

# Beyond the Individualistic Paradigm of the Self with Donald Winnicott and Carol Gilligan

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## ABSTRACT

The main aim of this paper is to shed light on two somewhat underappreciated theories, which, by drawing attention to the relational nature of the self, both went beyond the individualistic paradigm long before most current leading approaches in the field. The paper first considers the routes out of the crisis of this paradigm proposed by care ethics. The first part focuses mainly on Carol Gilligan's relational account of subjectivity, which served as an inspiration for the development of care ethics as a moral theory, and discusses the strengths and weaknesses of her account. In the next step, the paper sets out to compare the view of the self deployed by care ethics with Donald Winnicott's account of the transitional area of play. The paper argues that both care ethics and Winnicott's theory make it possible to understand human subjectivity as at the same time dependent and mature, ambivalent and integrated, vulnerable and responsible, relational and non-arbitrary. Winnicott and care ethicists jointly demonstrate that it is neither an absolute symbiosis with others, nor a total separation from them, that is decisive for the well-being of an individual and a social field. Rather, it is beneficial and morally desirable to cultivate concrete interpersonal relationships in the area of complex relationality. The paper concludes that the crisis of the individualistic and disembodied paradigm of the self cannot be overcome by an uncritical emphasis on the positive function of relational, embodied and supra-individual aspects of human existence. Though essential, these aspects are at the same time complex and developmentally conditioned.

## 1. Introduction

Subjectivity counts as one of the most discussed topics in humanities and social sciences. Our way of understanding the human condition – and answering all related ethical, psychological and political questions – depends strongly on how

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we understand the process of subjectivation. Subjectivation (Foucault) is a term denoting the way in which human beings become aware of and relate to themselves through others and through a system of social norms, as well as transform, embody and transgress themselves.

Modern thought has been driven by a desire to discover fundamental characteristics of human subjectivity, distinct and evident to anybody, that could serve as the basis of a universal account of the human being and its autonomy. The reasons for this intellectual effort are easy to understand: If we can find something that characterizes every human being, we will be able to refer to it as a universal human certainty in all disputes and lay ground for a common discourse. The idea of the rational, autonomous, disembodied, individual, independent self played this role for a long time.

Though it is easy to understand the motivation of the modern age and appreciate many positive aspects of the Enlightenment ideals, the core idea of the rational, autonomous, individual self is to be found at the very heart of a crisis of modern thought, which we still face on numerous different levels. Modern thought foregrounded independence, self-transparency and rational self-certainty of the self at the cost of suppressing other essential aspects of subjectivity, such as embodiment, interdependence, vulnerability and unconsciousness. However, by separating those two realms of subjectivity, our understanding of human existence did not become more certain. On the contrary, it opened the door to potential naivety and even insecurity and danger in terms of understanding the motivations of human action. Setting aside embodiment, relationality, unconsciousness and interdependence as unessential aspects of human subjectivity does not, in fact, reduce their effect on human action. When they are placed in a shadow area, they can instead manifest themselves in a more powerful, even pathological, way.

As a reaction, many approaches in philosophy, ethics, psychology, sociology, and arts in the 20<sup>th</sup> and 21<sup>st</sup> centuries have called for a more complex and encompassing view of human subjectivity. While they acknowledged the essential role of the body, dependency, emotionality, relational opacity and unconsciousness, their aim was not to install a reign of chaos and arbitrariness. On the contrary, they sought to gain a fuller understanding of subjectivity. By acknowledging those aspects of the human condition that express our lack of control and by cultivating the human condition to its full extent, we can avoid the destructive effects of the suppressed aspects of human subjectivity, such as manipulation or dominance.

One of the most interesting contemporary theories to draw attention to the relational nature of the self is, in our view, the ethics of care.<sup>1</sup> In what follows, we want to examine the routes out of the crisis of the individualistic paradigm that care ethics proposes. We will especially focus on the relational account of subjectivity in Carol Gilligan's work, which served as an inspiration for the development of care ethics. We will discuss the strengths and weaknesses of her account. In the next step, we propose to compare this account with Donald Winnicott's account of the transitional area of play, which we consider as another example of a somewhat underappreciated theory that went beyond the individualistic paradigm of the self long before most of the current leading approaches in the field. We will argue that both Winnicott's and Gilligan's theories make it possible to understand human subjectivity as both dependent and mature, ambivalent and integrated, vulnerable and responsible, relational and non-arbitrary.

## 2. A relational account of moral subjectivity in the ethics of care

Let us start by looking at the domain of ethics. In traditional accounts of liberal moral theory – which continues to play a crucial role in contemporary ethics – the mature moral subject is conceived as the rationally self-determined individual who is at base independent of the particularities of the bodily and historical life. Human society is, on this account, based on a contract between equal, rational individuals who deliberately limit themselves in order to strive for individual profit by using common means. From a care ethical perspective, such a view of the human being and human society appears at least as one-sided, if not as directly flawed. The ethics of care is, by contrast, centred on the assumption that what characterises every human being regardless of her age, race, gender, social status or ethnicity is the fact that she is *essentially dependent* on others. Every human being exists and realizes life potentialities due the network of mutual interdependence and care. This is why care ethicists consider connection, dependence and care as key components of the human life and

<sup>1</sup> It would be more appropriate to say that rather than forming a united theory 'care ethics' comprises a family of more or less closely related ethical approaches whose key proponents include, to mention just a few, Sara Ruddick, Nel Noddings, Virginia Held, Joan Tronto, Selma Sevenhuijsen, Eva Feder Kittay, Fiona Robinson, Sandra Laugier, Maurice Hamington or Daniel Engster. For a short introduction to the history of the moral and political theory of care see Urban and Ward (forthcoming).

moral subjectivity. As Eva Feder Kittay (2009) puts it: “We human beings are the sorts of beings we are because we are cared for by other human beings” (p. 625). Such a view is in stark contrast with the ideal of independence, self-sufficiency and productivity. A society which fosters the latter ideal – as many of our current day societies do – will tend to marginalise and devalue the relationships of dependency and care as inferior ones. The same applies to an ethics which builds on the ideal of an autonomous individual. Whereas such an ethics separates dependency from the ideal self and projects it onto ‘those others’ who are weak, dependent and needy, the ethics of care locates the dimension of dependency, vulnerability and precarity at the very centre of human subjectivity and morality.

Care ethicists argue that a human person can develop into a mature being only in the context of interdependence. This does not mean that autonomy of the individual is something unwanted that should be replaced by a group conformity and the like. It simply means that autonomy in the sense of an isolated and independent individual is both 1) illusory with regard to the actual human condition, and 2) inappropriate as an ideal, for it does not lead to genuine relational self-determination and autonomy. Care has been traditionally linked to the idea of self-sacrifice for the other. It is one of the key claims of care ethics that this association has to be loosened, if not fully dissolved. From a care ethical view, acting for myself and acting for the other do not necessarily contradict each other. I am different from the other, but we are essentially interconnected. And so is our well-being. Hence, “the well-being of a caring relation”, as Virginia Held (2006) puts it, “involves the cooperative well-being of those in the relation and the well-being of the relation itself” (p. 12).

As a moral theory care ethics emphasises 1) the importance of meeting the needs of concrete others, 2) the positive role of emotions for moral understanding, and 3) the contextual and situational nature of moral responsibility. We come to know what is morally desirable not by applying universal moral rules to a singular case, but rather by being attentive and responsive towards the particular needs of concrete bodily others. Thus, the central normative focus of the ethics of care is “on the compelling moral salience of attending to and meeting the needs of the particular others for whom we take responsibility” (Held, 2006, p. 10). The successful fulfilment of the needs of a particular other presupposes attentiveness to the emotions, affects, wishes and needs of the other and the capacity for understanding the situation from the

perspective of the other.<sup>2</sup> To achieve mature caring relationships we need to cultivate our emotions such as empathy and compassion. As the word ‘cultivate’ already indicates, the positive value of emotions lies not in the emotions themselves but in the ways in which we deploy them. However, care ethics does not simply embrace all existing caring relationships as morally desirable, but rather calls for an examination and evaluation of actual practices and relations of care from the perspective of the normative ideal of good caring relations.

Apart from this, care ethics, in line with several other contemporary currents in moral philosophy, observes that in traditional ethics “the body’s role in calling us to respond ethically to one another has continued to be egregiously neglected” (Weiss, 1999, p. 5). Eva Feder Kittay, a prominent care ethicist, on the contrary characterises care as labour which is done in the relationships of embodied dependency. She emphasises that the primary source of human moral commitments lies in embodied dependence and shared vulnerability, not in autonomous rationality (Kittay, 1999, p. 53). Against the backdrop of universal human dependency and vulnerability, Kittay further argues, we should revise our notions of equality and justice. Equality entails more than ascribing equal rights to abstract individuals. It entails taking account of the real context of dependency relationships between concrete persons and groups. Maurice Hamington goes even further in his emphasis on the bodily dimension of care ethics by saying that “care denotes an approach to personal and social morality that shifts ethical considerations to context, relationships, an affective knowledge in a manner that can be fully understood only if care’s embodied dimension is recognized” (Hamington, 2004, p. 3). In his view, care is more than a mere aspect of the human life, “it is the very foundation of morality rooted in our body and our bodily practices” (Hamington, 2004, p. 5). Our body is the source of knowledge, imagination and habits that make care possible. Hamington rightly observes that the entwining of human embodiment, vulnerability, dependency and care manifests itself in the common metaphorical comparison of care and touch.<sup>3</sup>

Care ethics deploys a relational and embodied view of the self and develops it into a fully elaborated relational moral theory. Yet, it is possible to trace the inspiration of this approach back to the pioneering work of Carol Gilligan, the developmental psychologist whose research influenced debates in

<sup>2</sup> See Noddings 1984, pp. 14-19.

<sup>3</sup> See Hamington 2012.

care ethics. This is one of the reasons why we consider important taking a closer look at Gilligan's account of the self and human moral development.

In her path-breaking book *In a Different Voice* (1982), Gilligan offers a criticism of developmental theories which make sense of human maturity in terms of achieving *separation*. On this account, the human person reaches maturity through a process of gradual separation from its bonds with its immediate social and physical environment, i.e. by becoming fully independent and differentiated. The independent, separated self deliberately takes part in the social and cultural world as it benefits from the social regulation of conflicts which arise from the clashes of individual interests among other independent selves. Gilligan opposes this view by refocusing developmental theory from the aspect of separation to the aspect of *connection*. The dominant position of theories of separation in the psychological research of the twentieth century led, in Gilligan's view, to the marginalisation of the alternative view, which centres the personal and moral development around the idea of *connection*. On this alternative view, the development of the human person manifests from its very beginning until its latest stages a desire to be related to others and the world, and a joy over connection and mutuality. Gilligan (1982) describes the maturational process as a process of gradual development and enrichment of the relationships between self and others, as a movement towards a "maturity of interdependence" (p. 155), and concludes that "separations and detachments, which previously have been taken as the marks of development in adolescence and presented as psychological facts, no longer seem necessary or inevitable, natural or good" (p. xxiii).

Separation theories of personal development imply an oppositional logic according to which the self and the other oppose each other. The construct of the self-other opposition corresponds to the traditional moral opposition between selfishness and selflessness – my action can benefit either myself, or the other. Gilligan reveals a trap hidden in the moral ideal of selflessness as self-sacrifice or self-denial. The issue is that this model assumes a necessary choice between two equally problematic alternatives: the self-sacrificing, self-denying self, is a self without relationship; but when the self affirms itself at the expense of the other the relationship between the self and the other also vanishes. Gilligan (1982) argues for the need to replace the necessary choice between selflessness and selfishness with a relational account of moral maturity where "responsibility now includes both self and other, viewed as different but connected rather than as separate and opposed" (p. 147).

The prescriptive heart of a relational ethic<sup>4</sup> – which Gilligan alternately calls ‘ethic of care’ or ‘ethic of responsibility’ – is “an injunction to act responsively toward self and others and thus to sustain connection” (Gilligan, 1982, p. 149). Such a responsive action aims at the minimalization of violence and the “condemnation of exploitation and hurt” (Gilligan, 1982, p. 74). The psychological basis for non-violent interpersonal relations lies, in Gilligan’s view, precisely in “maturity of interdependence”, whereas aggression and violence in this light “appears no longer as an unruly impulse that must be contained but rather as a signal of a fracture of connection, the sign of a failure of relationship” (Gilligan, 1982, p. 43). Therefore, an ethic of responsibility and care does not look for general rules to restrict violent actions, but rather aims to foster mature relationships and practices of care which make the social world more secure by preventing isolation and aggression.

### 3. Object relations theory and Winnicott’s relational view of human development

Yet, according to some of her critics Gilligan overromanticizes the nature of human relationality through a reductive view of what counts as a human relationship. “Gilligan’s account”, as Burack notes, “is a partial one in which the field of ‘relation’ is circumscribed from the outset” (Burack, 1994, p. 47). The only way to accommodate aggression, anger or destruction in this account of relationships seems to be to interpret it as symptom of a lack of connection. Burack notes an interesting similarity between Gilligan’s theory and psychoanalytic object relations theory and suggests correcting Gilligan’s partial account by drawing on this theory. In what follows, we want to take a closer look at this intriguing proposal by which we will get to our next step, the focus on Winnicott’s theory.

<sup>4</sup> We are well aware of the complex questions with regard to the relationship between the descriptive and prescriptive (normative) level of a relational ethic. Our discussions of both Gilligan’s and Winnicott’s approach beg these questions. In our view, the normative content of both approaches is closely linked to their respective accounts of the human condition, human development and health. Hence, the strict distinction between ‘is’ and ‘ought’, ‘fact’ and ‘value’, which was constitutive for the major modern moral theories, does not apply here in its traditional sense. We are indebted to our anonymous reviewer for the thoughtful suggestion that a relational approach to morality needs rather to focus on the question of how to motivate to develop healthy and moral attitudes than on the question of how to justify the moral point of view.

Object relations theory offers an important revision of Freud's original psychoanalytic theory. It relocates the dynamics of human consciousness and unconsciousness from the field of instinctual relations to the field of interpersonal relationships. Whereas in Freud's view, the self develops from an infantile autoerotic instinctual sexuality through the process of sublimation and suppression, according to object relations theory the self develops from the primary relatedness to an 'object'. This relationship has a nurturing function. Embodied relationships to the environment, other people and surrounding objects form a field, in which the self grows and matures on the bodily, emotional and moral level. The self's relationship to others serves primarily as a source of development, rather than a sphere of conflict between self-sacrifice and domination. The developing human self is from the outset both dependent and independent at the same time.

Burack rightly observed that both Melanie Klein's object relations theory and Gilligan's care ethics take as a point of departure the fundamentally relational nature of human subjectivity. This is why the phenomena of care, love, nurture and respect become foregrounded in both accounts. Klein, however, seems to be able to accommodate so-called negative emotions into her theory better than Gilligan. Human relationality entails suffering and pain as well as pleasure and well-being. In what follows, we want to argue that another representative of British object relations theory, Donald Winnicott, proceeds in a similar direction as regards negative emotions, but enhances Klein's views by focusing on play as a core phenomenon of human development. We will examine how Winnicott's theory of play provides a complex account of relational and embodied subjectivity which enables a more complex understanding of human moral development.

In his theory of emotional development, Winnicott takes as a point of departure, in accord with object relations theory, the idea of the subject as essentially *embodied* and *embedded in interpersonal relationships*. Winnicott famously claims that "there is no such thing as a baby [...] if you set out to describe a baby, you will find you are describing a *baby and someone*. A baby cannot exist alone but is essentially part of a relationship" (Winnicott, 1987, p. 88). From the Winnicottian perspective it is critical to frame the individual psychology as embedded in sociality and relationality. Moreover, this point of departure implies the assumption that the subject is essentially dependent on others and can achieve only a relative independence, which applies both to the infant and the adult person: "Individual maturity implies a movement towards

independence, but there is no such thing as independence. It would be unhealthy for an individual to be so withdrawn as to feel independent and invulnerable. If such a person is alive, then there is dependence indeed!” (Winnicott, 1986, p. 21). Since the human being can develop in a healthy manner only in the area of dependence relationships, an adequate psychological account of the development must draw attention to the role and importance of these relationships as well as to the interplay between the subject and its environment. This is why Winnicott contends that “a description of the emotional development of the individual cannot be made entirely in terms of the individual, [...], the behaviour of the environment is part of the individual’s own personal development and must therefore be included” (Winnicott, 2005, p. 72).

Relational environments are obviously not value-neutral, but differ according to qualities which make them differently suitable for healthy personal development. Winnicott describes the relational environment in which the healthy development of the individual must begin as a ‘holding’ or ‘facilitating’ environment (e.g. Winnicott, 1965, pp. 46, 54). The facilitating environment doesn’t have to grant the individual an absolute sense of security or satisfy every single need, but it has to be a “good-enough environment” (Winnicott, 1986, p. 22) to enable the person to live through different phenomena, like conflicts, aggression, negativity and ambivalence without the feeling of an unbearable threat. “In an environment that holds the baby well enough, the baby is able to make personal development” (Winnicott, 1986, p. 28). Winnicott considers the good-enough relational environments as the areas of *transition* and *play*. They are transitional areas as they are not static or closed, but serve as a source for transitions that take place through the concrete situations and events that a person experiences.

In the course of personal development, a “play area” (Winnicott, 2005, p. 69) can first occur only between the child and her caregiver. Winnicott calls the caregiver mostly ‘mother’, by which, however, he refers to any person who is the child’s closest carer and provides the child with the initial feeling of security and trust. Creation of a play area presupposes the saturation of the child’s basic needs by a ‘mother’: “Confidence in the mother makes an intermediate playground here ... I call this a playground because play starts here” (Winnicott, 2005, pp. 63-64). This amounts in Winnicott’s view to the beginning of the healthy development of the individual, since “there is no health for the human

being who has not been started off well enough by the mother” (Winnicott, 2005, p. 15).

What does ‘play’ or ‘playing’ mean in this context? It means a process that takes place in a relational space between (at first) two agents and that draws attention to both their connection and separateness: “In playing, the child enters this intermediate area [...] The child uses a position in between himself or herself and the mother or father, whoever it is, and there whatever happens is symbolic of the union or the non-separation of these two separate things.” (Winnicott, 1986, p. 134) Besides this, the process of playing enables an agent to feel different than herself. At play the child continues to be the same person, however at the same time she plays ‘as if’ she were a different person. Though she still experiences the same mother or father, she experiences her or him as a different one. This duplicity is explored through the child’s own experiments (testing her possibilities to act and receiving the responses from the world, testing her phantasies about herself and the world, playing with her self-image). And it is also explored through the situations of play offered by the caregiver. These situations are new to the child and experienced as to a certain extent both frustrating and pleasant. In one of the earliest games, peekaboo, the mother and child play as if the mother was not there (the mother is hiding herself behind her hands). If the mother was really absent, and for too long, it would be a traumatic experience for the child. However, within the play area the child can easily explore and play out different aspects of the same event without any feeling of threat. The child goes through stages of joy, focused attention, uncertainty, a little anxiety, and eventually ends up with an outburst of exultation over the mother’s reappearance. The child experiences the present mother as absent and explores her own new responses to the world, in which the mother is not fully available. In shooting or destructive games the child experiences her own aggression and the world’s violence, but the experienced events don’t have any real impact on the outside world and the child doesn’t have to identify herself with the perceived aggression. When dressing up in costumes the child lives through the alterity of herself and expands the scope of her own possibilities. She can destroy social norms and her self-image through the game and then restore them. Games involving ghosts allow her to encounter fantasies and images which do not have to have any influence on real life. Playing implies the experience of dwelling on the borderline between the real self and the possible self, me and not-me, power and powerlessness. This is an important characteristic feature of playing that helps to avoid two extremities, two

relational pathologies: radical separation of myself from the other and absolute indifference between myself and the other. Thus, playing is an area which facilitates “the perpetual human task of keeping inner and outer reality separate, yet interrelated” (Winnicott, 2005, p. 3). It essentially involves our experience, embodied interpersonal interactions and takes place in the form of repeated processes of ‘doing things’ in space and time. “Playing”, as Winnicott puts it, “has a place and time. It is not inside by any use of the word ... Nor is it outside, that is to say, it is not part of the repudiated world, the not-me ... To control what is outside one has to *do* things, not simply to think or to wish, and *doing things takes time*. Playing is doing.” (Winnicott, 2005, p. 55)

This emphasis on embodied coping with the non-ideal world by doing, which cannot be replaced by thinking, imagining or wishing, clearly demonstrates the importance of the embodied dimension of subjectivity in Winnicott’s account. Subjectivity can emerge only from the relationship with others, through experimenting with one’s own alterity and through the experience of being held and seen by others as the other. Moreover, subjectivity emerges through acting in concrete materiality of one’s environment and in a concrete time span. In order to fully appreciate the significance of this account, we can compare it with Lacan’s well-known psychoanalytic theory of emerging subjectivity in the so-called “mirror stage”: the moment of becoming self-aware and of recognizing oneself as oneself takes place in front of the mirror, when the baby observes her image and recognizes herself in the image. It is an experience of an isolated self which observes an identical self-duplication. This rupture, which separates oneself from oneself through an exact duplicate imitation of one’s own movements is irreversible. It is possible to learn how to cope with it, but the original unity, the previous experience of omnipotent unification with the world without ruptures will never return. Winnicott’s view differs fundamentally: The self becomes aware of itself through the loving gaze of the mother - the other human being that sees the child with love. Furthermore the image of self gets more precise through ongoing feedbacks, responses and ambivalent interactions with the others. The stage of satisfying unification with the world is transformed through the facilitating environment into a stage of mutual relationality where the subject cannot appropriate fully the other (the caring person), but the other at the same time confirms the existence of the subject through her gaze of recognition. Through looking at the subject, acting upon her, responding to her in a different way than the subject would expect, the caring person confirms the uniqueness of the cared subject. The message

standing behind this experience is: the other is beyond my control, but it brings me more satisfaction than suffering. Our lived relationship combines frustration about imprecision with pleasure in attachment.

It is through transitional phenomena and objects, through playing, that the child learns to accept the fact that the loved one who is the source of the child's security and confidence does not fully satisfy her needs; that the world cannot be fully appropriated and dominated by her. This development (if healthy) results neither in an absolute autonomy, nor a harmonious relationality, but into the playful capacity for plasticity and self-duplication: I am this for now, but I am potentially also different. I can change my attitude within situations. I live supportive relations that also sometimes hurt. I am nice to others, and I frustrate them, sometimes. Some things cannot be changed and some things can be negotiated and transformed. This capacity enables the human being to exist well enough in non-ideal, unequal relations of dependency. It enables one to live well enough in relation to oneself, which is to a certain extent always a non-transparent relationship. Winnicott clearly argues against the view according to which the individual achieves maturity only by being violently separated from the carer and by accepting the rule of an external normative order. Abrupt separation only nourishes the secret phantasmatic desire of the adult to regain the unity with the mother and to live again her infant omnipotence, which only provokes different acts of compensation and substitution. At the same time, Winnicott also rejects the naïve optimistic view that the human being can achieve an ideal autonomy and live her life in a community of separated, independent individuals who deliberately constitute their common values and ethical norms. On the contrary, Winnicott conceives of the maturational process as an inherently precarious one, which is precisely due to its preciousness also "essentially satisfying", "even when it leads to a high degree of anxiety" (Winnicott, 2005, p. 70). What makes playing 'inherently exciting' and 'satisfying' is mainly the fact that it brings humans to the very edge of their precarious negotiation of the relationship between me and not-me, good and bad, phantasy and reality. In play humans are able to experience this delicate border and, at the same time, to change along it, i.e. to develop. Playing makes it possible to accept the human condition differently than merely as a burden, threat or irreducible negativity. The playful attitude allows us to deal with the formless experiential material in a creative, joyful manner, thus "on the basis of playing is built the whole of man's experiential existence" (Winnicott, 2005, p. 86).

Although Winnicott initially elaborates his concept of playing within the context of his theory of the child's emotional development, he considers play as a category which applies to human existence in general: "Whatever I say about children playing really applies to adults as well, only the matter is more difficult to describe when the patient's material appears mainly in terms of verbal communication" (Winnicott, 2005, p. 54). Playing is a ubiquitous human phenomenon ranging from child's play to adult cultural experiences. Hence, Winnicott argues, "there is a direct development from transitional phenomena to playing, and from playing to shared playing, and from this to cultural experiences" (Winnicott, 2005, p. 69). What is this universal aspect of play? It is not the specific form taken by play (grown-ups do not play in the same ways as children do). It is the repeated experience and experimentation with different forms of the 'as if' which enables the person to perceive her potential and to test the surrounding world in a creative and critical manner. A classic example of an adult transitional area is the space of the artistic creation or reception of a work of art. Theatrical catharsis, dwelling in the world of a literary work, contemplation or creation of a painting can free the human being from her relation to her immediate purposes, enable her to live through and integrate the 'as if' experience and, eventually, transform her attitude to the world. Public debates that have clearly defined rules and time frame can provide space for confrontation and mutual respect at the same time. The transitive spaces opened by the means of satirical happenings present the opportunity for a dauntless expression of one's frustration which can serve as an impulse for social change. Spiritual rituals can defocus the person from her orientation on day-to-day needs and facilitate personal transformation. Even a regular event of meeting with friends for a game or having a party with neighbours can, in Winnicott's view, elicit the experience of being really alive. The experience of 'I am alive, I exist, this is me' does not involve a discovery of a special feature of the 'subject', but consists rather in adopting a playful attitude. This attitude opens a secure and relaxed area in which the individual feels free to step back from oneself and the world. Such an attitude provides the space for creativity and critical distance at same time.

It should be noted that Winnicott developed his account of play in critical dialogue with Klein, a psychoanalyst whose work was a great source of inspiration for him. In her well-known concept of 'play therapy' Klein considered play as a therapeutic instrument. Playing allowed the patients to bodily express their most serious tensions, traumas, problems and pains without

being aware of it. The role of the therapist consists, on Klein's approach, in the interpretation of what was manifested through play. Winnicott, on the contrary, contends that "playing is itself a therapy" (Winnicott, 2005, p. 67). Playing has a unique place in a healthy human life and healthy interpersonal interactions where it contributes to the processes of adaptation, subversion, reconfiguration and negotiation. Only when a person becomes unable to adopt the playful attitude is there a need for therapeutic intervention with the aim of moving the person "from a state of not being able to play into a state of being able to play" (Winnicott, 2005, p. 51).

Let us be clear about this important point of Winnicott's theory. One could easily think that what Winnicott advocates here is a strong normativity in terms of identifying playfulness and health – only the one, who plays, is healthy; everyone who is not playing, is ill and should undergo therapy. We would like to argue, on the contrary, that Winnicott advocates a different normativity here.<sup>5</sup> To be playful means basically to feel motivated to develop and maintain an engaged distance to oneself and to the world. The motivation/capacity not to totally surrender to any kind of infinite seriousness, to keep this dynamic, fragile, but anyway satisfying stance to the world is a sign of something we could call 'being good/healthy enough'. Anything 'yet a little', 'more or less', 'in a way' playful is, in Winnicott's view, not ill. Illness occurs only when the plastic, experimental and precarious negotiation of the borderline between me and not-me bursts either into an absolute unity of the self and the world, or into an absolute separation, isolation and atomisation. Hence, Winnicott conceives of health in a very wide manner as an aspect of all forms of life that keep the dynamics of relations-negotiation going. The healthy human existence may involve illness, frustration, alienation, decentralisation as far as they do not break the dynamics of relationality. Unlike the moralistic 'good or bad' distinction, the 'well enough' principle sets just a single rule which delineates a wide range of possible healthy life forms.

Winnicott's theory of play as a good-enough way of becoming mature and healthy again demonstrates his firm conviction that human subjectivity is relational and embodied, embedded in activities, webs of relationships and the materiality of its environment. I become related to myself through the activity of playing, which materialises in real time and space. Embodiment, action, relationality and materiality do not express human subjectivity, they are the very

<sup>5</sup> See the footnote 4.

modes of human subjective existence. I am myself, for I am not fully myself, for I exist necessarily in a structure of play.

#### 4. Winnicott meets care ethics

It is clear from what we have learned so far that the Winnicottian account of play, Carol Gilligan's theory of moral development and the ethics of care share a common point of departure, namely the subject as embedded in interpersonal relationality. Besides, they share an assumption that human vulnerability, non-transparency and dependence on others is not something that can or should be avoided. Caring for the relational situation can, on the contrary, contribute to the well-being of both the individual and the inter-individual, and so it becomes an ethical performance. Winnicott and care ethicists jointly argue that it is neither an absolute symbiosis with others, nor a total separation from others, which is decisive for the well-being of an individual and a social field. What is beneficial and morally desirable is to cultivate concrete interpersonal relationships in the area of complex relationality. One could say in this sense that both approaches advocate a *different* normativity. Care ethicists stress that an ethical action should take into account the particularity of a situation and the context of the needs of a concrete other. A Winnicottian 'ethics of play' is centred on a principle of ethical minimalism which focuses on the complexity of intersubjective relations under minimal ethical rules.

However, we would like to touch now upon two problematic points with regard to certain versions of care ethics. The first point concerns the *economy of needs* and needs satisfaction in intersubjective relations. The second point relates to the role of so-called *negative emotions* (such as anger, disgust or hatred) in emotional maturation. We propose that Winnicott's theory of the transitional area of playing can serve as a fruitful source for a revision of these two points in Gilligan's approach and at least some versions of care ethics.

Care ethicists link, as we said above, the relational account of moral subjectivity with the imperative of meeting the needs of concrete others. Morally desirable caring relations are characterised by attentiveness to the needs of others and responsiveness in meeting these needs. Yet, it is questionable whether every fulfilment of the needs of others really facilitates the mature relationality which Gilligan has in mind when she talks about "maturity of interdependence" (Gilligan, 1982, p. 155). One could furthermore ask whether and to what extent it is possible to think from a care ethical perspective

of a healthy transformation of my relationships with others and myself through the experience of non-fulfilment and managed frustration. It is precisely Winnicott's account of the transitional area of playing which reveals the positive role of such a transformation in the healthy development of the person. Winnicott helps us to understand mature relationality as a dynamic process in which every agent – against the background of a 'good-enough environment' – goes through the transitional spaces which bring about a modification of her relationship to herself and others and a transformation of her needs. In the transitional area of playing the agent does not suffer by experiencing conflicts, frustration and unfulfilled needs. She rather perceives it as a bearable load, if not even as a pleasant experience.

The second problematic point concerns the tendency among some care ethicists to reduce phenomena such as destructiveness, aggression or hatred to a mere symptom of the lack of a loving connection. Winnicott makes, in line with the theory of object relations, a clear case that destructiveness and hatred form an integral part of emotional maturation. The paradigm of play helps us to view aggression as something painful, but not devastating and undesirable. Winnicott (1949) shows that this applies even to the relationship between the mother and the child. One should take into account not only the hatred of the child towards the mother – when the child strives to expand her sphere of impact –, but also the hatred of the mother towards the child. On this account, hatred and aggression are depicted not as a threat or pathology, but rather as a precondition for the "capacity to relate fully" (Tuber, 2008, p. 161). Aggression in mature relationships may manifest the desire to transform a loving relationship, to find a different and new expression of oneself in the relationship, or to abandon the relationship for some legitimate reasons. From this perspective negative emotions appear as a rightful part of a mature relationship that is capable of bearing ambivalence and paradox.<sup>6</sup> This leads us to a correction of the celebration of non-violent interpersonal relations without falling back into the paradigm of aggressive individualism.

Through our reflections on care ethics, Gilligan's relational view of human maturity, Winnicott's theory of play, and the enriching dialogue between them we hope to have shown the following: The crisis of the individualistic paradigm of the self cannot be overcome by an *uncritical* emphasis on the

<sup>6</sup> LaChance Adams (2014) explores a similar idea when she describes, in the framework of her ethics of ambivalence, the different emotional states of mothering as relevant aspects of the relational space. See furthermore Hollway and Featherstone (1997).

positive function of relational, embodied and supra-individual aspects of human existence. Though essential, these aspects are at the same time complex and developmentally conditioned. They co-determine human beings, but cannot be controlled by them. It is obvious that the few points which we have touched upon in this article need to be complemented by an elaborate account of the relationship between the individual and the culturally and politically structured sociality, an analysis of the role of creativity and artistic play in caring practices, the topic of responsibility and freedom in playing or the so-called ‘dark game’, i.e. manipulative misuse of the principles of play for dominating individuals and the public. However, such an account lies beyond the scope of this paper.

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