

Shrink Rap Radio #567, September, 7, 2017: Tea with Winnicott

David Van Nuys, PhD., aka "Dr. Dave" interviews Prof. Brett Kahr

(transcribed from www.ShrinkRapRadio.com by Mahyar Alinaghi)

Introduction: Today, my guest is Professor Brett Kahr, noted British psychoanalyst and author and today, we'll be discussing his book "*Tea with Winnicott*". For more information about Professor Brett Kahr, please see our show notes at ShrinkRapRadio.com. Now, here's the interview!

Dr. Dave: Professor Brett Kahr, welcome to Shrink Rap Radio!

Prof. Kahr: Hello! It's a great, great pleasure to be here. You have many, many fans in Great Britain, myself among them.

Dr. Dave: Wow! That is so gratifying to hear. That's the life on. In fact our mutual fan and friend Mahyar Alinaghi in Tehran has been after me to interview you for the longest time. So I'm glad to finally be able to welcome you to the show and I almost feel like I know you through him.

Prof. Kahr: Thank you, thank you! How extraordinary is the world in which we live that a gentleman in Iran introduces me in London to you in California!

Dr. Dave: That says it. That's very true. Well, you've had a very distinguished psychoanalytic career. What drew you to psychoanalysis way back?

Prof. Kahr: Oh, yes. What a good question! I can't remember a time when I wasn't drawn to psychoanalysis.

Dr. Dave: Oh, my goodness!

Prof. Kahr: My family are of Austrian extraction. I suppose that's a contributory factor. So, certainly, Freud was somebody talked about in the household when I grew up and I think as a young teenager, really, I just stumbled upon some Freud literature and found myself completely, completely engrossed and had to decide whether to pursue a career in psychology or in history and in fact, I

decided really to combine the two. So, I'm a clinician by day and an historian by night, one might say.

Dr. Dave: Yeah, what a great combination! And I think that combination has served you well in writing books that had both psychological and a historical slant. You've written a number of books and the one we're going to be discussing today is *Tea with Winnicott*. So I guess the obvious next question is: What drew you to Winnicott?

Prof. Kahr: Well, Donald Winnicott is, without a doubt, the most significant, homegrown mental health professional in Great Britain. I suppose one could put forward the case that John Bowlby has now come to rival him with the huge growth in attachment theory over recent years. But certainly among those who, really, were born and bred in Great Britain, Winnicott holds pride of place. So it's very difficult to be a mental health professional in this country, in United Kingdom, without coming across Winnicott in some way, shape or form. And I was very privileged to have been exposed to him when I was really a very, very young student. In fact, my own training analyst, the person with whom I undertook my own psychoanalytical training, was in fact a student of Winnicott's and had been to his seminars. So I suppose you could say that I absorbed Winnicott both from his textbooks but also from the couch itself, you know, from the very spirit. And I have to say that when I first encountered the work of Donald Winnicott as a really, really young student with very, very little clinical experience under my belt, his writings really did not speak to me very fundamentally because I just didn't have the experience to make sense of it.

Dr. Dave: Aha.

Prof. Kahr: As I began to train and as I began to practice, Winnicott's writings became more and more precedent, more and more relevant. And then I got really, I suppose you'd have to say, I got really rather obsessed by Donald Winnicott and had the opportunity, many years ago, to begin working on a biography which we had published in time for his centenary in 1996. He was born in 1896. And I got a little bit carried away because I started interviewing the remaining survivors, most of whom sadly are now no longer with us, you

know, his last patients, his last students, colleagues and so forth. And in the end, I managed to interview over 900 people who knew Donald Winnicott personally.

Dr. Dave: Oh my goodness! You really did throw yourself into that project.

Prof. Kahr: It was a great education and I learnt a lot and I think I really absorbed a lot of the essence of Winnicott's very human and very humane approach to the treatment of psychological distress. Winnicott was a gentleman. Perhaps we'd like to think all as mental health professionals are ladies and gentlemen. But Winnicott was a man of great manners, of great gentility, of great warmth and kindness as well as of a tremendous wisdom. That doesn't mean to say he didn't have his shadow side, like all human beings, and he made some complicated mistakes in his clinical practice from time to time. But I have to say that on the whole, he managed to save a lot of people's lives. And I think what is not fully appreciated David among people, perhaps outside of London community, is that a lot of the patients who went to see Donald Winnicott had previously been to many other analysts who had failed them.

Dr. Dave: Aha!

Prof. Kahr: Winnicott developed a reputation towards the 1950s and 1960s of being the analyst of last resource. If you'd had a long analysis with Dr. X and it didn't work or a long analysis with Dr. Y and it proved unsatisfactory, people went in desperation to Winnicott who did help people towards the end. I remember one of his patients whom I in the early 1990s, a very, very lovely woman who had very, very severe depression and had had, not one but two lengthy analysis, both of which were really, really disappointing and in desperation, really as an elderly woman towards the end of her life, she went to Winnicott and she said: Dr. Winnicott, I don't want to die an unhappy woman. And she said to me that Winnicott had said to her: I really wished that you hadn't had to suffer in this way.

Dr. Dave: Wow!

Prof. Kahr: And she was deeply touched just by that deeply human comment, you know, and she went to him for her third analysis and I think he allowed her to die in a peaceful state of mind rather than in an anguished state of mind.

Dr. Dave: Fascinating story! You know, psychoanalysts being humans too, I wonder if there wouldn't have been some, some envy of this special status in some quarters.

Prof. Kahr: Oh, Winnicott is both idolized and idealized, but also denigrated and envied. It's very, very... you'll be able to speak more than I about the reception of Winnicott in places such as California, but in London, it's very, very hard to go to a mental health gathering and then mention Winnicott's name without evoking every kind of reaction under the sun, from people who say: "Oh my god, he was my god!" to other people, such as the late Dr. Hanna Segal who was Melanie Klein's leading disciple in this country who really believed that Winnicott did not deserved to be styled as a psychoanalyst. She felt that he didn't understand the unconscious or have enough of the knowledge how to interpret the patient's unconscious. So there was a lot of rivalry at the time and a lot of envy.

Dr. Dave: Yes.

Prof. Kahr: I'd like to think that young students now a days are not quite so caught up in all those early historical, family rivalries within the psychoanalytical community and can now just take figures like Freud and Jung and Klein and Winnicott and learn from all of them.

Dr. Dave: Yeah, yeah, I think so. You know, I was surprised to discover, in your book that Winnicott, as you mentioned, was born in 1896 and he lived to 1971. So he would have been a contemporary, to some degree, with Freud who was 40 years older and Jung, who was 21 years older, and he rubs shoulders with others who had been either, who had studied or been analyzed by these two early giants.

Prof. Kahr: Oh, absolutely. Now that's a very, very astute comment. And Winnicott, sadly, never met Sigmund Freud, although I can tell you an unpublished story – I don't think this is known at all really. In 1938, as you

know, Freud fled Vienna in June of 1938 and the wake of Nazi influence of Austria and he spent the last year and several months of his life here in London. And Winnicott came to the house where Freud and his family was staying to check whether they arrived safely, whether they were all right. And several years later, Anna Freud, Freud's daughter, wrote to Winnicott and said: Dr. Winnicott, I will never forget your kindness in being the only psychoanalyst who came to check up on my father and on our wellbeing afterwards. You know that's...

Dr. Dave: My goodness! It's a testament to him and it's kind of shocking to hear that he was the only psychoanalyst. Maybe there just weren't that many psychoanalysts in the UK?

Prof. Kahr: To be fair, people like Ernest Jones who'd known Freud since 1908, you know, he met Freud at Victoria Station. So it's not as if Freud was not looked after. Those people who already had contact with Freud did have further opportunities for contact. But I think Anna Freud meant that Winnicott, among the home grown people who didn't know her father, he was the only one of that generation of analysts who came and said is there anything I can do to help? Do you need anything from me?

Dr. Dave: Yeah.

Prof. Kahr: So, he really was a gentleman. He loved Freud. Winnicott was not a scholar. He was the first person to admit that he learnt most of what he learnt from his patients and rather than from his books. So, I managed to acquire many, many volumes from Winnicott's library when it was put up to sale many years ago and I can tell you that many of the books, including many of his Freud books, are virtually unread. So Winnicott didn't approach the study of Freud and those people in a systematic way. He approached it in a much more poetic way. But he loved Freud and he always said that he may not have Freud's quotations at his fingertips but he has the essence of Freud in his bones.

Dr. Dave: Yeah, yeah. Well, your book is written as a conversation with a posthumous Winnicott and his faithful secretary who worked with him many

years and somehow, you create this transitional reality in which they both really admit to being dead, but are able to converse with you (laughs).

Prof. Kahr: (laughs) It was... it was a...

Dr. Dave: I found the chat that you have with Winnicott so convincing, touching on some of the small details of his life, that I would repeatedly have to pull myself out of the book and remind myself that it's not really Winnicott speaking, but you! (laughs)

Prof. Kahr: (laughs) Well, that's very, very kind of you to say. I tell you how I came to write this book in this particular style. You know, I've been teaching psychoanalytical theory, the works of Freud and Winnicott and Klein and Bowlby for many, many decades now and I always found – I suppose, being historically orientated – I always found that students really warm to these great theoreticians much more fully, if one situated them within their biographical and historical context.

Dr. Dave: Aha.

Prof. Kahr: You, know when I was taught as a student, none of my teachers had an interest in the backgrounds of these people. You know, they might begin a lecture, saying, you know, Freud was born in 1856. Now, let's go into his structural theory of the mind or let's look at the topographical map of the unconscious. So, you went straight to the sort of dry theory.

Dr. Dave: Yeah.

Prof. Kahr: But I would always teach by bringing these people alive as historical personalities. And I've found that that really engaged students.

Dr. Dave: Oh, sure!

Prof. Kahr: So, I thought rather than writing another one of the dry, you know, textbooks about Winnicott's basic achievements – and there are many textbooks about Winnicott which I think are very, very dry and don't capture the poetry of his speech – my publisher and I thought it would be fun if we could try to bring Winnicott back to life and have an imaginary conversation with him and I thought "Well. I attempt to do it because I've spent so many

decades now interviewing his patients and his relatives and his colleagues and his friends and reading the thousands and thousands of unpublished letters". And I thought at least I'll have a chance of capturing something of his tonal qualities.

Dr. Dave: Yeah, yeah. Well, it's a very compelling and delightful conceit, if I may use that word and I guess you were able to do this because you, everything you've just described. And I think you probably internalized a great deal of him in the process.

Prof. Kahr: I think that's right. I suppose that, you know when you study a man's... I couldn't write this sort of book about everybody. I think you have to know somebody's canon of work in a deeply, deeply intimate and, as you rightly said, internalized way. And I think that with Winnicott, I'd like to think that I have his phraseology in my mind. I've read so many of his unpublished letters I can hear his voice in my head. So...

Dr. Dave: Yeah, and you really bring him to life.

Prof. Kahr: I think that helped me to bring him alive

Dr. Dave: Yeah.

Prof. Kahr: I tried to at any rates.

Dr. Dave: Yeah, I think you succeeded. From your book, I get the impression that Winnicott was an unusual young man. For someone who grew up in rather privileged circumstances, you describe him as a maverick. Maybe you can give us the highlights of that. What made him a maverick?

Prof. Kahr: Yes. I mean, he was born in 1896 in Plymouth, in southwest county of Devon in a beautiful, beautiful seaside town. I don't know if you ever had the chance to visit Plymouth right on the coast. It's for many years the home, the central home of the British royal navy. So he grew up looking out on peaceful waters of the Plymouth sound. And it's such a different climate to the one in which Freud grew up. And certainly, a very different climate to the one in which Melanie Klein grew up in, you know, in a not-particularly salubrious part of Vienna as a Jewess, you know, surrounded by a great deal of anti-

Semitism. Winnicott came from privilege in every respect. He was part of every major in group. Whereas Freud and Klein were part of, pretty much, every major out group, you know. Freud was a male, but that was the only sort of in group to which he belonged. But Winnicott was a male, he was a Christian, he was not Jewish – which in England 1896 was very important – and he came from a very, very economically privileged family, not a particularly well-educated family. And his father was a working man who rose to the ranks to become a quite successful and prosperous mayor of Plymouth and was eventually awarded a knighthood. He became Sir Fredrik Winnicott for his tremendous community service.

Dr. Dave: Aha.

Prof. Kahr: So Winnicott had a lot of external buffers of protection, if I can describe it, you know, he lacked for nothing. And if you see his childhood home, which I've had the privilege of visiting, it's enormous. The garden alone is on five levels, you know, a croquet lawn...

Dr. Dave: Oh my goodness!

Prof. Kahr: Tennis courts and so forth. So, this was a young boy who grew up surrounded by cousins, surrounded by servants, he often said "I have multiple mothers" because he had his own mother, two elder sisters, maid and aunt living in the house, a cook, a nanny, a governess and loads of cousins who lived in the house next door. So he was literally surrounded by people looking after him and lavishing affection upon him. And I think he grew up with a kind of benign omnipotence. You might call it a benign grandiosity – as opposed to the sort of more pathological version of grandiosity – whereby he thought "I can do anything I want in the world".

Dr. Dave: Wow!

Prof. Kahr: He really felt the sense of entitlement. But having come from a background where his parents were very, very devoted to community service – they helped to run the local Wesleyan Methodist Church, the mother conducted mother-and-baby groups to look after poor mothers in Plymouth back in the late 19th century and early 20th century. So he grew up with a very

deeply internalized notion of community service and although he could have follow his father into commerce and into local politics, he decided that he would be the first member of his family to go to university and to train to be a physician. Nobody in the Winnicott clan had ever gone that rout before. So certainly from that moment on, he really was a maverick.

Dr. Dave: He becomes a psychoanalyst and so; one has o wonder "where was the wound?" Because, you know, typically people in the healing profession, there is somewhere, in their background lurking, a wound.

Prof. Kahr: Oh, that's a very...

Dr. Dave: Would you agree with that perception?

Prof. Kahr: I think that's right. I think Winnicott would have been the first to agree and I think he thought that wounds within the personality can be very valuable challenges for us as human beings, very valuable sources of information. One of the most frequently cited Winnicott epithets is his little observation which is, I think a quite profound ones, when he says: "We are poor, indeed, if we're only sane".

Dr. Dave: If we are only?

Prof. Kahr: If we are only sane.

Dr. Dave: Only sane.

Prof. Kahr: You know, as if to say that valorizing sanity is not enough. You need a little bit of madness, a little bit of otherness to feel, you know, some sense of passion in life, some sense of liveliness, and also some sense of empathic connectedness to others where you appreciate that wounds are very significant.

Dr. Dave: Yeah. Now, you mention in the book that his mother was very depressed and so, I'm guessing maybe that was the...

Prof. Kahr: Yeah. I hope, David, in the book, I mentioned that in a tentative and hypothetical way because the truth of matter is we don't know as much about Winnicott's mother as we think we know.

Dr. Dave: Ok.

Prof. Kahr: A lot of people have written and said "Oh, yeah. Lady Winnicott was very depressed". And people have come to this conclusion solely on the basis of one poem that Winnicott wrote.

Dr. Dave: Oh, my goodness!

Prof. Kahr: He did write papers on maternal depression. But he wrote papers on virtually everything. So you can't assume that his mother was depressed because he had some patients whose mothers themselves were depressed. But he wrote a poem when he was in his late sixties – never intended for publication – and sent it as a little attachment to a letter to his brother-in-law which began describing himself as a little boy in his tree house in the huge garden of his childhood home and he wrote: "Mother below is weeping, weeping, weeping. Thus, I knew her".

Dr. Dave: Huh.

Prof. Kahr: Now that is a portrait of a little boy looking on a mother in a moment of depression. Whether we can conclude from that that she was, you know, clinically depressed all the time or whether he had the sensitivity to recognize some aspect of depressivity in her character, I think we shouldn't jump to conclusions and claim that we know the full story about Lady Winnicott. What I can tell you from the research that I've done about her and her work, she was certainly a highly active woman in Plymouth throughout the course of her working life and she was, forever, opening estates and libraries and committees. So if she was depressed, I think it was possibly a more private depression rather than a clinical depression which would have incapacitated a person.

Dr. Dave: Maybe I didn't read that in your book. I might have read it somewhere else.

Prof. Kahr: Yes, I may not have elaborated on it fully. As you know, part of the conceit of the book is that I thought that I wouldn't ask Winnicott very intimate, personal questions because it would be... if I was actually interviewing him in real life, came to him as a younger colleague and say, you

know, "Dr. Winnicott, tell me about your mother" I don't think I would do that. I think I would focus more on his professional life. So I don't think I would go into those much more intimate areas with him. I tried to make the interview as real to life as if I were interviewing him in person.

Dr. Dave: Aha. Now, you do mention that he was psychoanalyzed by two eminent analysts; James Strachey - am I saying the name correctly?

Prof. Kahr: Absolutely correct. Strachey, yes, that's correct.

Dr. Dave: Yeah, for ten years and later with Joan Rivier, is that how you pronounce her name?

Prof. Kahr: Sometimes pronounced Rivier and some of the elderly analysts in Great Britain would call her Joan Rivier.

Dr. Dave: Ok.

Prof. Kahr: So, either pronunciation is recognizable. But they were both, each of Winnicott's two analysts – Mr. Strachey and Ms. Rivier – each of them was analyzed by Sigmund Freud earlier on in the century.

Dr. Dave: Yeah, so he was...

Prof. Kahr: In that respect, Winnicott is the grandson of Freud twice over.

Dr. Dave: Yeah (laughs), right. And so, what do we know about these analyses and why he needed the second one? You were telling an anecdote when we started out about a woman who had a third one at the end of her life.

Prof. Kahr: It was really very interesting because, you know, when you look at the historical literature and you clock the length of analyses, they get longer and longer as time goes on. So, in the 1910s, it's very, very rare to have an analysis that goes on for more than a year. Occasionally, you might find reference in the literature from the 1910s to something stretching to two years or three years, but it's very, very rare. By the 1920s, analyses are getting a little bit longer, so it's much more common for training analysts to have a three year training analysis or four year training analysis. But in the 1920s when Winnicott began his analysis with James Strachey, I don't know anybody else

who had a ten year analysis. I think his was really the longest that I'd been able to ascertain among people training as psychoanalysts. And it is a good question as to what kept him there so long? And again, there are different viewpoints about this. I think some of his detractors would think: "well he was really was that disturbed in some way that he needed this intensive analysis" and other people, myself included, think that actually, he and James Strachey really developed an understanding. And Winnicott enjoyed having the opportunity to speak and to be heard and to have his voice heard and felt really, creatively potent as a result.

Dr. Dave: Aha.

Prof. Kahr: You know, when you have a long analysis, you are the center of attention. You are the star of the stage. The analyst is quietly out of sight, a bit like the prompter in theater, you know, helping you when you forget your lines.

Dr. Dave: Aha.

Prof. Kahr: But the patient is really the star. And you know, I know from my experience from both sides of the couch that the longer the analytical process goes on, the more the patient or the analysand finds his or her creative voice. And I know that the longer people remain in treatment, the more they feel authorized to speak fully and unabashedly and unashamedly and I think that Winnicott felt that actually, the longer he stayed in analysis, the more he was to work out a lot of his ideas and theories. Don't forget when Winnicott was training as an analyst, he was in a very, very different position to a lot of his colleagues, most of whom were trainee psychiatrists, working in primitive 1920s mental hospitals. Winnicott was not a psychiatrist. He never trained formally and fully in psychiatry. He had his basic psychiatric rotation at medical school of course, but it was very, very slender and very, very brief. Winnicott trained as a physician in children's medicine, what we would now call a pediatrician.

Dr. Dave: Yes.

Prof. Kahr: That term wasn't really used in Great Britain commonly. It was seen as a, forgive me, as a vulgar Americanism back in the 1920s. American children doctor's then were called pediatricians but in Great Britain, they were called Physicians in Children's Medicine.

Dr. Dave: Ok.

Prof. Kahr: But essentially Winnicott came through what we would now call pediatrics. And he was really one of the only people to come to British psychoanalysis through the pediatric lens and consequently, he was very lonely. He was seeing a lot of his child patients with tummy aches and fevers and he started to come to the conclusion that actually, in many of these cases, these children don't have organic problems that need physicians. But they have parents who are screaming at them, they have parents who are depressed and that these bodily symptoms are actually psycho-somatic manifestations, pediatric psycho-somatic symptoms. And I think that he used a lot of his analysis with James Strachey to really work out how to apply psychoanalysis, Freudian psychoanalysis, to the study of children's bodies.

Dr. Dave: Aha. Maybe we'll go into that just a little bit more in a moment. The psychoanalytical world there in the UK, during that time, was very incestuous as you point out and he became embroiled in a conflict between Anna Freud and Melanie Klein, two very well-known, famous women. Maybe you can take us through the highlights of that?

Prof. Kahr: Oh gosh! We need...

Dr. Dave: Or the low lights?! (laughs).

Prof. Kahr: We need a whole hour just to unravel that. And you're quite right that the British psychoanalytical community in the 1920s, 1930s, 1940s was very, very tiny. We're talking about fewer than 100 members. So it's a very, very small group. And most of those 100 are not particularly active. Of those who are really, really active, we're looking at maybe 30 or 40 clinicians in London who are really deeply immersed in this early culture. They were in many ways, these early Freudians in this country – not dissimilar to those in United States, oddities in certain ways. They were all mavericks. You know, now a days to

go to psychology or psychiatry or social works or one of the mental health professions, you know, it's practically old hat and nobody raises any eyebrows if you tell them at a cocktail party that you work as a therapist or an analyst. So many people are doing I now a days, especially with the recent revelation that we had with Prince William and Prince Harry, you know, supporting therapy and counseling and more recently still, His Holiness the Pope coming out as an advocate of psychoanalysis. So it's almost old hat to be either in therapy or practicing therapy now a days. But we have to remember that in the 1920s, Freudian psychoanalysis, especially at Great Britain, was seen as something deeply, deeply perverse. People used to refer to him in the medical literature in 1920s not as Freud but as Fraud.

Dr. Dave: Oh boy!

Prof. Kahr: they would mangle his name purposefully, you know, as an insult. And Winnicott's own teacher in psychiatry as a medical student – he was taught by a man by the name of Robert Armstrong-Jones who was later knighted Sir Robert Armstrong-Jones who by the way became the grandfather to Anthony Armstrong-Jones, the Earl of Snowden, who married Queen's sister Margaret. So, you know, Winnicott's medical heritage was very closely linked to the British royal family in that respect. But Robert Armstrong-Jones was a huge, huge, vitriolic antagonist to Freudian theory and he reviled it in some of his lectures as "Jewish Psychology", you know, it may be applicable to those Jews in Vienna who have all these sexual problems and emotional problems, but it really says nothing about good, solid English people.

Dr. Dave: Aha.

Prof. Kahr: So, to have gravitated to psychoanalysis in the late 1910s as Winnicott did and to have trained in the 1920s and 1930s as Winnicott did, you needed to be either very mad or very courageous. Because you were really embracing something, to be perfectly frank, that many people thought was quite freaky.

Dr. Dave: Aha (laughs). Ok. I love this historical backdrop you're giving us. Anna Freud and Melanie Klein?!

Prof. Kahr: Yes. Anna Freud and Melanie Klein. Well of course, they were rather senior to Winnicott though not by thousands of years. Anna Freud was born in December 1895, literally just a few months before Winnicott in April 1896. So they were contemporaries but they didn't grow up together because Anna Freud had her training and her early years in Vienna. But Klein came in England in the late 1920s, Anna Freud in the late 1930s and they both, you know, occupied such a position of authority within the British psychoanalytical community and particularly in the field of child psychoanalysis. So Winnicott as a pediatric physician who worked extensively with children – it's estimated that he would have seen approximately 20,000 children in the course of his fifty year clinical career, an enormous number of children to have seen in consultation.

Dr. Dave: Oh, yes.

Prof. Kahr: He was very, very interested in, passionately preoccupied by the work of both Anna Freud and Melanie Klein. So he got deeply, deeply steeped in the debates about, you know, Can young children be psychoanalyzed? How young do you have to be? Should they be put on the couch? Should they be encouraged to work with toys? Should they be encouraged to free associate or would they be better off playing and then one interprets, you know, how they use the dolls and the donkey and the wooden carts as equivalent of adult verbal free association. Does one work with the children in the transference and talk about the relationship to the therapist? Or does one simply interpret the, what we would call, their genetic material, the material about their childhood? So these debates were raging throughout the 20s and 30s between the followers of Melanie Klein, many of whom had already been there in Great Britain, and the followers of Anna Freud, most of whom were her Viennese chums and many of whom emigrated with her from Nazi occupied Austria. So you had these two, you know, – by the time the world war two started – you had these two reigning queens of child psychoanalysis, neither home grown, both from Vienna originally but now transposed into London. And Anna Freud, of course, could trump everybody because she was the daughter of Sigmund Freud but Melanie Klein got there ten years earlier and she already had a big following. So, they were both respectful of one another. I've seen many, many unpublished letters between Anna Freud and Melanie Klein and they were

very collegial. We even have photographs of the two of them, sitting together at conferences and looking perfectly relaxed. But they could also be very, very rivalrous indeed and if I may tell you another unpublished story which your listeners may enjoy – I think it says a lot. This was told to me by John Bowlby himself. One evening, he attended a scientific society meeting at the British Psychoanalytical Society and he had a car and Anna Freud didn't and Melanie Klein didn't and they all lived really, pretty close to one another in North London. And Bowlby, being a great gentleman, said: Ms. Klein, Ms. Freud, May I offer you both a lift home? And they both accepted. And Bowlby took them home and telling me that three of them got to his car, parked on the street, and he got into the front seat, into the driver's seat, to drive them home. And each of the women got into the back seat as though they were being chauffeured.

Dr. Dave: (laughs) aha, yeah...

Prof. Kahr: (laughs) ...neither of them felt that she could go in the front seat or leave somebody else there. So they had both a kind of solidarity – both sitting together at the back seat – but Bowlby told me that it was the most uncomfortable car ride of his entire life because on the whole journey home, nobody spoke a word.

Dr. Dave: Oh, my goodness! (laughs).

Prof. Kahr: So there were difficulties, there were tensions in this relationship and Winnicott, bless him, found himself very, very much caught in between these two women. He was... Winnicott was a charmer. He was very, very seductive and he could be very, very seductive with women, with female colleagues.

Dr. Dave: Aha.

Prof. Kahr: He could be very, very flirtatious at times and he was a charming man and he was a doctor. So to have a Freudian analyst in the hospital system was also very attractive to both Klein and to Anna Freud. So they latched onto Winnicott and he latched onto them. And in many ways, he kind of played them off against one another throughout many of his later years. I don't think in a toxic or bitchy way, but he felt that each of them had something to bring

to the table and he never identified himself as a card carrying Anna Freudian or as a card carrying Melanie Kleinian. He really became his own person and in a way, that is the essence of Winnicottian theory. It's helping the patient to find his or her true self. That's what Winnicott calls it, the true self. Not to pretend to become mommy or daddy or to feel that you have to imitate somebody else or suck up to somebody else or sacrifice part of your identity for somebody else: become a doctor because your father insisted, or, you know, have six children because your mother had six children, whatever it might be. Winnicott felt that in many ways, the goal of psychoanalysis was to help the patient to become himself, to become herself. And that's what he called the true self. And I think he exemplified that in his relationship with Melanie Klein and Anna Freud. He took the best of each of these great female colleagues, but he made something entirely his own.

Dr. Dave: Yeah. Yeah, you mentioned the true self versus the false self and that understanding is almost commonplace today and I'm wondering if the way that he understood the concept of a true inner self and a kind of false self that we show to the outside world... Was his understanding of that, his meaning of it, different than the way it'd be commonly thought of today?

Prof. Kahr: It's a very, very good question and whole essays have been written on what precisely he meant by what seemed to be very, very simple concepts. I think one of the really, really – I mean for those who haven't read Winnicott's work on the true and false self, I really, really recommend it thoroughly. It's had a very, very profound impact on my understanding of the therapeutic process. And Winnicott did something, I think really, really interesting, because when we think of a false self, we tend to think about “what is it we're hiding from the rest of the world?” you know. Are we pretending to be nice people at a party where really we're very nasty afterwards and say: "that person looked really ugly" or "that was a boring conversation", you know, whatever it might be. That might be a way of being false. But I think Winnicott was much, much more interested in how we are false to ourselves. How we don't even know that we are not being ourselves.

Dr. Dave: Yes.

Prof. Kahr: That we're in a way living somebody else's life, living somebody else's dream, because being false in that respect, you know, pretending to be happy where actually, inside, we're bleeding, but not being allowed to even know about those bloody feelings or have access to them or dare to put them into words. So in a way, he was very keen to help the patient to discover his or her inner, I'm almost tempted to say duplicitousness, not a conscious duplicitousness.

Dr. Dave: Right.

Prof. Kahr: I think Winnicott very much believed, as most analytical practitioners would, that the construction of a self is something that occurs at a very unconscious level. One doesn't necessarily know where one's self came from or how one got it, but then, you know, we all do have a self. We all end up with a self and somehow, we've got to inhabit it. And Winnicott saw a lot of people – somebody who's really, really good on this is Winnicott's patient Margaret Little. I don't know if that's a name your listeners will have clocked. Margaret Little was British psychoanalyst who had her third analysis with Winnicott. She'd had two previous psychoanalyses. And on the surface, Margaret Little – she's written about his very, very overtly in several autobiographic chapters and memoirs – she came to, sort of fruition in the late 1930s and worked at the Tavistock Clinic for many years and so on the surface, she was really sane. She was a doctor, she was a psychiatrist, she was a psychoanalyst, she worked at the plush Tavistock Clinic, you know. On paper, she herself was perfect. She was sane, she was intelligent, she was educated but inside, you know, she said: But that's just my false self! Inside my true self, I'm so lonely. I'm so frightened every time a cupboard creaks, you know, I think catastrophe's going to happen. She had a horrifically strained relationship with her mother and I think she felt that her first two psychoanalysts didn't really understand that but Winnicott, her third analyst, absolutely did and she said that he helped her to overcome the false self that she showed to the world and showed to herself, so that she could then become a more honest and true person with herself and...

Dr. Dave: You know, this idea, I think, is present in Jung as well, not to say that Winnicott was or... – I don't know if he was influenced at all by Jung.

Prof. Kahr: Oh, I think you're right. I think, you know, nowadays, more and more Jungian analysts are turning to Jung and I think Winnicottian analysts are turning to... Sorry! Jungian analysts are turning to Winnicott and Winnicottian analysts are turning to Jung. I think the longstanding, historical suspicion is sort of evaporating much more so certainly. When I entered the field, you were either a Winnicottian or you weren't.

Dr. Dave: Yeah.

Prof. Kahr: You were either a Jungian or you weren't, you know. But now we can be much more open-minded about that. Winnicott, to the best of our knowledge, never met Jung in person – you asked originally about his relationship to Freud and Jung. But he did read some of Jung. How much of Jung he read, we don't know. Given that he was not on the whole a reader, I suspect very, very little. He certainly read Jung's autobiography: "Memories, Dreams and Reflections" as it's known in English and he wrote a review of it. And he was very, very intrigued, particularly by the more psychotic aspects of Jung's mind...

Dr. Dave: (laughs)

Prof. Kahr: ... because I think Winnicott could understand that and identify with that and whereas a lot of people, sort of, try to cover up any mad or vulnerable or wounded parts – to use your expression, you know – you know, Winnicott and Jung were both very honest and, I think, very frank about those parts of their personalities. So I think he was drawn to Jung in that way particularly.

Dr. Dave: Yeah. His theoretical stance also came to place a great emphasis on maternal holding of the infant, which he generalized to the idea of a holding environment. And this emphasis on maternal relationship and holding, it made me wonder if that's somehow, the roots of attachment theory which is so big now.

Prof. Kahr: Oh, you're spot on! I couldn't agree with you more. Winnicott is really, in many ways, as much a father of attachment theory as Bowlby is. We tend to think of attachment theory as John Bowlby's creation because he and his overt followers branded it in that particular way. But Winnicott's theory is

essentially a theory of attachment. You're absolutely right. I couldn't agree with you more. And I think in many ways, one of Winnicott's most important achievements, possibly his most important achievement, is the recognition that psychopathology stems in many, if not most cases, not from a genetic inheritance, not from a skewed bio-pathology, you know, brain dysfunction or, you know, imbalance of neurotransmitters or something like that. He was an anti-biological psychiatrist, if I can describe him that way. In many ways, he was an anti-psychiatrist full stop! He was deeply, deeply unimpressed by the kind of traditional psychiatry practiced in United Kingdom during the 1940s and 1950s. Particularly, he was an antagonist of electro convulsive shock therapies and of psychosurgeries, what we called in Great Britain "leucotomies". Lobotomy is the more common term in America. In England, in Great Britain, it's leucotomy. And Winnicott really took pen to paper quite frequently and wrote pretty vicious letter to the editor and short articles in all of the major British medical magazines about the sadism of shock therapy and brain surgery as treatments of mental illness. He said no; in his experience, these illnesses are not caused by difficulties in the brain. They are caused by failures in the early mother-infant or father-infant relationship in that early attachment relationship. And that's where intervention needs to take place and the treatment must treat that relationship. It must be psychological. So he was in many respects, perhaps even more so than Sigmund Freud, the ultimate, proto-psychologist. He was vicious about the somatic treatments, the traditional biological treatments of so called mental illness. He said, no; if we really want to understand the cause of schizophrenia, if we really want to understand the cause of depression, juvenile delinquency, psychopathy, we need to look at those ruptures he called them impingements... impingements in the early maternal infant nexus.

Dr. Dave: Aha.

Prof. Kahr: He wrote mostly about the mother because of the historical climate. Today, we talk about the role of fathers as primary caretakers as well. But it is that early parental relationship that really is the foundation of either mental health, if you're lucky, or mental illness, if you're less fortunate.

Dr. Dave: Yea, yeah. I've got another question that I want to ask you that kind of steps outside of what we've been talking about, I think. I think the twentieth anniversary of Princess Diana's death has been... am I right? It's been twenty years?

Prof. Kahr: Yes, it's literally... We've literally had the twentieth anniversary and there has been a lot of attention here on the press and newspaper coverage and television documentary. It's very, very much on people's minds.

Dr. Dave: Well, my wife and I have watched three television documentaries about it and...

Prof. Kahr: (laughs)

Dr. Dave: ... and really kind of immersed ourselves in that and she wanted to make sure that I ask you your take on... people were struck by grief all around the world, not just in the UK, you know. The outpouring of grief and... What's your sense of why so many people around the world were so grief-stricken over her death at, maybe, you know, a psychic or archetypal level? Do you have a sense of that?

Prof. Kahr: Well, I'm wondering, given that you watched three documentaries whether you have a... well, yes, I do have thoughts on it, but I wouldn't want to have the definitive view on it. I think we were at that moment – and of course I remember it so well and, you know, I visited Kensington Palace and Buckingham Palace and I was just staggered that so many people had come out to put flowers and so forth and people who'd never, never met her. But, you know, I think, wearing my, sort of, old-fashioned, nineteenth century Freudian hat, I do think that there was a way in which Princess Diana represented for so many people, quite unconsciously, what we would call the pre-oedipal nursing mother. You know, she was a young woman who gave birth to babies, she was very, very public in her fragility – you know, her fragility was very evident from her television interviews and from her broadcasts and in her photographs, you can see the pain and sadness and it became public knowledge very early on in the day that she visited a therapist herself and she was very open about that and helped to destigmatize therapy. I think, unconsciously, she may have reminded a lot of us of our own mothers

of infancy and our own memory of our own mother being depressed because it's very hard to be a mother – it's very hard to be a father – and at times, not to be depressed! Because, as Winnicott said, looking after a baby can be very joyful, but it is also deeply, deeply burdensome. You're having to really do a lot of heavy lifting to keep another human being alive and to grow them up. And I think Princess Diana became a kind of transference screen in which we all recognized another woman that we'd already met many years previously.

Dr. Dave: Aha. My wife...

Prof. Kahr: But you and your wife might have a very different take on it, I don't know.

Dr. Dave: Well, my wife gets the credit for me watching those three shows on (laughs) Princess Di. She was really, as a matter of fact, she stayed up all night the night that happened.

Prof. Kahr: Really... yeah.

Dr. Dave: Yes, she was there all night and...

Prof. Kahr: Oh, it was very, very touching. People were deeply, deeply, you know, grief-stricken and...

Dr. Dave: Yeah.

Prof. Kahr: I remember being very sad myself and of course, we were all concerned about what impact this would have on her two boys to lose a mother at such an early age. I think everybody could identify with love and loss. And her story was a very, very public story of love and loss and how that gets survived and not survived. I think she did become quite archetypal. There's now a huge psychoanalytical literature just on the death of Princess Diana. Lots of colleagues have written papers about it.

Dr. Dave: Oh, really? That's fascinating!

Prof. Kahr: So, it'd be worth looking into that literature in this twentieth anniversary year. Yes, I regret that I never had the privilege of meeting her, but I always

warmed to her because I thought there was something really, really very touching and I'll never forget the stare that she created here in the late 1980s when she went into to an HIV ward for the first time. You may remember it, I'm sure it had coverage in the States as well. But when HIV was first discovered and people were first diagnosed with AIDS and nobody really quite knew what it was rather than it was a very serious condition, people, nurses in British hospitals, were frightened of ministering to patients with AIDS, fearful that they contract the disease as well. And Princess Diana made front-page news, I think, on every single national news paper, the day she visited the HIV ward and took her gloves off and shook patients' hands and just gave the world a message: these are human beings.

Dr. Dave: Yes, yes.

Prof. Kahr: We have to find a way to touch them and to be touched by them. So in many respects, I think she was truly a great humanitarian and she used her public position, I think, to do a lot of good. And her boys are following in her footsteps because in last several years, both Prince William and Prince Harry have become tremendously intelligent and unashamed advocates of psychotherapy. We owe them a great world-wide debt, I think.

Dr. Dave: Yes. Well, you know, as we wind down here, I wonder if there is anything else that you'd like to add?

Prof. Kahr: It's interesting that we're talking about the Royal Family because Winnicott was a very, very avowed monarchist. He absolutely loved the Royal Family and he thought that in many ways, they were the family that looks after every other family by being the symbolic mommy and daddy in the big house who are keeping a close eye on the country. And in Winnicott's later life, he moved into a lovely, lovely house in Belgravia, literally not far from Buckingham Palace itself, both in the same part of south, central London and he absolutely adored the royal family and several of his colleagues told me that he had always secretly hoped that he would be called upon to treat members of the Royal Family if they had children who were having difficulties. I don't think we have any evidence in his case books that he did actually see any members of the Royal Family, but it's not entirely impossible

that he didn't, because his reputation in the field of child mental health certainly by the 50s and 60s was so enormous that he would have been an obvious person to go to. But he was a great fan of the monarchy and he thought it was a really good institution.

Dr. Dave: Do we know if he was ever considered for a knighthood? You mentioned that his father was.

Prof. Kahr: Yes, you know, it's really, really tragic because given that psychoanalysis and psychotherapy, compared to other branches of medicine and social services and so forth – it's still a comparatively new field. So to the best of my knowledge, not a single psychoanalyst has ever received a knighthood or become a dame of the British Empire. I think that will probably happen in the next decade or so. It was a big watershed moment when both Anna Freud and John Bowlby were awarded the royal rank which is just one notch below becoming a knight or a dame and that's what's called the C. B. E.: Commander of the most excellent order of the British Empire. It's still a pretty enormous achievement to be given the medal, calling yourself C. B. E., Commander of the British Empire from the monarchs, but it is one notch down from knighthood. And I think had Anna Freud received her award today, had she been twenty years younger, had Bowlby received his award 20 years later on, I think he would have been Sir John Bowlby and she would have been Dame Anna Freud.

Dr. Dave: Aha.

Prof. Kahr: I think when they were put up for their awards, there was still some suspicion about this once Jewish, Viennese psychology and Freudianism. It hadn't had the public penetration that it has nowadays. But I think probably the next generation of people who come along, who make exceptional contributions, I wouldn't be surprised if some, young, up-and-coming mental health professionals, up-and-coming Freudian or Jungian analysts in Great Britain ultimately become knights or dames.

Dr. Dave: Well, we will keep our fingers crossed (laughs)!

Prof. Kahr: (laughs).

Dr. Dave: Professor Brett Kahr, I want to thank you for being my guest today on Shrink Rap Radio!

Prof. Kahr: May I thank you, because you are the most joyful interlocutor. I just... I love the musicality in your voice and the way you've engaged so, I thank you, I'm very grateful!