

## From Passivity to Competence: A Conceptualization of Knowledge, Skill, Tolerance, and Empathy

WYNN SCHWARTZ

A few years ago, in the late spring, I came home to my wife, delighted, and told this story. I had been sitting in the members' seminar at the Boston Psychoanalytic Society. It was a warm evening and the windows were open. Around a long table in a very formal room, 20 or so analysts were engaged in polite debate when a hummingbird-sized hornet flew in on the breeze and began lazy circles around the room. Imagine. Nervous coughs, no one says a word. Every eye in the room transfixed on this large wasp as it hovered, descended, and finally lit in the lacquered hair of the woman seated to my right. Frightened, she started to shake but managed to remain mostly still. The presenter trailed off and then stopped. I pushed my chair back, leaned forward, and licked the tip of my right index finger and placed it a fraction of an inch in front of the insect. Some moments passed and the hornet stepped onto my finger. I slowly, I mean very slowly, stood and walked out of the room and down the stairs, releasing it at the door to Commonwealth Avenue. I happen to know how to deal with insects. I felt a moment of sheer competence, as I have come

to reflect on it. Think how many of the others felt. When hornets are around we pay attention. It hurts to get stung.

My central aim in this essay is to clarify the relationships between knowledge or insight and competence, skill, or know-how. Knowledge can be achieved in an instant but competence requires, as a rule, repeated practice.

Successful psychotherapy can often be conceptualized as involving an increase in personal tolerance (and resilience). By this I mean that people become more capable of bearing unpleasant affects and anxieties without becoming overwhelmed, confused, avoidant, dysfunctional, or impulsive. Tolerant requires useful knowledge but is fundamentally something achieved through practice and experience. Tolerant requires competence with confidence as its experiential counterpart. People are tolerant of what they can effectively handle. Skill and tolerant are, practically speaking, interdependent.

To anticipate, I will describe how insight as intellectual knowing is essential but not adequate for behavior and personality change. I am equating insight with "knowing," and I make a distinction between knowing something versus knowing how to do something. Interpretation sometimes lumps these concepts or only addresses the knowledge aspect of action. Patients often recognize this and complain when their therapist does not seem to understand. This complaint may lead to the patient not feeling understood, an empathic failure.

The concept of empathy and understanding what it means to be empathic is of

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*Wynn Schwartz, PhD*, is a member of the Boston Psychoanalytic Society and Clinical Instructor of Psychology, Department of Psychiatry, The Cambridge Hospital, Harvard Medical School and on the faculty of Harvard University Extension School. Address correspondence to the author at 288 Newbury Street, Boston, MA 02115.

major significance in any adequate conceptualization of psychotherapy. Later, I will attempt a formulation of empathy based, in part, on the distinctions between knowledge and competence.

To the extent I say something useful about these concepts and their place in the practice of psychotherapy and psychoanalysis, I will also have elaborated on the relationship of problem representation to problem resolution: central matters in dreams, worries, and nightmares. Problem resolution often requires the confidence that one has the skill needed to find a solution, and this confidence is sorely absent in those who constantly worry.

The most preoccupied people I know are scared—frightened and anxious sorts who see themselves lacking. They believe correctly or not that they lack some key virtue or attribute that may be as specific as they cannot do mathematics or handle their finances or as general as they lack masculinity or femininity. Feeling an absence of some basic gender competence seems especially unnerving. The more general the formulation of incompetence, the more frequent a matter at hand, the more they will worry. Their sense of self is informed by an absence of confidence. This lack is, of course, a reflection of deficient skill in being who they desperately feel the need to be.

Most of the frightened people I know are pretty smart. They are often insightful. They usually know much more than they *know how*.

For several years I have been working, once weekly, with a depressed, withdrawn man of considerable intelligence and verbal sophistication. This man is disappointed in his life despite his status as a respected scientist and church leader. He recently married the woman he had been with for the previous decade and immediately found that, as he feared, his world became more constrained. He points to his wife and claims that his life has become rigidly molded into her agenda with his interests practically scheduled out of existence. Although he has become adept at pleasing his wife sexually, aside from the pleasure he has in her arousal, he cannot experience any other

visceral or emotional excitement during sex. Both of these people come from a religious background that forbade premarital sexual intercourse and both lack experience of any but the other. He does not know how to have her help him learn the pleasures of the body and she claims that men should be easy. They rarely argue toward any resolution because, at least in part, his wife escalates quickly, and when he feels angry he becomes flooded with violent imagery of stabbing and crushing and quickly backs down to avoid what he fears would be unrestrained rage. He has never been violent with her.

He has only described to me two scenes where he encountered brutality and responded violently. The most recent occurred more than 10 years ago as he walked across a campus quad at night and was grabbed, punched, and then shaken down for his wallet. My patient says he felt blind rage toward his assailant and began to strangle him until he feared he would actually kill the man. Released, both men fled from each other. The only other scene he recalls involves, in his early adolescence, forcing his alcoholic and drunken mother to give up the knife she tried to stab him with. He says her behavior was not unexpected. Herein lies the conventional key to his disorder.

This man feels helpless to effectively negotiate with his wife since he feels that it is impossible to negotiate under any threat. He cannot tolerate the experience of his own anger and fantasy and he worries that if he does not shut himself down he will lose control. He cannot tolerate strong affect or emotion and is deficient in the practice of holding his own when a negotiation involves provocation. And he has a very provocative wife.

My patient has considerable insight in the conventional sense regarding why he gets as angry as he does and he has a refined understanding of how he failed to develop ordinary means of tolerating strong feelings. He knows a lot about himself and about why he fears his wife's anger but he is not competent in handling himself during conflict. He cannot cope.

He gets frustrated and angry with me, which probably provides my best chance to

be helpful. He is just safe enough with me to express some dissatisfaction and anger. I would like to work with him more than he will allow, but so far I have not been able to get him to meet with me more than once a week, and this clearly limits our opportunity for "working through." The transference, my blunders, and his frustration with my lack of practical advice are all opportunities for practice and experience in developing competence with anger. But unless he gets a lot more experience in successfully tolerating feeling and in negotiating with his wife he will remain prone to the guilt-ridden fear that he might get out of control with her. Furthermore, even if he is tolerant she still might escalate.

What else can we imagine would help? At a minimum, more frequent meetings which he, so far, refuses. He needs the repeated practice of dealing with frustration in a safe place. I have advocated a couples treatment that would involve negotiation training, but his wife refuses. Maybe also some behavioral or hypnotic exercise in staying cool while violent imagery, fantasy, or remembrance happens. Some kind of coaching perhaps. So far medication has not been useful but I still wish that someone could offer him a pill that would help him be more affectively tolerant and less irritable. He withdraws, in part, because he cannot stand how the presence of people makes him feel. He'd rather be lonely.

Psychoanalysis of the sort that I was taught to practice (Schwartz, 1988) is very successful at helping people develop both self-tolerance and insight into the patterns and meanings of action. The insights that matter most to analysts and analysts come with considerable feeling, and this affective experience is crucial for patients to become competent as people who know how to feel. This in turn is essential in helping analysts take on appropriate responsibility for their lives and actions. To the extent that they are able, they then can try out new behaviors, and sometimes new patterns of life emerge. The patient's identification with the analyst's neutrality, and calm and empathic confrontational style, can be extremely useful in reworking deeply patterned ways of problematic learning and en-

counter and serve as an initiation and model for intimacy and trust.

But what do we do when there is a central absence of other skills in engaging in needed or desired ways of life? Psychoanalysis is not conducive to the staged or scheduled practice of skills, although clearly my patients get practice and experience in sitting with frustration, disappointment, and anger. My patients often learn the important skill of being able to sit with discomfort. But they may need to know how to do much more.

Another patient, the son of Holocaust survivors, despite a prestigious education and law degree, had into his 40s found it impossible to develop an intimate relationship with a woman, nor had he been able to manage the responsibilities and tensions of a professional career. This patient's mother was a cautious woman, afraid of the neighbors, and overprotective of her son. His father was a successful university department chairman who was ordinarily absent from my patient's life, provided him with little to identify with, and failed to introduce him to the ordinary middle-class boyhood experiences enriched by father-and-son instruction, conflict, and competition.

My patient has a curious and unfortunate perversion that I will not describe except to say that it excludes him from both engaging in this activity and seeing himself as a member of the adult male community. He really cannot have both. This man becomes hostile easily and provokes conflicts that he cannot sustain or win. This is the wimpy guy easily offended who enters the room with his fists up and then is surprised that someone bullies him. His grade school experience was one of playground torment. In early adulthood he had what sounded like a conventional psychoanalysis, which probably helped him manage his way through law school and gave him some understanding of his perversity. In his work with me he has understood more about his perversion and his professional failure and now recognizes that he is both provocative and self-degrading to such an extent that he is almost certain to fear the dilemmas of a competitive and adversarial profession. As he is getting into middle age he also fearfully

recognizes that he cannot start afresh and rework his dispositions without ordeal. Tolerating the ordeal is hard.

A turning point for us came one afternoon when some construction workers were engaged in loud banter outside of my office at the start of a session. I am pretty territorial and became annoyed and distracted at this intrusion, so I interrupted our meeting and stepped into the hall and asked the men to quiet down. They did. When I returned to the session my patient expressed astonishment that I was able to confront the men. He said he would have been terrified and asked how I was able to do so. Since then, our work has focused on just that, that is, on the acquisition of basic skills in negotiation and confrontation and on the abstinence from self-degrading behaviors that serve as a reminder of incompetence or ineligibility (see Schwartz, 1979). As politically problematic as it may sound, we have been working on the skills that a man needs to go out among men. This makes sense to me given the patient's already developed insight.

Insight-oriented work requires working through, a repetition principle, and is a way that some competence or know-how can be acquired. The analysis of transference and resistance in the service of learning how to free associate, a liberating competence, may lead to the "freedom of association" that Kris (1982) has argued increases behavior potential. Practice and experience in free association is the practice of liberation from unexamined constraint. What one could not think to try becomes something possible to approach. Still, the fundamental model for the acquisition of skill is teaching and coaching. Insight through interpretation is a special case of providing knowledge, useful and sometimes vital, but secondary to other ways of learning how to behave, and how to acquire toleration for the conditions of life, whatever that life might be.

I do not want to underplay the centrality of the development of a variety of competencies in psychoanalysis and other insight-oriented therapies because it is important to emphasize that what is essentially therapeutic

is not the insight in and of itself but the "working through," the repeated practice and experience of the understanding in various relevant contexts and in regard the person's varied forms of life. We bore the neurosis to death, Elizabeth Zetzel once remarked. This repetition of understanding across a person's varied roles and activities is part of what goes into the development of maturity and is why life-transforming therapy takes so very long. Long-term psychotherapy might reframe development or maturation but it does not speed it up (Schwartz, 1997). We mature as we become eligible to acquire new skills and understanding and as we practice them until they become ours. Even as the body ages and deteriorates, maturation continues as long as wisdom and toleration continue, and the person acquires competence in the dilemmas and opportunities that life (and perhaps death) brings.

Roy Schafer (1978) has also recognized a connection between toleration and competence as the achievement of the analysis and expressed it this way: "The analysis has gained a past history and present world that are more intelligible and tolerable than before, even if still not very enjoyable or tranquil. This past and present are considerably more extensive, cohesive, consistent, humane, and convincingly felt than they were before. But these gains are based as much on knowing *how* as on knowing *that*," (p. 18).

Let us return to the concept of toleration since this is the central skill that people develop in psychoanalysis. The competent adult, as Prosser (1941) wrote in the *Doctrine of the Reasonable Man* in *The Law of Torts*, has the appropriate knowledge and skill to act deliberately in circumstances where to not do so would result in negligence and liability to tort. But what enables us to act deliberately in problematic situations where impulsive action or breakdown would cause trouble? Toleration, that feeling of breathing space, and confidence in our skills allows us to deliberate and continue on our way. Toleration enables us to recognize options and make use of our skills when there is a crisis. But without relevant skill, without the sense that we know how to handle a situation competently, we tend

toward the intolerant and the anxious or panicked. Again, skill and toleration are interdependent.

"Breathing space" is what, above all, psychoanalysis provides and models. In outcome studies of psychoanalysis, a fairly consistent finding has been that analysands develop some serviceable insight into themselves, become very insightful of their neighbors, but mostly become more tolerant (Kantrowitz, Katz, Paolitto, Sashin, and Solomon 1986). It is this increase in toleration that lends understanding its dual meaning of knowledge and appreciation. Empathy, of course, figures in here, and with toleration and competence in mind I believe the nature of empathy becomes clearer.

So what of empathy and its bearing on toleration? This is my formulation: We recognize others as empathic when we feel that they have accurately acted on or somehow acknowledged in stated or unstated fashion our *values* or *motivations*, our *knowledge*, and our *skills* or *competence*, but especially as they appear to recognize the *significance* of our actions *in a manner that we can tolerate their being recognized*. We feel that the other person is showing empathy when we are acknowledged not just for what we know but for what we can handle. The other understands our intent and potential, conscious or unconscious. Empathic recognition is not intrusive, overwhelming, sadistic, or otherwise abusive of the vulnerability that such recognition might create, especially if what is recognized is potentially shameful or guilt-provoking. This recognition of the vulnerability that comes with recognition is what gives so much of good psychotherapy a sense of intimacy and is central to what analysts require of the "tactful"; interpretation or of any other intervention. *Empathic confrontation* becomes a central tool for therapeutic negotiation because while being confronted the patient also feels appreciated.

Both Winnicott (1968/1989) and Kohut (1977) have suggested that partly incorrect interpretations are sometimes beneficial, and it is probably no accident that it is these particular psychoanalysts who are identified by their focus on empathy and "the holding environ-

ment." The empathic therapist acting in good faith makes mistakes and, in the context of the shared enterprise, the patient is in a position to reach out and correct the interpretation, which is practice and experience in toleration, negotiation and intimacy. The patient learns how to tolerate good faith error without breakdown. The analyst is a sort of coach or identification model for the practice of suspended judgment needed to gather the information necessary for correcting errors of interpretation and other blunders. The analyst's skill at the practice of therapeutic neutrality becomes the key lesson taught over and over. The analysand acquires insightful knowledge from the analyst and identifies with the analyst's calm manner of presentation.

Generally, empathic recognition has a calming effect and helps relieve desperation, the patient's and therapist's worst adversary. Humor calms too, but only in the context of the shared joke. We expect competent adults to be able to settle themselves in difficult situations, and the parental calming of children is probably central in the child's learning to soothe him- or herself. Therapy, as a kind of re-parenting, sometimes provides a second chance at learning this lesson, too.

A good deal of what I am attempting to elaborate and clarify about knowledge and competence and their central conceptual location in the practice of psychotherapy is derived from Peter Ossorio's (1978, 1995, 1998) formulation of "person concepts" and intentional action. Let me isolate some of the observations, reminders, and practical logic—my loose theory—that I am employing with an eye toward drawing some concluding remarks on representation, resolution, and dreams.

1. Consciousness and cognizant thought is fundamentally involved in the recognition and attempted resolution of opportunities and dilemmas. Opportunity, at times, can be a dilemma and constitutes, for the most part, recognition and representation of desire and want. (One complete generalization about human nature is that behavior is motivated by the recognition of dilemmas and opportunities.)

2. We constantly pay heed to our dilemmas and opportunities when we are in a

position to recognize them. Pain and pleasure as affects point to dilemmas and opportunities and are fundamental motives along with other hedonic, prudent, esthetic, and ethical concerns.

3. The content of dreams and nightmares is readily analyzed *at least* as consisting of dilemmas and opportunity. Basic, clear, and obscure problems are always on our minds, awake or asleep, as a state of readiness for expression in any of the forms that that particular expression might take. Daydreams are similar in this regard and worries are paradigmatic.

4. *Intentional action* is the general case of behavior and is formally predicated on motive or value, knowledge, or recognition, and competence, skill, or know-how (Ossorio, 1995). In the absence of motive or knowledge we do not recognize opportunity or dilemma. In the absence of competence we enact passivity, helplessness, victimization, and the like. We throw up our hands. We experience intrusion. An absence of competence is a condition that automatically engenders defensive and preoccupied actions instead of skilled or competent encounters. Freud (1920/1975) introduced the concept and developed some theories of the "repetition compulsion" to describe the subject matter of repetition and attempts at mastery. Freud's "repetition compulsion" is described as a natural organism response that automatically and perhaps symbolically repeats an action or remembers and attempts to "work through" conscious or unconscious dilemmas. Solutions or resolutions, attempts at mastery, involve the development of competence (but without guarantee). Often the problem is simply represented, accurately or not, and without resolution. Gregory Bateson (1979) called information "differences that make a difference" and Wittgenstein (1953) reminded us that philosophical confusions arise when language goes on holiday (and when it is like an engine idling), and these images come in handy here. If there is no effective action that corresponds to a recognition, then either the recognition itself is problematic or there is an absence of know-how.

5. Competence is skill or know-how

relevant to some intentional action (purposeful or goal-directed behavior). Generally, to know how to do something is to be able to do so when appropriate and to be able to adjust one's performance to the particulars of the occasion. In Ossorio's (1995) formulation of know-how or competence he points to the example of knowing how to drive a car.

6. We worry or are anxious when we doubt our competence to deal with opportunity and dilemma. To the extent we are dominated by a sense of incompetence relevant to a particular issue, we anxiously, painfully worry. We become preoccupied and obsessed to the extent we believe the relevant issue is present or will be. The magnitude of the incompetence or the significance of the dilemma will correspond to its affective strength and meaning.

7. The loss of attributes that are key to working our way through the world are a natural subject of worry. When the potential for poverty, impotence, disfigurement, loss of body control or social standing, or the like becomes personally relevant, worry naturally follows. Actual loss occasions preoccupation, as a rule. Understanding that our acts of worry are part of human nature seems to help some. Acquiring relevant skill helps more.

8. Trauma involves the experience of the absence of needed competence in dealing with a severe dilemma and is associated with the experience of utter helplessness or of being overwhelmed. Since it is tautological that if we are called upon to do something we cannot do we will instead do something we can do (Ossorio, 1998), worry, addictive behavior (Dodes, 1990), and other repetitive or compulsive activity may follow as a solution. Nightmares show that the memory of being overwhelmed remains a preoccupation during sleep.

9. Pain and anxiety motivate avoidance, pleasure motivates contact (Klein, 1976). The competent achievement of hedonic, prudent, esthetic, and ethical aims is pleasurable or satisfying. Helplessness or the experience of incompetence is experienced as anxiety or depressive affect.

As noted earlier, I do not want to under-

state the psychoanalytic concern with the provision and development of key skills but I also recognize that psychoanalysis in the classical sense may not be enough to restore, repair, or treat central skill deficits. Here real or hoped-for medications may assist, but, more to the point, patients still may need practice and experience in activity that cannot be offered in the empathic neutral atmosphere of analysis. They must find situations where they can learn and practice new skills. Medication may allow the thinking and practice to be more tolerable but cannot provide the needed content of experience. If a person can tolerate representing a problem then there is a better chance of resolving the problem. Still, resolution may require skills beyond those needed for useful representation. Dreaming may offer common examples of this state of circumstance. Dreamers represent to themselves situations that reflect in various ways their practices in the waking world.

Earlier work in our laboratory (Greenberg, Katz, Schwartz, and Pearlman, 1992) demonstrated the now well-replicated finding that the manifest content of dreams can be readily analyzed into easy-to-agree-on units of dilemmas, problems, or situations that call for correction. We were also able to demonstrate that these same problems were on the subject's mind the day before, and that in the case of a patient in psychoanalysis were clear features of his associations the hour before sleep. We classified the patient's dream problems into direct, symbolic, or metaphorical representations and established that when metaphor was present the subject had a better resolution of the problem in the dream and that the problem was more manageable the next day. Direct representation of the problem did not usually lead to a better resolution. Our work is now generally associated with the view that the function of dreaming is problem resolution. I do not believe that this is what we found. Again the issue rides on whether competence is achieved.

I think what our group demonstrated is that consciousness is always concerned with the ongoing representation of problems, whether asleep or awake, but when there is resolu-

tion in dreams, the dreamer may be better able to cope with the problem while awake. We did find that the presence of metaphor was associated with resolution, but I do not believe that this is special to dreams, but rather is a general issue of consciousness, creativity, and problem solving. Metaphor may point to other domains of life where needed skill already resides, and this may allude to new daytime solutions.

Dreaming, however, may be an especially good place to develop certain skills since the absence of real-world performance constraints and hazards may allow representation of novel solutions whether *realistic or not*. I have become a skilled floater and flyer in my dreams and I employ these abilities with some frequency, but it seems to do me good only when I am asleep. (But then again, the feeling of floating amuses me during the day and is calming.) But during my dreams I have also done successful battle with some of my personal demons, and this has given me faith that I can sit with my discomforts during the day. I have seen my patients do the same. Dream interpretation is often therapeutic as a reminder of the dreamer's existing skill set when the focus is on the dream content's evidence that the patient already knows something that is claimed unthinkable. And the interpretation may point to what the patient does not yet know how to do.

Resolution, in contrast to mere description or representation, requires appropriate available skill or competence, and these have to be acquired in the way all skills are acquired, that is, through practice and experience in relevant activity. We can wonder, however, if dreaming offers special opportunity for representation, practice, and experience. I believe it does. The "primary process" cognition of condensation, displacement, and symbolization seem especially prone to help create metaphor. In linking representations, metaphor is helpful in acquiring insight and expanding the field of reference. This is not to argue that dreams have problem resolution as their function, but they may offer special opportunity for novel representation, and for creating new understanding through the creation of meta-

phor. A new vantage point may provide clues for a better resolution and for the practice of new behaviors in thought and dream before risking their consequences in the walkabout world. Some hypnotists have capitalized on a similar possibility, as have therapists who work with guided imagery. Those few people who learn to become aware that they are dreaming, the lucid dreamers, can be self-directed or coached into confronting personally significant dilemmas in the relatively safe surrounds of sleep (Schwartz and Godwyn, 1988). All this may help some. As Winnicott (1958/1974) told us about the capacity to be alone, this tolerance develops in the safe space of being near an available but unintrusive mother

while the infant explores more or less on its own. Sleep is, at times, a similar holding environment. We acquire new skills best where it is safe enough to try them out.

Perhaps the key use of psychotherapy in the acquisition of new skills is in the provision of a safe place to explore the problems involved in entering relationships where new skill can be developed. Psychoanalytic therapy may teach or model central skills needed for intimacy and trust, and this may allow for new problems to be encountered, worked through, and maybe dreamed. But new social practices must still be approached and practiced before mastery can be achieved. There is no way around this formal requirement.

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