

## **The concept of health proposed by D. W. Winnicott: Contributions to the promotion of mental health**

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### **ABSTRACT**

The definition of health has evolved through history, embracing cultural and contextual aspects. Winnicott's ideas contribute to mental health promotion. Health, defined by WHO, includes physical, mental, and social well-being. Despite criticism, achieving complete well-being is pursued within human limitations. Comprehensive care, as outlined in Brazil's constitution, encompasses preventive and curative measures.

**Keywords:** Health, Definitions, Comprehensiveness, Well-being, Social context.

### **INTRODUCTION**

For a long time, the definition of health has been the subject of criticism and controversy, along with the societal expectations associated with it. Throughout history, there has been a considerable change in the understanding of the concepts of health and disease (FRANÇA, PASSOS and ROCHA, 2014).

The ideas, previously dominated by naturalism and biology, were questioned and began to be analyzed in various academic disciplines. The unfolding of these debates resulted in a significant change in the definition of health, which now encompasses cultural and contextual aspects in a more comprehensive way, breaking with the old hegemony of the exclusively biological approach.

### **OBJECTIVE**

In order to fully understand its nuances and complexities, the present study aims to present Winnicott's ideas about the concept of health, aiming to identify his contributions to the field of mental health promotion.

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## **METHODOLOGY**

This is a literature review study, based on the reading of books and scientific articles on the subject, available in university libraries and Capes Portal.

## **DEVELOPMENT**

### **THE CONCEPT OF HEALTH LINKED TO PHYSICAL, MENTAL AND SOCIAL WELL-BEING.**

The World Health Organization (WHO) defines health as a state of complete physical, mental and social well-being, not just the absence of disorders and illness. It is a social right inherent to the condition of citizenship, which must be guaranteed without distinction of race, religion, political ideology or socioeconomic condition. Health is thus presented by the WHO (2006) as a collective value; a good for all.

Critics, such as Segre (1997), argue that this definition is one-sided, unrealistic, and outdated due to the utopia associated with the term "complete well-being." Despite the criticisms, the search for this ideal can be carried out within human limitations and subjectivities, highlighting the importance of a comprehensive approach that encompasses physical, mental and social aspects of health.

The Department of Education states that from this perspective, no individual (or community) will achieve full health or be totally ill. Throughout life, you will experience different states of health and illness depending on your abilities, living conditions, and interactions. The life history and the social context in which an individual develops, taking into account their individual capacities, will influence, to a certain extent, the health conditions achieved (BRASIL, 1997).

In Brazil, the 1988 Constitution understands health as a right of all and a duty of the State towards the population. To guarantee this right, the Unified Health System (SUS) was created, which is based on three pillars: a) universality: thus being a right for all; b) equal access: enabling the same form of care for the entire population; and c) comprehensiveness in care.

Comprehensiveness, according to Marques, et al. (2016) refers to a more comprehensive understanding of the human being that is intended to be attended to and cared for. The health system must be prepared to listen to the user, understand the social context in which they are inserted and, from there, meet their demands and needs, paying special attention to the prevention of diseases or health problems.

Following this line of understanding, the State must offer comprehensive care, prioritizing preventive activities, without prejudice to care services. A set of actions should be established that range from prevention to curative care, at the various levels of complexity (MARQUES, et al., 2016).

Health promotion, in turn, is a concept of global public policy, contemporary in public health and disseminated by the World Health Organization since 1984. The health promotion proposal approved in



Ottawa at the First International Conference on Health Promotion in 1986 constitutes a new paradigm (RABELLO, 2010).

The paradigm of 'health promotion' approved in the Ottawa Charter, as a conceptual, methodological and instrumental field still under development, brings, in its pillars and strategies, potential to address health problems. It assumes health in its broad concept, guides the discussion on quality of life and presupposes that the solution to problems lies in the potential to count on partners and mobilize society. It works with the principle of autonomy of individuals and communities, reinforces planning and local power (RABELLO, 2010, p. 22).

For Buss, et al. (2020), the quality of life of a population depends on its conditions of existence; on its access to certain economic and social goods and services, including basic education, employment and income, adequate food, access to good health services, housing, and basic sanitation. The understanding of well-being and quality of life diverges between societies, being shaped by the cultural particularities of each community.

Quality of life and health are concepts that are interconnected. In a modern understanding of health, it can be conceived as the result of a process of social production that aims to express the quality of life of a population. Health is considered a social product, that is, a consequence of the relationships between the biological, ecological, cultural and economic-social processes that occur in a given society and that generate the living conditions of populations (MENDES, 1996).

Health promotion proposes a dynamism through which the population is trained and seeks ways to control both the factors that favor their own well-being and that of the community, as well as those that may be putting them at risk, making them fragile and vulnerable to illness and impairing their quality of life (Lalonde, 1996). In health promotion actions, individuals are recognized as active participants in the process, with the potential ability to influence the determinants of their own health (BUSS et al., 2020).

The approach to this new concept of health was emphasized by the Ottawa Charter, elaborated at the First International Conference on Health Promotion held in Canada in 1986, when it states that the conditions and requirements for health are peace, education, housing, food, income, a stable ecosystem, social justice and equity (LALONDE, 1996).

In this comprehensive view presented, health transcends the mere absence of disease, representing itself to be, in addition to being a right of all, an integral state of physical, mental and social well-being that enables individuals to recognize and achieve their aspirations, as well as to meet their needs. The notion of care and cure are incorporated into health promotion, making it essential to think about ways to offer health-related care so that cure can be achieved more effectively.



## CONTRIBUTIONS OF WINNICOTTIAN PSYCHOANALYSIS ON THE CONCEPT OF HEALTH

For a long time, the notion of health has been marked by criticisms and arguments regarding its definition and the social expectations produced from it. Historically, as pointed out by França, Passos and Rocha (2014), there was an important conceptual evolution in what is understood by health and disease when these conceptions (until then permeated by the phases of naturalism and Biology) were put in check and began to be thought of in different areas of knowledge.

The result of these debates culminated in a significant change in the definition of health, which was expanded by the emphasis on cultural and contextual aspects:

The elucidation of the concept of psychic health, although it does not correspond to the key concept of Winnicottian psychoanalysis, is an emblematic aspect of the formulation of his theory of normal personal maturation. In general, we can say that his conception of health and disease is permeated by the notion of a healthy individual, who, in turn, corresponds to the ability to adjust emotional maturity and chronological age (FRANÇA, PASSOS and ROCHA, 2014, p. 98).

Psychoanalytic theory suggests that the formation of psychic (mental) health is intrinsically linked to the quality of the initial interaction between mother and baby. The emotional suffering currently manifested evidences the fragility in the constitution and maintenance of psychic balance, resulting from instability and rupture in bonding relationships, especially in the early stages of life (CAMBUÍ, et al., 2016).

By emphasizing the importance of the presence of parental figures in the process of the individual's formation, the psychoanalytic perspective related to the psychic constitution addresses the scope of intersubjectivity. This authentic encounter opens space for the possibility of human development and inaugurates the relational experience (CAMBUÍ, et al., 2016).

The approximation and relationship with an "other" also formed by individual subjective experiences arising from their own maturation process, together with the fundamental potentialities of the baby's growth "makes possible the development of the child's sense of being (KHAN, 1978, p.40).

For Winnicott (1960/1983), the formation of one's own self (self) has its origin in the initial experience of the human interrelational encounter (mother-baby). Thus, in order for the baby to begin its process of constitution, it is imperative the affectionate and continuous presence of another individual who receives its initial, spontaneous gesture of manifesting itself in the world, this gesture being inherently constitutive of the human condition. According to Winnicott (1968/2002), the foundation of the psychic constitution of the human being occurs in the early stages of the relationship between mother and baby.

When developing the concept of health in his theory, Winnicott (1962/1983), an English pediatrician and psychoanalyst, emphasizes the need to focus on the concept of individual health so that social health (relationships established with other individuals and society) can be achieved. According to



the author, the health of an individual implies an achievement of maturity and personal integration, and a movement towards independence, even if such independence is not fully achieved.

It is the innate tendency toward integration and growth that produces health, not environmental provision. Still, good enough provision is needed, absolutely at the beginning and relatively at later stages (WINNICOTT, 1962/1983, p. 65).

The achievement of relative independence takes into account the fact that when we think of the concept of health in Winnicott's theory, we cannot understand it as the complete achievement of the individual's independence in relation to the environment of which it is a part. Being healthy implies maturity and creativity; Creativity suggests a non-submissive living, and maturation implies degrees of independence from the environment (initial caregiver) being achieved at each respective stage of our development, but never reaching a maximum degree of it. In the words of Winnicott (1967/1999, p. 22) "it would be harmful to one's health to be isolated to the point of feeling independent and invulnerable. If the person is alive, then there is undoubtedly dependence" (on the family, the nurse or psychiatric clinic).

One can indeed think about health by relating it to maturity corresponding to the individual's age, however, what is really significant for Winnicott (1967/1999) is that health implies gradual conquests of levels of independence and maturation, and consequently, a creative life. To understand the idea of health merely as the absence of psychoneurotic illness is to disregard many other important issues related to individual health and personal maturation (FRANÇA, PASSOS and ROCHA, 2014).

As Winnicott (1967/1999) points out, the life of a healthy individual is characterized by fears, doubts, conflicting feelings and frustrations, as well as by positive characteristics. The essential thing is that both the woman and the man

Feel like you're living your own life, taking responsibility for action or inactivity, and be able to take credit for success and blame for failures. In other words, it can be said that the individual has moved from dependence to independence, or to autonomy (WINNICOTT, 1967/1999, p. 29).

Winnicott (1952) states that the basis for mental health is inaugurated and established by the mother, from conception and from the common care provided by her to her baby, due to her special condition of identification with the child, called the state of Primary Maternal Concern.

In this sense, for example, psychotic mental illness, for the author, "arises from delays and distortions, regressions and confusions in the early stages of the growth of the environment-individual set" (Winnicott, 1952, p. 407); That is, from an inability of the mother to identify with her baby and in a mother-baby relationship not experienced in a healthy way, configuring for the author, an environmental failure.



It is pertinent to highlight that the aforementioned theory seems to presuppose that the mother figure holds the exclusive responsibility to provide perspectives of future emotional development to her baby. However, in the absence of support or a reliable support network, this function becomes unfeasible for any woman who becomes a mother. Every caregiver, regardless of gender, must adequately perform the function of caring, sustaining, transmitting trust, respecting, welcoming and protecting.

Motherhood, seen as the exercise of the role of mother by women, is still influenced by deeply rooted concepts, such as the myth of maternal love, and is considered a natural predisposition associated with patriarchy (FARINHA and SCORSOLINI-COMIN, 2018).

At the moment of birth, women often face a conflict between their ideal expectations, lived reality and social norms, generating contradictory feelings and possible psychic suffering. Without proper support, this suffering can impact both the mother's mental health and the baby's healthy emotional development. Understanding, on the part of the support network and society, is crucial to allow the mother to dedicate herself to the baby without pressure, favoring meaningful experiences for the healthy development of the child at all stages of life. patriarchy (FARINHA and SCORSOLINI-COMIN, 2018).

The foundation for the child's mental health, based on Winnicott's proposal, is prepared by the mother while she is concerned with the care of the children; while being concerned with offering a sensitive and active adaptation to the needs of your child. Mental health, therefore, "is the product of continuous care that enables the continuity of personal emotional growth" (WINNICOTT, 1952, p. 395).

It can be understood from what has been elucidated above, that to the extent that the environment (mother) is able to identify with her baby and be devoted to it through the state of primary maternal concern (a state that allows the mother to identify with her baby and be devoted to him to the point of being able to predict and provide for him the exact type of care he needs), the functions of a good enough environment (*holding*: security, affection, affection; *handling*: care routines offered to the baby; and presentation of the object) can be exercised in a satisfactory way to contribute to the continuity (becoming) and integration of the baby, and consequently, to a healthy emotional development (WINNICOTT, 1967/1999)

On the other hand, any recurrent failure of care to be offered by the environment to the baby in the early stages of its development will contribute to the development of a pathology, implying a pause in its maturational and emotional development; a pause in your continuity of being.

## **FINAL THOUGHTS**

Understanding the concept of health proposed by the World Health Organization (WHO) as a broad concept, which encompasses biological, social and psychological aspects, not limited only to the absence of disease, but to a healthy and quality way of living and thinking about the contributions of the



According to the English psychoanalyst D. W. Winnicott on the subject under discussion, it is noted that the WHO's proposal is in line with the fact that, also for Winnicott, health cannot be understood only as the absence of disease. Being healthy, according to Winnicott's theory, implies emotional maturation, and emotional maturity implies environmental conditions of care offered according to each phase of the individual's development.

For Winnicott, health is synonymous with maturing, integration and creative living. However, in order for the individual to be able to develop and reach their potential for integration and, consequently, for health, it will be necessary to have a caregiver capable of offering exactly the type of care that the child, from the beginning of life, will need throughout their development.

The promotion of (mental) health, according to the English author, is established by the mother, from pregnancy and from the common care provided by her to her baby. Mental health, for Winnicott, depends on environmental provision (forms of care to be offered by caregivers). It is impossible to think of a healthy way of living without considering the importance of the social relationships established between caregivers and other support networks in order to meet the baby's needs from the beginning of his life.

Understanding health from the WHO (2006) as an adequate state of physical, mental and social well-being, which allows individuals to identify and fulfill their aspirations and satisfy their needs, we can then add that, following the Winnicottian perspective, mental well-being (mental health) will depend on the care received from their own caregivers in the first years of life. so that they can perform their own function of caring (for others and for themselves).

Only healthy adults are able to promote health (mental, physical, and social). If the environment in which the individual, the population live (such as their homes) is made up of healthy people, the greater the chance of a child growing up and reaching his or her potential for integration; The greater will be the chance of her achieving and conquering a healthy life.

Mental health depends on the collective; It depends on good environmental/family care (as an infant, child, adolescent) in terms of presence and adaptability to the physical and emotional needs that arise from the beginning of the infant's life.

It is possible to conclude from this discussion that there is no mental health if there is no healthy environment: composed of emotionally healthy adults who received good enough care while they were still babies, children and adolescents, and now supported, integrated and psychically healthy, they are able to perpetuate all the care they enjoyed. In general terms, it can be said that the view of health and disease, for Winnicott, is permeated by the idea of an individual which, in turn, is associated with the ability to reconcile emotional maturity with chronological age.



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