



Review Article

Environment, trauma and technical innovations: Three links between Donald W. Winnicott and Sándor Ferenczi[☆]

Miguel Gutiérrez-Peláez^{a,*}, Emilio Herrera-Pardo^b

^a Programa de Psicología de la Universidad del Rosario, Escuela de Medicina y Ciencias de la Salud, GI Individuo, Familia y Sociedad, Bogotá, Colombia

^b Profesor, Universidad del Rosario y Pontificia Universidad Javeriana, Bogotá, Colombia

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ABSTRACT

Throughout this paper, the theoretical and clinical approaches of D.W. Winnicott are reviewed in order to reread the written production of Sándor Ferenczi. Winnicott's clinical and theoretical concepts allow returning to Ferenczi and rescuing aspects of his work that had been silenced in the psychoanalytic community. Ferenczi, in turn, is one that holds his presence in Winnicott's thought. Even though there are few times in which he cites Ferenczi in his work, it is possible to draw clear relationships between both theories. Three main issues are addressed: the role of the environment as active; the primitive traumatic event in which there is no one that has experience of it, and psychoanalysis as the place to experience that which happened in the first months of life for the first time; and, finally, severe pathologies and psychoses: technical innovations in Winnicott and Ferenczi for the treatment of psychotic and borderline patients. It is concluded that the theoretical and technical developments of Winnicott serve to illuminate a retrospective reading of Ferenczi.

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Ambiente, trauma e innovaciones técnicas: tres articulaciones entre Donald W. Winnicott y Sándor Ferenczi

RESUMEN

A través de este trabajo, se retoman los planteamientos teóricos y clínicos de D.W. Winnicott para releer la producción escrita de Sándor Ferenczi. Los conceptos teóricos y clínicos de Winnicott permiten volver a Ferenczi y rescatar aspectos de su obra que habían quedado

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* Corresponding author.

E-mail address: miguel.gutierrez@urosario.edu.co (M. Gutiérrez-Peláez).

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silenciados en la comunidad psicoanalítica. Ferenczi, a su vez, conserva su presencia en el pensamiento de Winnicott. Si bien son escasas las veces que cita a Ferenczi en su obra, es posible trazar claros puntos de encuentro entre ambas teorías. Se abordan tres puntos principales: el papel del medio como activo, la vivencia traumática primitiva en la cual no hay un alguien que haga experiencia de ello y el psicoanálisis como el lugar para hacer experiencia por primera vez de eso que ocurrió en los primeros meses de vida y, por último, las enfermedades graves y la psicosis: innovaciones técnicas en Winnicott y Ferenczi para el tratamiento de pacientes psicóticos y *borderline*. Se concluye que los desarrollos teóricos y técnicos de Winnicott sirven para iluminar una lectura retrospectiva de Ferenczi.

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Introduction

It is difficult to accurately assess the effect Sándor Ferenczi's work had on the clinical and theoretical production of Donald W. Winnicott. From his writings, we know that he cited him on two occasions. These references indicate that Winnicott had access to Ferenczi's work and not only through Melanie Klein's use thereof. It is not known whether any formal meetings took place between the two psychoanalysts. Winnicott completed his training as an adult analyst in 1934, a year after the death of the first-generation Hungarian psychoanalyst, Sándor Ferenczi.

In his work *Classification: is there a psychoanalytic contribution to psychiatric classification?*, read at a scientific conference held by the British Psycho-Analytical Society on 18 March 1959,¹ Winnicott states that "gradually and in the course of time the study of psychosis began to make more sense. Ferenczi (1931) contributed significantly by looking at a failed analysis of a patient with character disorder not simply as a failure of selection but as a deficiency of psycho-analytic technique. The idea implied here was that psycho-analysis could learn to adapt its technique to the character disorder or the borderline case without turning over into management, and indeed without losing the label psycho-analysis. Eventually Melanie Klein (1932, 1948) made her specific contributions showing that in the analysis of children psychotic disorders must be encountered, and that these could be dealt with if met by adequate technique, so that failure to deal with psychotic manifestations in childhood meant for her (as for Ferenczi) a failure of technique, not a failure of selection" (p. 151). It is interesting that he makes reference to Ferenczi's 1931² work in this citation (written in 1931 and presented in 1932 at the Wiesbaden Congress), as it was specifically "Confusion of Tongues between Adults and the Child" that marked the turning point in Freud and Ferenczi's relationship, which once again postulated the effective reality of trauma, a theme that Freud assumed was overcome based on the notion of "psychic reality" (for more on this matter, see Masson, Rachman, Sylwan, Hidas and Gutiérrez-Peláez³⁻⁷). Moreover, it is worth noting the fact that Winnicott underlines the importance Ferenczi gives to the necessity of adapting the environment to the patient's needs. Ferenczi had worked on this a few years earlier, in 1927, in "The Adaptation of the Family to the Child".⁸ Winnicott's other and final reference to Ferenczi appeared one

year earlier, in "Ernest Jones",⁹ which was published in the *International Journal of Psychoanalysis*.

Borgogno¹⁰ has highlighted several similarities between Ferenczi and Winnicott, referring to the relationship between their works and the psychoanalytic community. Ferenczi was subjected to direct censorship and it was not until 1949 that his work began to circulate, almost coinciding with that of Winnicott. Although the British author did not undergo explicit censorship, Borgogno does note that Winnicott felt he had not been sufficiently recognised by his sphere. That said, when Ferenczi's works were published, which coincided in time with Winnicott's writings, a particular interest in the subject of countertransference can be found in both theoretical bodies. For both authors, the emotional response of the therapist is fundamental in the technique and analytical process. Borgogno also underlines the fact that both authors explain antisocial behaviour on the basis of childhood neglect.

The importance of the role the environment plays on mental health is more than evident in Winnicott's theoretical developments and he is undoubtedly the most noteworthy point of reference in this regard, with his concepts of active adaptation, the facilitating environment and the good-enough mother. With this in mind, his concepts resonate in various passages of Ferenczi's *Clinical Diary*¹¹ such as, for example, in the following paragraph: "More proof that the lasting effect of the trauma stems from the absence of a kind, understanding, and enlightening environment [...] The childish personality, as yet barely consolidated, does not have the capacity to exist, so to speak, without being supported on all sides by the environment. Without this support the psychic and organic component mechanisms diverge, explode, as it were; as yet there is no ego-center strong enough to be worth mentioning, which could hold the whole of it together, also on its own. Children have no ego yet, but only an id; the id still reacts alloplastically, not motorically. The analysis should be able to provide for the patient the previously missing favorable milieu for building up the ego, and so put an end to that state of mimetism which like a conditioned reflex only drives the person toward repetition. A new *couvade*, so to speak, and a new taking flight" (p. 289).

In his essay "Fear of Breakdown",¹² Winnicott reveals his theory that "clinical fear of breakdown is the fear of a breakdown that has already been experienced" (p. 115). The event remains rooted in a rather unique unconscious, of which he states "in

this special context the unconscious means that the ego integration is not able to encompass something. The ego is too immature to gather all the phenomena into the area of personal omnipotence" (p. 115). Thus, the patient cannot recall something that is yet to occur, but must experience it for the first time in transference. Regarding this point, a link can be made with Ferenczi's line of thought, who also dealt extensively with trauma. With respect to treating his traumatised patients, Ferenczi highlighted the importance of connecting with the traumatic material, which initially is only accessible through repetition, given that it only exists as an "experience". However, it is possible to relive it through analysis and to make an "experience" of it, which results in the union of the patient's fragmented personality. Moreover, Ferenczi also notes that traumatic experience material leaves no record in any psychic instance. In this sense, one might assume that no record remains precisely because of the prematurity of the trauma (and the ego), as there is no established or differentiated ego to undergo the traumatic experience, but that this experience is only accessible by reliving the trauma under the favourable therapeutic conditions afforded by the psychoanalytic treatment and with an ego that is able to make an experience of it. In his diary, Ferenczi expresses this as follows: "The analyst is able, for the first time, to link emotions with the above primal event and thus endow that event with the feeling of a real experience" (p. 38) and, later, "... for the first time a conscious experiencing-to-the-end?" (p. 157).

Dupont,¹³ like Genovés (in Jiménez Avello¹⁴) also argues that trauma cannot be remembered, given that it was never experienced consciously. In his diary, Ferenczi states: "[At] the moment of the attack all illusion is destroyed, the sudden insight into this terrifying existence in the power of a madman cannot be accepted, and the state of being split that has existed up to now gives way to a state of complete dissolution. After that has run its course, as when fireworks have burnt themselves out, the entire sector of this experience disintegrates into a mass of atomized debris" (p. 124). Traumatic situations and their persistence, whether incestuous seductions, passionate punishments or the terrorism of suffering (*erschütterung*), causes the split to intensify and multiply, which in turn leads the psyche to disintegrate. For Ferenczi, psychic paralysis has to do with the interruption of the senses, the unresisting acceptance of any mechanical or psychic impression, without any amnesic trace of said impressions, even unconsciously. It is thus in no way possible that they will become accessible to the memory. For this reason, the analytic situation requires conditions to be provided so that the patient may perceive his/her trauma for the first time, to which the detached feelings behind the psychic fragmentation are tied. "In the transference the opportunity would present itself to provide that protection and support which were absent during the trauma. The love and strength of the analyst, assuming that trust in him goes deep enough and is great enough, have nearly the same effect as the embrace of a loving mother and a protective father" (p. 106).

As regards the technical innovations of both authors, this is probably Ferenczi's most controversial point and the one that led Ernest Jones¹⁵ to tarnish his work as psychopathological in his biography of Freud. Ferenczi worked on three different technical innovations in the last years of his life: the

active technique, the relaxation and neocatharsis technique and mutual analysis. But besides agreeing or disagreeing with these technical innovations, from criticising their boldness or reading them as errors or excesses in the technique, they seduce because they show Ferenczi's psychoanalytic passion and reveal the need to institute changes in the classical analytic technique for the treatment of certain patients. Winnicott, in "Clinical Varieties of Transference",¹⁶ reports how psychoanalysis has been applied to "well-chosen" cases of neurosis, i.e. to patients that have had "good-enough infant care", where the stages preceding the establishment of the ego are taken for granted, and it is precisely this good-enough adaptation that has allowed the ego to come into being. Thus, Winnicott emphasises the need to bring about change in the approach to other patients besides said "well-chosen" neurotic subjects, i.e. borderline disorders, psychosis and psychotic episodes suffered by neurotic and normal patients.

Indeed, the technique Winnicott used to approach his cases is well-known and debates have been sustained on the topic. The freedom and genuineness with which the psychoanalyst attended to his patients, in conditions that were somewhat unusual for the psychoanalytic community, led him to see other patients and clinical situations as well as to be subject to debate. Both his book *Therapeutic consultations in child psychiatry*¹⁷ and his famous *The Piggie: an Account of the Psychoanalytic Treatment of a Little Girl*¹⁸ are an example of Winnicott's broad clinical and technical range. His unique hospital sessions, interviews and written communications to parents, the frequency and duration of his sessions and his famous "psychoanalysis on demand" and "phases of intensive treatment" were some of his innovations on the traditional psychoanalytic technique. That said, none of them was an innovation that sought to establish itself as a good practice protocol, but they all saw sense in the transference relationship with the patient and the search for a specific and singular technique so that each case could be directed towards a possible cure. Below is an extract from the prologue of *The Piggie: an Account of the Psychoanalytic Treatment of a Little Girl*, drafted by Ishak Ramzy in 1974, in which he relates how a psychoanalytic event was debated and received the "psychoanalysis on demand" technique:

"One issue in the subsequent discussion centered on the subject of whether the type of treatment Winnicott described and called 'psychoanalysis on demand' with its infrequent and irregular sessions was analysis or psychotherapy. Winnicott replied by directing attention to what he did with the transference and the unconscious, not to [...] the frequency or regularity of the analytic sessions. In the course of this discussion an impatient listener was heard to say in an audible whisper: 'If there is any question that this is an analysis, how is it that the case of Little Hans is still considered one of the classics in psychoanalytic literature?'" (p. 17).

Borgogno refers to the fact that both Ferenczi and Winnicott focus their theoretical and technical attention on the role of the mother. This interest led them in turn to work not only on the theoretical child, but also on the real child. To consider the importance of the technique, where the analyst must not only position himself and perform the benevolent

role of the mother, but also receive the projections of the inadequate protector. Accordingly, both the mother and the analyst must be able to receive the baby and the patient as they are, without asking them to adapt to a particular ideal or therapy. They must be able to receive the patient-baby with his/her immature side, and not push him/her towards a “somersault of adaptation”. During the analysis, the patient is equipped to reproduce his/her unresolved conflict and, having contained it, to be able to transform it. This fact led Winnicott and Ferenczi to think about technique and theory differently to other psychoanalysts, including those who worked with children. Both proposed, at different points in history, the fact that, like the mother, the analyst must be able to adapt to the patient-baby and not expect adaptation from the other. However, this transformation not only arises from an internal interest, as Borgogno indicates, but also due to their clinical activities with borderline or “very disturbed” patients.

Thinking about the therapist—and the mother—as the person who adapts to the patient-baby, and not vice versa, carries with it profound change in technique. Both frame and interpretation find another use and another orientation. For example, as well as being something that stems from the knowledge of the therapist, the interpretation is something that the patient creates and encounters in therapy. Over the analyst’s knowledge, what takes precedence is the genuineness of the patient (and the analyst).

Borgogno indicates that for both Ferenczi and Winnicott, the mother must have a particular mental state. In Winnicott’s words, she must have a “primary maternal preoccupation” and, according to Ferenczi, should consent to being “temporarily parasited”. If this is not the case, the child will have to overadapt to the mother, moving away from its sense of feeling real in the world. Concepts such as “spoilt children”, “wise baby” and the “false self” arise on the basis of this concept. It is thus possible to see how, for both psychoanalysts, the psychic state of the mother is fundamental in developing the subject’s sense of existence and how, when this is not guaranteed, the child tends to overadapt or progress in this development (a leap into the void). Both Winnicott and Ferenczi suggest an animated, interested analyst capable of letting him/herself be used by the patient and who is firm but also flexible enough to adapt to the needs demanded by the analysand’s inner child.

In connection with the foregoing, Borgogno explores a technical similarity of the two authors, derived from the practice that prompts the consultation of borderline patients. Borgogno shows how working with patients presenting a dissociation between mind and body led Ferenczi and Winnicott to undergo a learning process and a change in their technique. In this sense, both authors “have in mind and share the idea that psychoanalysis is an instrument that cannot function independently or thus do without the resources and limitations of the person conducting and carrying it forward, and of the intersubjective encounter that takes place between the two members of the ‘working team’ (Ferenczi, 1912). Consequently, for them, the contribution of the analyst to the analysis and the desired mutative success is essential and the latter cannot be reduced in any way to a mere transmission of words and thinking contents, but *in primis* implies having to emotionally undergo the patient’s painful experience and to be able to feel

it, gradually coming up with an alternative solution to the one the patient has found up until that moment in his/her life” (p. 213).

We can see then that both Winnicott and Ferenczi attach fundamental importance to the presence and role of the analyst, an analyst that not only works on the basis of knowledge, but who also connects to the emotional experience that an analysis implies.

In his work on “the use of an object”¹⁹ (made up of several essays, the one used most frequently for this research was “The Use of an Object and Relating through Identifications”, which consists of a presentation given at a conference in 1968, published in the *International Journal of Psycho-Analysis* in 1969, and in his book *Playing and Reality* in 1971; this piece of work used a collection of said articles on the use of an object, presented in the text *Psycho-analytic Explorations I* in 1989), Winnicott noted that the analyst must first endure being a subjective object, but must also recognise that he or she must survive destruction and be able to position himself or herself in a place that is not only the projection of the patient, but which is an object in itself, that may be used and related to. The analyst has a body and is not merely a projection of the patient’s past figures; his/her presence implies something. As such, the analyst must enable the paradox in which the patient creates the object (subjective object), but where the object is already there waiting to be created. The subject may relate with the other, no longer as a part or projection of himself or herself, but as a separate entity. But to do this, it is imperative that the analyst, like the object, survives the destruction. Thus, the changes that arise in the analysis stem from the survival of the analyst, more than that of the interpretations, and this is a fundamental aspect of Winnicott’s technique.

Although, as we have noted, Winnicott had no influence on Ferenczi’s work (with the latter being from a previous generation), and the British author only makes limited references to the Hungarian, they do have one thing in common: the need for a change in technique where the patient does not adapt to the frame, but rather the frame accommodates to the need of the patient, in a reconstruction, so to speak, of the child’s need where the environment and the object are the aspects that adapt. For example, we find the importance that empathy and intuition take for Winnicott²⁰ in the role of the analyst. He considers it to be extremely important that the therapist begins not from prior and disingenuous knowledge of the patient, but receives him/her from a not-knowing perspective, from a position where the therapist’s intellect is not imposed on the patient. Similarly, it is essential to think about the concept of a good-enough mother in order to understand the role of the analyst. The latter must be good enough, which means that he/she adapts to the patient’s needs, including the necessity of frustration, to thus be able to grow. He/she is not an analyst that relies on extensive external knowledge that proves him to be totally good: like the mother, who starts with no external knowledge of how to be a mother, the therapist must, as mentioned, start with his/her feelings and even have the capacity to make mistakes. Accordingly, the patient, as the baby, does not adapt to the adult, but the mother and analyst are the ones who adjust to receive the former. Ferenczi forcefully referred to this point in his article “The Adaptation of the Family to the Child”.

Both authors draw on the idea that, due to a trauma or an environmental failure, the subject cannot continue his/her normal development and has to overadapt, thereby moving backwards as well as forwards (advancing beyond his/her developmental stage, among other things). The analysis allows for the reproduction of this traumatic moment (Gutiérrez-Peláez²¹) in transference and enables development to be reinstated.

It is a fact that both analysts worked with borderline and psychotic patients, and that the emergence of this approach shaped their technical innovations and the need to introduce them into the analytic process. Winnicott, in *Playing and Reality*, understands psychoanalysis as a specialised form of playing through which communication with the self and others is achieved: "Psychotherapy takes place in the overlap of two areas of playing, that of the patient and that of the therapist. Psychotherapy has to do with two people playing together. The corollary of this is that where playing is not possible then the work done by the therapist is directed towards bringing the patient from a state of not being able to play into a state of being able to play" (p. 61). The therapist not only seeks to interpret the contents of the game (or verbal content), but the environment of growth and therapy permitted by the game and analysis is also taken into account. In this sense, playing is healthy. The significant moment of the therapy "is that at which the child surprises himself or herself. It is not the moment of my clever interpretation that is significant" (p. 76) That said, the interpretation is not rejected in itself, but it is thought that, if the interpretation takes place outside of the space of the therapist-analyst game, this generates confusion and is unhelpful. Even Winnicott, in his 1968 work, *The Use of an Object and Relating through Identifications*, questions himself regarding his use of interpretation, reinventing his own technique: "It appals me to think how much deep change I have prevented or delayed in patients in a certain classification category by my personal need to interpret. If only we can wait, the patient arrives at understanding creatively and with immense joy, and I now enjoy this joy more than I used to enjoy the sense of having been clever." (p. 263). But if the game is spontaneous, the interpretation will have therapeutic effects. In this way, the patient feels that he finds and constructs the interpretation himself, even if it comes from another.

Both Winnicott, in *Playing and Reality*, and Ferenczi, in his *Clinical Diary*, on referring to the technical elements of psychotherapy, highlight an aspect of great importance, namely trust. Both authors link it to understanding psychoanalysis as a search for oneself. With regard to a cure, Winnicott associates trust with the patient's capacity to create, as well as with the discovery of a sense of self. "The patient has been unable to rest because of a failure of the environmental provision, which undid the sense of trust. The therapist has, without knowing it, abandoned the professional role, and has done so by bending over backwards to be a clever analyst, and to see order in chaos" (p. 82). Winnicott can be seen to resort to the concept of "relaxation", made famous by Ferenczi in his article on "Relaxation and Neocatharsis"²² and is a key text in the creation of his technical innovations in analysis, serving as a precursor to the technical innovations of future generations of analysts.

As Borgogno highlights, "we should not be surprised in the least then if both Ferenczi and Winnicott have been *enfants*

terribles in our discipline; in many respects, they were ahead of their time" (p. 213). According to Balint, who is cited by Dupont, the disagreement between Freud and Ferenczi caused real trauma for the analytic community. "The impact of this event was so painful that the first reaction of the analytic movement was denial and silence". For Dupont, "the analytic world reacted to the trauma by forgetting Ferenczi and his work. That said, his work has never been fully discarded, and although it is still somewhat uncomfortable, can never not be taken into account in the development of psychoanalysis. A scarcely cited but very used work, it has been rediscovered [...] We might perhaps be able to see a sort of therapeutic regression by the analytic community to the original trauma" (p. 23). It is possible to see how, as with Freud's trauma theory, in which a second time is needed in order to give new meaning to a previous experience that resulted in trauma, Winnicott's work may allow an introduction to that of Ferenczi, as a spokesperson and articulator, which has remained in silence for decades. This is not the case with Ferenczi's work today, 80 years after his death, which is the subject of multiple academic debates, congresses and publications. We must continue to expose it in contemporary psychoanalytic debates and the particularities of 21st century psychoanalytic practice. Salvaging from it, as with Winnicott's work, one of the greatest teachings of our era: it is not the patient who adapts to the therapist's technique, but the analyst's technique works on the principle of adjusting to the particularities of the patient.

Conflicts of interest

The authors have no conflicts of interest to declare.

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