finished treatment what has happened here with me will be of value to the world in some way or other.' I made a mental note that this remark *might* indicate that the patient was near to one of those bouts of destructiveness with which I had had to deal repeatedly since the treatment started two years ago. Before the end of the hour the patient had truly reached a new acquaintance with his envy of me for my being some good as an analyst.

He had the impulse to thank me for being good, and for being able to do what he needed me to do. We had had all this before, but he was now more than he had been on previous occasions in touch with his destructive feelings towards what might be called a good object. When all this had been thoroughly established I reminded him of his hope, expressed as he came in and saw the tape-recorder, that his treatment might of itself prove valuable, something that would contribute in, to the general pool of human need. (It was not of course *necessary* for me to remind him of this because the important thing was what had happened, not the discussion of what had happened.)

When I linked these two things he said that this felt right, but how awful it would have been if I had interpreted on the basis of his first remark. He meant, if I had taken up his wish to be of use and told him that this indicated a wish to destroy. He had to reach to the destructive urge first, and he had to reach it in his own time and in his own way. No doubt it was his capacity to have an idea of ultimately contributing in that was making it possible for him to get into more intimate contact with his destructiveness. But constructive effort is false and worse than meaningless unless, as he said, he has first reached to the destruction. He felt that his work hitherto had been without proper foundation, and indeed (as he reminded me) it was for this that he came to me for treatment. Incidentally, he has done very good work, but always as he gets towards success he feels an increasing sense of futility and falseness, and a need to prove his worthlessness. This has been his life pattern.

#### Case III

A woman colleague is talking about a man patient. This man reaches to material which can properly be interpreted as an impulse to steal from the analyst. He in fact says to her, after experiencing a good piece of analytic work, 'I now find I hate you for your insight, the very thing I need of you, I have the impulse to steal from you whatever there is in you that makes you able to do this work.' Now, just before this he had said (in passing) how nice it would be to earn more money so as to be able to pay a higher fee. You will see the same thing here, a platform of generosity reached and used so that from it a glimpse might be gained of the envy, the stealing and the destructiveness of the good object, that which underlies the generosity, and which belongs to primitive loving.

#### Case IV

The next snippet comes out of a long case description of an adolescent girl who is having treatment from someone who is at the same time looking after the child in her own home, along with her own children. This arrangement has advantages and disadvantages.

The girl has been severely ill and, at the time of the incident I shall recount, she was emerging from a long period of regression to dependence and to an infantile state. It could be said that now the girl is not regressed in her relation to the home and the family but is still in a very special state in the limited area of the treatment sessions. These occur at a set time in the evenings.

A time came when this girl expressed the very deepest hate of Mrs X (who is both caring for her and doing her treatment). All was well in the rest of the 24 hours but in the treatment area Mrs X was destroyed utterly and repeatedly. It is difficult to convey the degree of her hate of Mrs X, the therapist, and in fact her annihilation of her. Here it was not a case of the therapist going out to see the patient at work, for Mrs X had the girl in her care all the time and there were two separate relationships going on between them simultaneously. In the day all sorts of new things began to happen, the girl began to want to help to clean the house, to polish the furniture, to be of use. This helping was absolutely new and had never been a feature in this girl's personal pattern in her own home, even before she became acutely ill.

I should think that there must be few adolescents who have in fact done so little at home to help, and she had not even helped with the washing-up. So this helping was quite a new feature and it happened silently (so to speak) alongside the utter destructiveness that the child began to find in the primitive aspects of her loving which she reached in her relation to the therapist in the therapy sessions.

You see the same idea repeating itself here. Naturally the fact that the patient was becoming conscious of the destructiveness made possible the constructive activity which appeared in the day. But it is the other way round that I want you to see just now. The constructive and creative experiences were making it possible for the child to get to the experience of her destructiveness.

You will observe a corollary which is that the patient needs opportunity for contributing in, and this is where my subject links up with ordinary living. Opportunity for creative activity, for imaginative playing, and for constructive working, this is just what we try to give equally for everyone. I shall refer to this again.

I now want to try to put together the ideas that I have put forward in the form of case material.

We are dealing with one aspect of the sense of guilt. It comes from toleration of one's destructive impulses in primitive loving. Toleration of one's destructive impulses results in a new thing, the capacity to enjoy ideas, even with destruction in them, and the bodily excitements that belong to them, or that they belong to. This development gives elbow room for the experience of concern, which is the basis for everything constructive.

You will see that various pairs of words can be used according to the stage of emotional development that is being described.

annihilation  
destruction  
hating  
being cruel  
soiling  
damaging  
and so on.

creating  
re-creating  
reinforced loving  
being tender  
cleaning  
mending

Let me put my thesis this way. If you like, you can look at the way a person mends, and you can cleverly say: 'Aha, that means unconscious destruction.' But the world is not helped on much if you do this. Alternatively you may see in someone's mending that he or she is building up a self strength which makes possible a toleration of the destructiveness that belongs to that person's nature. Say you somehow block the mending, then to some extent that person becomes unable to take responsibility for his or her destructive urges, and clinically the result is either depression or else a search for relief by the discovery of destructiveness elsewhere, that is to say by the mechanism of projection.

To end this brief exposition of a vast subject let me list some of the everyday applications of the work that underlies what I have said:

- (a) Opportunity for contributing in, in some way or other, helps each one of us to accept the destructiveness that is part of ourselves, basic, and belonging to loving, which is eating.
- (b) Providing opportunity, being perceptive when people have constructive moments, does not necessarily work, and we can see why this should be so.
- (c) We give opportunity to someone for contributing in, and we may get three results:
  - (1) That is just what was needed.
  - (2) The opportunity is falsely used, and eventually the constructive activities become withdrawn because they are felt to be false.
  - (3) Opportunity offered to someone who is unable to get to the personal destructiveness is felt as a reproach and the result is disastrous clinically.
- (d) We may use the ideas I have discussed in order to enjoy some intellectual understanding of the way a sense of guilt works, being at the point of transformation of destructiveness into constructiveness. (It must be pointed out here that ordinarily the sense of guilt that I am talking about

is silent, not conscious. It is a potential sense of guilt, annulled by the constructive activities. Clinical sense of guilt that is a conscious burden is rather another matter.)

- (e) From this we reach some understanding of the compulsive destructiveness which may appear anywhere, but which is a special problem of adolescence, and a regular feature of the antisocial tendency. Destructiveness, though compulsive and spoof, is more honest than constructiveness when the latter is not properly founded on the sense of guilt that arises out of acceptance of one's personal destructive urges directed towards the object that is felt to be good.
- (f) These matters relate to the tremendously important things that are going on in rather an obscure fashion when a mother and a father are giving their new baby a good start in life.
- (g) Finally, we arrive at the fascinating and philosophic question: can one eat one's cake and have it?