



# Understanding of Holding Environment Through the Trajectory of Donald Woods Winnicott

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Personal life and achievements are the process and result of a person's past, present, and future interacting with each other. In this regard, if one fully understands the life and background of the person who developed the theory of psychoanalysis, one can understand and use the theory more appropriately. The holding environment theory developed by Donald Woods Winnicott is useful for understanding the process by which infants grow healthy under the care of a mother who is good enough. In this paper, the background of the birth of the holding environment theory is reviewed based on Winnicott's developmental background and marital life. He grew up with a holding environment from good enough 'multiple mothers'. Born with excellent athletic ability and musical talent, he was more curious than anyone else and particularly active in discovering new things. After the unhappy first marriage, Claire Britton's second marriage was happy academically and personally. Claire was a fellow paediatric psychoanalyst who published Winnicott's research and theories after his death. Psychoanalysis or psychotherapy itself can be a holding environment, and the holding environment theory can be applied to various fields in the digital era.

**Keywords:** Donald Winnicott; Clare Winnicott; Holding; Childhood; Containment; Social work; Karnac; Masud Khan; Alice Winnicott; Piggie.

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## INTRODUCTION

After Sigmund Freud, many analysts inherited and developed the theory of psychoanalysis and created their own theory, which differentiated them from the classical theory of psychoanalysis. When one reads analysts' (auto)biographies, one sometimes finds a dynamic in which the analyst creates or focuses on a particular theory. In the case of Margaret Mahler, who established the theory of separation and individuation, her mother openly disliked young Margaret and favoured her younger sister. Mahler's father, a local physician, valued her genius and academic excellence rather than emotional communion. Mahler, who was unhappy with her mother, must have keenly felt that the relationship between the baby and caregiver was important [1].

John Bowlby, a distinguished psychoanalyst, developed the attachment theory. When John was young, his nanny was an important person who gave him affection because his mother was more interested in social life than in raising children. Bowlby's father, a British physician, was always busy

with his work, taking care of royal families in the palace. As a college student, John learned that juvenile delinquents had a family problem. Bowlby hypothesised that the object of attachment would play an important role in the adolescent's deviation and devoted his life to prove it [2].

Has Donald Woods Winnicott's childhood experience also affected his background of attending medical school, majoring in paediatrics and becoming Britain's first male paediatric psychoanalyst? Is the trajectory of his personal life related to the background of theories such as holding environment and good enough mothering? In this paper, Winnicott's growth environment and marital life are expected to allow an in-depth understanding of holding environment theory.

## DONALD WOODS WINNICOTT'S CHILDHOOD

Donald Woods Winnicott was born on 7 April 1896 in Plymouth, a port city in Devon, southwestern Britain, to Frederick Winnicott (1855–1949) and Elizabeth Martha Woods Winnicott (1862–1925), and he had two elder sisters: Violet (1889–1984) and Kathleen (1891–1987) [3].

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Donald's father expanded his business from his grandfather's time and served as the mayor of Plymouth twice, in 1906–1907 and 1921–1922. Donald's father and uncle devoted themselves to the development of the city, and their business flourished. His father also worked hard in religious activities, including fundraising, to build a Wesleyan Methodist Church in the city. Donald's father received a knighthood from King George V in recognition of public welfare in 1924. Donald's mother was also born in Plymouth, and his maternal grandfather was a chemist and pharmacist [3].

The Winnicott family lived in wealth in a large mansion surrounded by forests. Donald's father was always busy with the family business and municipal work. Interestingly, Donald had many women around him besides his mother: two older sisters, a governess, an aunt, a nanny, a maid, a cook and women from his uncle's family, who lived across the street. Young Donald called them 'multiple mothers' [3]. Donald had a pleasant and happy childhood with multiple mothers who took care of him.

Contrary to his father's desire to inherit the family business, Donald decided to become a doctor, probably because of his depressed mother [4]. There was always a sense of guilt, in that Donald tried to please his mother on behalf of his busy father but failed to succeed. Some argue that this infantile desire for salvation was the unconscious motive for his first marriage [4].

While Donald's father was always busy, he used to walk and talk with his youngest, Donald, when they returned home from church on Sundays [5]. One day, Donald asked his father about religion. His father advised him to read the Bible and not to believe it as it is, but to listen to his own heart. These teachings would have influenced Donald to become an unfettered leading figure of the independent group during conflict and division within the British Psycho-Analytical Society (PBAS) in the future [5].

## BOARDING SCHOOL AND JESUS COLLEGE

Donald sometimes acted grumpy as he grew up, but an incident significant enough to make a difference in life occurred at the age of 12 when he used profanity. The father seemed shocked by this and blamed his mother for not attending to the bad influence of his peer group [5]. At 13, Donald left home for the Leys School—a boarding school for boys with Methodist pastors—according to his father's wishes. This incident later became an opportunity for Donald to be interested in the impact of the suspension of the 'holding' environment's continuity on the life of the child.

In September 1910, he began his career as a fifth grader. He

made many good friends at school. Harold Stanley Ed, who became a cultural and artistic historian, became a lifelong friend of his family. In school, he distinguished himself in various sports such as running, cycling, soccer, rugby, and swimming [4]; he also participated in school choirs and scouting activities. He also encountered Darwin's theory of evolution [4]. He was treated for a clavicular fracture during exercise, which solidified his idea of becoming a doctor [6]. His musical talent was excellent enough to earn him a special award at the graduation ceremony, but he eventually went to medical school to become a doctor. Although well adapted to boarding school, the experience of always missing 'multiple mothers' helped him understand and take care of children who were separated from their parents during World War II [4].

In 1914, he attended Jesus College at Cambridge University, where he took preliminary medical courses in biology, zoology, physiology, and anatomy, but he was not interested in those subjects. Instead, he enjoyed playing the piano and singing as a tenor as an out-of-school activity. His undergraduate grades were poor. As World War I broke out, the buildings of Cambridge University were converted into temporary military hospitals. Many of his friends fought in the war and were killed, but Winnicott was exempt from military service because he was a medical student. In 1917, Winnicott volunteered to serve as a trainee for naval vessels, and at this time, he had access to many people from different socio-economic classes. Shortly before the end of the war, he left the navy and began St. Bartholomew's Hospital Medical School in November 1917. He dated many women during a medical student and enjoyed watching opera, singing, dancing, and sports [4].

After graduating from medical school in 1920, he received the doctor's license and continued working at St. Bartholomew's Hospital. Although he wanted to work with the mind, he majored in paediatrics rather than in psychiatry or neurology. From 1923, he began working as a paediatrician at Paddington Green Children's Hospital, where he remained until his retirement in 1963. In 1924, he opened a private clinic on Weymouth Street [4]. Over the years, Winnicott has worked as a psychoanalytic paediatric psychiatrist rather than as a paediatrician [7].

## WINNICOTT AS AN ADULT

Winnicott had blue eyes and was approximately 170 cm tall with a thin waist and a slightly larger head; thus, his colleagues called him 'pixie'—a small, human-like goblin fairy with pointed ears that was usually placed in the garden [8]. Although he liked sports, his voice sounded high-pitched since he was young, perhaps because he had had many wom-

en around him during his youth. After becoming a physician, he frequently appeared on BBC Radio, and listeners sent letters to ‘Mrs. Winnicott.’ He called Harry, the owner of the Karnak bookstore he was close to and said, ‘Hello?’ in a high-pitched voice, and Harry replied, ‘How may I help you, ma’am?’ [4]. Winnicott broadcasted about 50 times from 1939 to 1962 on the BBC on various topics such as the only child, the psychology of step-parents and the role of jealousy [4]. He preferred whisky and enjoyed smoking. He was also interested in gardening [3].

He worked a great deal all his life, but at the same time, he enjoyed his leisure time, especially after his second marriage. Various hobbies may have played a role in the reason for enjoying leisure. During his break from treating patients, he ran into a room with a piano, played excitedly and returned to the clinic. He enjoyed a variety of music genres—from classical music such as Bach and Beethoven to the Beatles. Just as he gained theory with an open mind in the academic realm, his taste in music was also varied [4].

His reading range was wide, and he also memorised his favourite poems and read autobiographies of various characters. In particular, he used to stop by Karnak Books every Saturday morning to buy books. Winnicott’s answer was interesting, when Harry asked how to read books quickly. When he read autobiographies, he often finished reading the first chapter, and he only read biographies until the characters were four or five years old. His reading habits reflect the attitude of a paediatric psychoanalyst [4].

Harry Karnac (1919–2014) was the founder of Karnac Books, where Winnicott used to go. In 1950, Karnac opened a small bookstore in London, selling various books such as novels, biographies, and books related to gardening. One day, Clifford Scott, a psychoanalyst who had an office nearby, stopped by the bookstore and recommended publishing Winnicott’s book about psychoanalysis. Although Karnac had no knowledge of psychoanalysis at the time, he was willing to publish the book, and it sold well thanks to the popularity of Winnicott, who broadcast on BBC Radio. Karnac published other psychoanalysts’ books as well as Winnicott’s books. On a Saturday, after working at the Paddington Green Children’s Hospital, Winnicott stopped by Karnac’s bookstore and chatted with Harry for hours. Occasionally, Clare, Winnicott’s wife, called the bookstore and asked Harry to send her husband home [3].

## THE PATH OF A PAEDIATRIC PSYCHOANALYST

During medical school, Winnicott had the opportunity to encounter the field of psychoanalysis. The first psychoanalyt-

ic book he read was the English version of *The Psychoanalytic Method*, published in 1915, which had been originally published by Swiss psychoanalyst Oskar Robert Pfister in 1913 [4]. In 1919, Winnicott read the English version of *The Interpretation of Dreams* by Sigmund Freud. Winnicott had planned to be a country doctor after receiving medical qualifications; however, when he read books about psychoanalysis, a major change occurred in his life [4].

Although married in 1923, Winnicott faced difficulties from the beginning of his marriage. He decided to undergo psychoanalytic treatment to overcome personal difficulties [4] and visited Ernest Jones, the dean of psychoanalysis in Britain. Although no specific ‘personal difficulty’ is ascertained, some of these ‘difficulties’ are known to be psychosexual conflicts [8]. Ernest Jones referred Winnicott to James Beaumont Strachey, with whom he underwent treatment six times a week from Monday to Saturday for a decade, from 1924 to 1933. The 10-year treatment period is highly exceptional, even by today’s standards [4]. In 1927, Winnicott was enrolled as a training candidate at the Institute of Psychoanalysis in London.

After a decade of treatment with Strachey, he received supervision on adult cases from Nina Searl and Ella Freeman Sharpe and on paediatric cases from Melanie Klein, Melitta Schmidberg, and Nina Searl [5]. He qualified as an adult psychoanalyst in 1934 and became the first male paediatric psychoanalyst in Britain in 1935. At the end of 1935, he presented his membership paper ‘The Manic Defence’ and became a full member of the BPAS [4]. From 1933 to 1938, he received additional analysis from Joan Riviere. In 1940, he was appointed a training analyst at the Institute of Psychoanalysis. Melanie Klein designated Winnicott as one of five training analysts at the Klein School of British Psychoanalysis [7].

Later, at a time when Anna Freud and Melanie Klein were divided into two factions within the psychoanalytical society, Winnicott, and his confreres—Michael Balint, John Bowlby, Charles Rycroft, Margaret Little, Marion Milner, and Masud Khan—banded to form a ‘Middle Group’ [4], which walked a different line from the Kleinians and Freudians. Winnicott was elected as the president of the BPAS twice, in 1956–1959 and 1965–1968 [6].

As an analyst, he was eccentric, but humour and modesty were his hallmarks [3]. On 22 July 1969, BPAS’s academic conference programme was designed to guide young psychoanalysts; however, a 73-year-old Winnicott asked Ishak Ramsy, a young American analyst, to supervise him. On the morning of the conference, Winnicott handed Ramsy a summary of the case. All large terraced lecture halls were filled, and some people even listened, standing up. A case presented by Winnicott was a girl named Gabrielle, who started treatment

at the age of 2 years and 4 months and was treated 16 times in 2 years and 8 months [9]. This case, published after Winnicott's death under the title of 'Piggle', has sparked controversy over whether the treatment being conducted 'when requested' is psychoanalysis.

Although he was an outstanding psychoanalyst, he did not designate an official successor to continue his studies and achievements. Most of the papers he published had only one author, namely Winnicott himself. To the best of my knowledge, he has published only four papers as co-authors in his lifetime: 'The problem of homeless children [10]' and 'Residential management as treatment for different children [11]', published before his marriage to his second wife Claire; a paper published with a colleague in the early days of his career as a paediatrician [12]; and a book review written with Masud Khan, his analysand and colleague [13].

Although Khan was not Winnicott's successor, it is well known that he helped Winnicott for a long time as an amanuensis [14]. Khan was an active participant in organising and compiling Winnicott's theories and arguments. Despite being between an analyst and an analysand, the special relationship between Khan and Winnicott would be analytical coverage; however, some have suggested that Winnicott had a negative influence on Khan [15]. As Khan was a particularly important person in Winnicott's life as well as in his published materials, I briefly introduce him. Khan was born in 1924 in India as the youngest lord, where he completed his college education. In 1946, he began his psychoanalytic treatment in Great Britain and received case supervision from Melanie Klein and Anna Freud, as well as supervision for child cases from Donald Winnicott, Marion Milner, and Clifford Scott. Khan received analytical treatment from Winnicott between 1951 and 1966. In 1952, he became the first Asian to qualify as a paediatric psychoanalyst, and in 1959, he became a training analyst; however, he was disqualified from the Ethics Committee of the BPAS in June 1988 due to affairs with women analysands and negative influences on the psychoanalytical community, such as publishing a book containing inappropriate content [15].

### **THE FIRST MARRIAGE (1923–1949): ALICE WINNICOTT**

Less is known about Winnicott's first wife, Alice Buxton Taylor (1891–1969). She was born the second of two sons and three daughters. Her father, John Taylor, was an extremely distinguished gynaecological surgeon and professor at the University of Birmingham, England. Her mother, Florence Maberly Taylor, had worked as a teacher before marriage [16]. As a child, her mother taught her children at home. As she

grew older, she studied physics, astronomy, geoscience, chemistry, and biology at Newnham College, Cambridge University (1912–1915). After graduation, she studied optical glass and ceramics while working at the National Physical Laboratory in Teddington for 5 years (1916–1920) [16]. She was the only female researcher at the time. After leaving the institute, she took the path of a painter, sculptress, and ceramic craftswoman, which she continued following throughout her life [4].

In July 1923, she married Winnicott, who was 4 years younger. She would be an ideal bride—at least on the surface—as she was skilled in both science and the arts and was an excellent painter and potter [16]. Some argue that Winnicott's illusion of salvation for his mother, known to have suffered from depression, was the driving force behind their marriage [4]. Alice had delusions and hallucinations, and Winnicott referred his wife to Dr Clifford Scott for psychoanalysis; the contents of this treatment, however, are unknown. Dr Scott later analysed Winnicott's second wife, Claire Winnicott. During his marriage to Alice, Winnicott had learnt a lot about the symptoms of a psychotic patient through Alice, and because of her, he often stayed at the hospital and worked there rather than at home. Alice struggled with Winnicott's sexual problems and deliberate disregard. After all, their marriage was not happy until they divorced in 1951 [16].

Even after Alice divorced Winnicott, Winnicott's sisters continued to send gifts on Alice's birthday [4]. Alice moved to a farm in Cardiganshire, Wales, in 1961 and worked as a painter. She missed her marriage to Winnicott in Plymouth and died on 19 November 1969.

### **SECOND MARRIAGE (1951–1971): CLARE WINNICOTT**

Clare Britton (1906–1984) was born the eldest of four children and her father was a Baptist minister. Clare's mother was the first female butler in the church founded by her husband. Clare's passion for helping those in need and excellent communication skills are talents inherited from her parents. She was recognised as a gifted student in various curricula [3].

In 1940, she completed a 13-month mental health course at the London School of Economics [3], where she was also an excellent student. After completing this course, most of her classmates were employed in mental hospitals or clinics. Claire chose a wartime evacuation hostel where she could work as an active spirit and social worker. During World War II, more than six million British urban residents were evacuated to the suburbs due to German airstrikes in London. Men were drafted into the army, women were placed in fac-

tories, and children were housed separately from their parents. Clare's job was to take care of about 80 children in five evacuation hostels in Oxfordshire. She had been working there since 1941 and met Dr Winnicott, a paediatrician who came to provide medical aid and supervised every Friday [3]. Their work would be the main resource of the Curtis Report, along with the report on the Hampstead Nurseries by Dorothy Burlingham and Anna Freud during World War II and John Bowlby's report on radical children at Cambridge. The Curtis Report was reflected in the enactment of the Children Act of 1948, which incorporated child service programmes [7].

Based on their experience in caring for evacuated children, Clare and Winnicott wrote two papers. As the meeting period lengthened, the relationship between the two developed from collaboration as experts into a romantic relationship [16]. Winnicott was reluctant to divorce Alice while his father was alive. On 31 December 1948, after his father died at the age of 93 years, he began to live apart from his wife. This was a stressful time, and in 1949, he had his first heart attack. Divorce proceedings were not smooth, and on 5 September 1950, a second heart attack occurred. The divorce process was completed on 11 December 1951, and he married Claire on 28 December of the same year [16]. Although their relationship had many romantic aspects, Claire was aware of the importance of providing a holding environment for her busy husband. Claire once told a colleague how necessary it was to set up a meal at 7:00 pm every evening [8].

In Claire's report [8], Winnicott was a man of great vitality, with the ability to plunge into and enjoy something, and she said she would never see anyone enjoy anything more than him. In Claire's memory, Winnicott tried anything if he was curious and was the most spontaneous person.

In 1949, Clifford Scott began psychoanalytic treatment of Clare. After Dr Scott returned to Canada, Clare was analysed by Melanie Klein [16]; however, she was disappointed with Klein's theory of emphasising the negative aspects of children's mental health [3], and they drifted apart due to her dissatisfaction with Klein's theory. Clare then qualified as a psychoanalyst in 1961.

One of Claire's great achievements is the incorporation of psychoanalysis into social work, and one of Winnicott's achievements is the incorporation of social work concepts into psychoanalysis [8]. As the two lived as a couple and influenced each other, it is difficult to apply copyright concepts to any term or concept. Unlike Winnicott, Claire felt no satisfaction with the creation of jargon; instead, she stressed the need for a common language that is easy for experts in various fields to understand and through which to communicate. The same is true of 'holding', one of the concepts representing Winnicott; later, people argued over who had used it first.

In addition to the concept of holding, there is an anecdote about Winnicott's copyright concept for transitional objects. Winnicott sent a letter to Charles Schultz (1922–2000), an American illustrator, asking whether Linus's blanket in a Snoopy cartoon was an idea developed from Winnicott's concept of the transitional object. Schultz simply replied, 'Dear Dr Winnicott, I've never heard of you or a transitional subject'. Claire called the transitional object 'the first treasured possession' in her lecture or writing [8].

Claire was the first British psychoanalyst to become a social worker in the twentieth century. Even after Winnicott passed away, she conducted active education and research on child advocacy. In 1982, she established the Squiggle Foundation to study and disseminate Winnicott's work [7]. She died of melanoma on 17 April 1984 [3]. In honour of her achievements, the Group for the Advancement of Psychodynamics and Psychotherapy in Social Work (GAPS) established the Clare Winnicott Essay Awards in 1986, and the winner's work was published in the *Journal of Social Work Practice* [3].

## HOLDING ENVIRONMENT

The means by which a new born baby can inform its mother of its condition is mainly crying. Babies cry when they feel hungry, sick, sleepy, tired, or uncomfortable. The mother's parenting, which meets and solves the baby's needs, is almost consistent with Winnicott's concept of holding or Bion's containment [17]. The meaning of the holding environment is to allow a mother to hold infants well and to develop confidence and the ability of the child to eventually become independent by quickly recognising and solving the baby's needs [18]. By repeating these experiences, the baby internalises the mother's holding capacity and develops self-regulation in stressful situations [19]. Winnicott classified infants' dependence in the holding phase into the following stages: absolute, relative, and independence [20].

Some analysts argue that holding is a broader concept than Bion's containment [21] because the latter refers to the role of a mother in controlling the situation that cannot be managed by the baby such as problem solving, but the former encompasses all mother-baby relationships. However, it can also be argued that containing may have a broader meaning because it involves more involuntary interactions between the mother and baby [22]. While holding explores a more conscious level of the baby's condition, containing allows projective identification and unconscious projection from the baby [7].

From Claire's point of view as a paediatric social worker, the medium or environment that was properly provided at the right time and place was important [8]. It is 'holding' to

remember information about the client, and it is also ‘holding’ to embrace the client until they endure their problems and find solutions with social workers. Accepting the client’s request itself is ‘holding’, and the therapist’s role in psychoanalysis or psychotherapy would be ‘holding’. In other words, receptive environments, such as holding and containing, can be reproduced through psychotherapy or psychoanalysis. The characteristics of non-specific and supportive continuity provided by treatment situations that is, regular visits, coming and going rituals, empathy, consistent expression and constancy of analyst office space, act as a metaphorical holding environment that can help resolve confusion or chaos during treatment [23]. Just as the baby grows healthy through a mother who is good enough, patients can develop their ability to handle their problems through reflective functions, such as holding or containing, from the therapist.

It is possible to form a consensus with patients or clients by maintaining the holding environment in the therapy session. However, it is necessary not to confuse the concept of a proper holding environment with the empathy, response, and attitude that analysts show about patient symptoms. From psychoanalyst Jang’s case vignette, the therapist tried to understand the female patient, who had conflicts with her mother and thought it to be a holding, from the mother’s point of view [24]. Despite the analyst’s efforts, the patient’s symptoms worsened; this can be seen as a failure of proper holding because the analyst attempted to ‘create a holding environment in reality’ [25].

The concept of holding is not only a theory of psychoanalysis but it has also been expanded and applied in various fields. Programmes in which children empathise with their friends’ feelings in school sites and develop skills and power to control themselves are also based on the holding environment theory [26]. A ‘virtual holding environment’ using digital technology is also developing [27]; as interaction is possible in remote classes or treatment in real-time, it is used to share communication and treatment experiences through digital devices. With the prolonged COVID-19 pandemic, the virtual holding environment is spreading to clinics and schools [28].

This paper reviewed the trajectory of Winnicott’s life to better understand his ‘holding environment’. As in this study, historical and cultural differences should be considered when reviewing the trajectories of past characters. In other words, the British medical education system and residency training course in the early twentieth century are much different from the current system, and the psychoanalysis training policy is also greatly different from the systems currently implemented by the Korean Association of Psychoanalysis.

## CONCLUSIONS

Winnicott grew up being loved by multiple mothers, including two older sisters and several women who helped with the housework. He was an all-around athlete, had excellent musical talent, and was able to inherit his father’s business; however, his infantile fantasies to save his mother, who was believed to have suffered from depression, made him a doctor and led him to psychoanalysis. After ending his 25-year marriage, he remarried Claire, with whom he had a bond as an expert and spent his entire life as partner in psychoanalysis. He had the ability to live life to the best of his ability, absorbing new experiences and incorporating them into his personality structure in a special way. Growing up well-loved, Winnicott became a good enough paediatric psychoanalyst to hold sick children.

### Availability of Data and Material

The datasets generated or analyzed during the study are available from the corresponding author on reasonable request.

### Conflicts of Interest

The author has no potential conflicts of interest to disclose.

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