

*Lacan with D. Winnicott*¹

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I

In 1953 Donald Winnicott was appointed to a committee by the then president of the IPA Heinz Hartman, to investigate the events surrounding and the resignations of various members of the Paris Psychoanalytic Society and the founding of the Société Française de Psychoanalyse. Lacan up to the moment of his resignation from the Paris Society, had been its President and was one of those that the committee sought to investigate/interview.

In 1955, at the Nineteenth Congress of the IPA, Hartmann announced that the committee set up to study the dissident group had recommended that the group be excluded from membership in the IPA because of its "insufficient training facilities." The initial decision had been handed down, but the issue of recognition was to trouble the ten-year history of the new French Society. Lacan was eventually "ex-communicated" from the IPA in 1963.

Despite Winnicott's participation in the initial investigative committee, Winnicott and Lacan remained respected and esteemed colleagues, evidenced in Lacan's letter to Winnicott in 1960 in which he refers to Winnicott as his "very dear friend". (Television, p. 75). That their professional relation remained in-tact is a testament to Winnicott's adeptness in negotiating an "independent" position in politically heated times, the repetition of a feat he managed some 30 years previously within the British Psycho-Analytical Society which, when spilt into factions around those loyal to teachings of Klein versus those dedicated to Freud (Anna), Winnicott managed to place himself elsewhere. Winnicott found himself as leader of the Independents or maybe more precisely, the person around whom those Independents who formed the Middle Group, revolved. Interestingly Winnicott managed to maintain the trust and friendship of both Klein and Freud despite the political and theoretical divisions that occurred within the British Psychoanalytical Society. Perhaps it was that experience that enabled him to manage the later IPA debacle.

So that Winnicott maintained his relation with Lacan is perhaps not so surprising then. It was Lacan who in 1959 arranged for the translation and publication of Winnicott's seminal paper *Transitional Objects and Transitional Phenomena* in the journal *Psychanalyse*, V. Lacan also welcomed and encouraged Francois Dolto's decision to invite Winnicott to participate in the first colloquium of child psychosis which took place in 1967.

This professional respect, interest in and support of each other's work was mutual as Lacan's letter of 1960 demonstrates. In it, Lacan accepts Winnicott's invitation to visit London and address the London Society and accepts to do so and I quote, "under those conditions that you will determine" (*Television*, p.75).

Another interesting insight, for me anyway, in terms of the relation between the two men appears in this missive also. Lacan seemed pained to learn of Winnicott's difficulty in understanding a recent article of Lacan's (on Ernest Jones Theory of

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Symbolism). It seems of import to Lacan that Winnicott understand his work and seems to identify in him someone of like minded perspective and I quote "when it concerns you (Winnicott) with whom I feel I have so many reason to agree on things" (*Television*, p. 76). Interestingly it is not the first time Winnicott misunderstands Lacan, to which Winnicott's article entitled *The Mirror role of the Mother and Family in Child Development* (1967) inspired by Lacan's Mirror Stage, will attest.

It is with this perspective in mind, that is these "reasons to agree" as Lacan termed it, that I have approached our meeting today. Both clinicians have acknowledged the influence and value of the other's work on the development of their own psychoanalytic theory and praxis. There are of course major differences in terms of the clinical and theoretical orientation of the two and it is not my aim to seek to reconcile the one with the other but rather to explore those moments which both have specified in the other's work as deriving a particular point of theoretical and clinical interest and relevance in their work, most notably the transitional object, phenomena, mirror stage and the origins of the subject.

However do not be lulled into an imaginary sense of harmonious reciprocity and mutual understanding between the two – ala the object relation – over the years Lacan was fond of teasing Winnicott by assigning him the title of "nurse analyst", one who Lacan claimed was at times in danger of reducing Freud's discovery to the practice of "Samaritan Aid" (Lacan, 1977, p.36). And as we know about teasing and joking – it can be deadly serious.

II

Before discussing Winnicott and his work I think it is worth making a slight but nonetheless relevant detour in order to contextualise Lacan's position regarding the Object Relation perspective in psychoanalysis. I know previous speakers have covered this in previous meetings but for those here today who are not familiar with his views I think it is important.

In Lacan's Seminar IV of 1956-1957, entitled *The Relation of the Object and the Freudian Structures*, Lacan specifically refers to the work of Winnicott and the transitional object but precedes this with an interpretation of the object relation perspective that dominated analytic thinking/experience of the time. This particular analytic paradigm in part led to Lacan's construction and introduction of the Schema L, which he utilised at that time to depict both the analytic situation as asserted by Lacan and the alienated/imaginary relation that founds the object relation in Lacan's view. Object relation theorists to Lacan, re-centred the pleasure and reality principles on this alienated relation so that analytic praxis became based on the rectification of the subject's relation to the object. This relation is a dual one and the conception of analytic theory on such a premise of course had implications for the direction of the treatment. Based on this premise of object relation, the analytic situation says Lacan, can be conceived of as a simple straight forward relation of subject to object. But can it be so straightforward asks Lacan? Can a complex schema such as schema L be replaced by a more simple instrument? Lacan wishes to find out. The object relation at that time, in the '50's has become, says Lacan "the principal theoretical element in analytic explanation" and characteristic of this theorisation is and I quote, "monotony and uniformity" one that fails to provide full or complete satisfaction for the analyst who struggles to organise their own experience of analysis along such monotonous and uniform lines.

So Lacan in Seminar IV seeks to find the place of the object in analytic theory – where

does Freud situate it – and is it legitimate to situate the object in such a central place in theory? Freudian theory is one that revolves around the object as opposed to the object relation.

The object in Freud outlined in the *Three Essays* section entitled *The Finding of the Object*, depicts three modes of object (which Lacan would specify as three modes of object lack, privation, castration and frustration) which has a certain relation to reality and to an ambivalence found in certain primary relationships. For Freud the finding of the object is only ever the pursuit of the drive – where what is at stake is a lost object, an object to be re-found. This notion of the drive, the aim of which is satisfaction via an object that is merely “soldered on” to the drive, is diametrically opposed to the object relation perspective. For Lacan, Winnicott’s transitional object is a means to engender and cope with a separation from the mother and the transitional space incorporates something other than the typical symbiotic relation as asserted by Anna Freud for instance. For Lacan, Winnicott understands that there is something illusory in the mother-child relation, not typical of the object relation theorists of the day.

However for Winnicott it is the infant’s “true self” (a Winnicottian concept we will come to later) which precedes the drive, whereas the drives themselves in this view, serve the self but do not constitute it. This view is a major departure from Freud and ergo Lacan, in that there is little or no space for infantile or indeed adult sexuality or difference in Winnicott’s conception of the individual.

Winnicott plays with Freud’s comparison of the ego and the id as rider and horse and states that instead of the rider guiding the horse in the direction the horse wants to go (in Freud’s view), for Winnicott “the rider must ride the horse, not be run away with” (The Location of Cultural Experience, 1967). So it is evident in Winnicott’s view that the instincts are located under the aegis of the mastery and control of the individual, “the self”.

The Freudian object is not (unlike the object relations object), a fully satisfying object, a harmonious one that signifies a particular relation to reality and denotes a specific level of maturity, for example in terms of attaining the genital object.

The object in Freud is always understood in terms of a search for the lost object which corresponds to the object of early weaning, an object that formed a point of attachment in the child’s earliest satisfactions. And so the quest to find an object is one to re-find this object of satisfaction – it is both a repetition and an impossibility. In Lacan’s view “Nostalgia binds the subject to the lost object” – a object which does not exist but is wrought by the separation of the subject from the Other – it falls from the Other, it is assumed in the Other by virtue of a constituting subjective division – which founds subjective desire. Every object found is marked with the sign of impossibility because what is found is precisely not what is sought. This structural impossibility of attaining the object pre-empts Lacan’s later elaboration of the concepts of need, demand and desire in terms of the object.

The impossibility that founds the subject-object relation therefore determines a fundamental tension between the subject and the object, so it cannot be the harmonious dual relation as promoted by the object relation theorists.

It via a search for an object that is outgrown and a search for past satisfaction, that a new object is sought. This is the first form of object in Freud (*frustration*) and it is in the realm of impossibility that Freud and ergo Lacan, situate the lost object. This object resides in a domain of conflict between the subject and his world – that is

between the reality and pleasure principles which for Lacan are inseparable and form dialectic. Reality is fundamentally opposed to what the drive seeks – i.e. it is not about adaptation to reality!

Satisfaction of the Pleasure principle and the drive of the subject have the possibility of satisfaction via means that are somewhat hallucinatory, a possibility which is fundamental to the infantile satisfaction of the drives – so does it require an object? Implicit in this Freudian view is that it is not around the object that development is centred and furthermore says Lacan, in no place in Freud's work, is the subject-object relation central.

The opposition of the reality and pleasure principles implies a gap says Lacan in as far as satisfaction of the pleasure principle can be achieved in "unrealistic forms" whilst the reality principle implies a structure that allows for the attainment of an object that is other than (fundamentally different from) what is desired.

For Lacan the situation in which it might appear that there is no gap between subject and object, is situated in the pre-genital organisation where relations are characterised by the phenomena of transivitim, a relation between the subject and the object that is literally an equivalence between one and the other. It is this relation says Lacan that forms the basis in object relations for the pretext of situating the object relation at the forefront of analytic praxis. This perspective of the object relation misses the point, as Lacan's Mirror stage specifies, in that the dual relation is one of conflict.

In Freudian terms the subject is constructed retroactively via a central experience (castration and Oedipus) and conflict between the conscious and unconscious is caused by the fact that what the drive seeks is obscure, and misrecognised. Hence it is not on the path of consciousness that the subject "finds himself" but rather there is a beyond of knowledge. Via Karl Abraham, this Freudian perspective of the subject is abandoned in favour of a re-centring of the function of the object and in particular, its final manifestation. The object relation perspective for Lacan places this ideal object as an aim or end point of the treatment, resulting in the normalisation of the subject.

The subject's relation to the environment is at the foreground which for Lacan objectifies the subject and reduces the analytic experience to one of adaptation. The object relations view says Lacan, may be considered therefore as a type of social remedy whereby the subject's adaptation to the environment is rectified along predetermined lines – it is a type of homogenisation that excludes the particularity and the articulation of, subjective desire.

At the centre of this perspective is the mother child relation on which is based the genesis of everything that will follow for the subject – it is viewed, says Lacan as a real relation. Maintaining this imaginary position that the mother child relation is the foundation of the whole of analytic genesis is impossible says Lacan, without introducing the phallicism of analytic experience. This is an idea we will return to in terms of Winnicott and mother child relation.

Succinctly then, to end Lacan's voluminous criticism of the object relation, I quote "the idea of a harmonious object, by its nature complementing the subject-object relation is perfectly contradicted by experience – not even by analytic experience but just by common experience of the relations between man and woman" (Seminar IV, p.19). If harmony were possible between men and women he says, there would be no analysis at all. Something does not work.

III

It is precisely the mother child relation that Winnicott spent his entire 40 year career as a paediatrician and analyst theorising and developing and which formed the paradigm/model of his conception of psychoanalytic treatment itself. Winnicott came to psychoanalysis in 1919 when he read *The Interpretation of Dreams* – from here he began a 10 year analysis with James Strachey and later with Joan Riviere.

He trained as a doctor and then paediatrician. As the first English paediatrician to train as an analyst he was in a unique position to comment on the mother child relation in terms of prevailing psychoanalytic thought until the arrival of Melanie Klein in 1926.

Winnicott stated that his introduction to Klein came via the couch when Strachey “broke into his analysis” to inform him of Klein’s work. This led to Winnicott becoming her supervisee, a transition that Winnicott recounts in the following terms and belies perhaps his annoyance at being superseded, “This was difficult for me because overnight I had changed from being a pioneer into being a student with a pioneer teacher”. (Philips, p. 45). Winnicott joined the British Psychoanalytical Society in 1923 (established in 1919 by Jones) and for the next 10 years the society was to face two dominating issues, firstly regarding the question of lay analysis and whether psychoanalysis should be considered a branch of medicine and therefore restricted to doctor practitioners, and secondly the question as to whether child analysis was a legitimate branch of psychoanalysis. Winnicott was in a very distinct position in terms of both of these issues as he was a paediatric doctor and analyst in training whereas both Klein and Freud were not medical practitioners and he was to play an important part in what he called the interplay between “separateness and union” (ala the transitional space) between the groups that were to emerge in the society.

It was to Klein’s work that Winnicott naturally in-tilted. Klein’s emphasis on the mother child/pre Oedipal relation appealed to Winnicott whose experience in practice convinced him that important psychical events occurred at this earlier stage which required further theoretical research and elaboration. Nevertheless flanked on either side by two such influential practitioners/pioneers in Klein and Freud, Winnicott initially struggled to develop his own position. He distrusted the emerging clinical and theoretical dogma from child analysis and to which he found it difficult to reconcile his own way of thinking and practicing. While Klein emphasised the child’s inherent resistance to interpretation and analysis – Winnicott’s child was viewed as a collaborator and an ally in the treatment. Klein assumed an epistemophilic drive in the child, the child wants to acquire knowledge as a developmental given and so the emphasis on interpretation grew. Klein’s approach to the child lay in knowing beforehand about the child’s unconscious and using it as a blueprint for treatment, this was difficult for Winnicott. He approached each encounter with the child as novel, and replaced Klein’s capacity to know with the capacity to play and emphasised that the clinician should practice from a position of *not knowing* and warned of the overvaluation of interpretation.

Winnicott began to separate out from Klein’s and as he noted “She had not included me as a Kleinian analyst”, and “I have never been able to follow anyone else, not even Freud” (Philips, p. 47).

IV

In the 1930’s Winnicott began to develop his theoretical position in the

treatment of children and had begun publishing in medical circles initially. Winnicott's first papers were aimed at the British medical profession who had an unwillingness to recognise the unconscious, the intensity of children's feelings and their particular use of symptoms. Winnicott faced not only professional bias but also cultural differences in attempting to introduce psychoanalysis to the British Medical Profession. In his paper *Skin Changes in Relation to Emotional Disorder* (1938), Winnicott points out, "The Englishman does not want to be upset or reminded that he....is not really happy himself – he refuses to be put off his golf".

Winnicott's initial conception of the origins of the human subject is found in his paper *Primitive Emotional Development, (Through Paediatrics to Psychoanalysis)*. At the beginning of this paper which he addressed to the British Psychoanalytical Society (Nov 1945), Winnicott proffers an insight into how he develops his theories and ideas, "I shan't give any historical survey and show the development of my ideas from the theories of others because my mind does not work that way. What happens is that I gather this and that, here and there, settle down to clinical experience, form my own theories and then, last of all, interest myself in looking to see where I stole what." This approach of Winnicott's proved for me anyway, a difficulty in engaging with his work, as it is nearly impossible at times to trace the development of his work and ideas – concepts appear fully formed without an explication of theoretical rigour or development – and it seems that concepts derived from theory and clinical practice, appear as analytic fact. Winnicott's use of language is also problematic in this context – apparent straightforward use of language and the language of his patients, leads to an assumption of understanding that belies Winnicott's idiosyncratic and particular clinical orientation and interpretations. Masud Khan notes this when he stated, "He wrote as he spoke; simply and to relate. Not to incite or indoctrinate. He made his idiom so much that of the ordinary cultured and common usage that everyone was illusioned into the make-believe that they have always known what he was saying. The paradox of méconnaissance rather pleased him. Yes, he had a huge pride and his self esteem could be daunted only by his own errors but not the censure of others". (Preface, *Through Paediatrics to Psychoanalysis*).

But, to the paper itself. Here Winnicott examines earliest emotional development and interestingly analysed psychotic adult patients in a bid to understand this phase of infancy. Klein it should be noted had previously asserted a primary psychotic state in the infant.

Winnicott specifically examines the infant before the age of 5 months – that is before the child develops the knowledge that he has an inside and that objects appear from the outside, and before an object is made use of for the purpose of satisfaction which can then be discarded. Winnicott also notes that at this point of development (5 months and onward) there is a corresponding recognition of the other – an understanding that the mother also has an inside that is either good or bad, muddled or ordered. The child he states, becomes concerned with the mother, her mood and her sanity. At this point there is a relationship between whole persons as Winnicott terms it. In this paper Winnicott is interested in what occurs before these advances. Winnicott posits that the phase before 5 months or before these advances occur, is vitally important and that the origins of the psychopathology of psychosis may be found here.

Winnicott proposes three phases at the beginnings of personality:

- 1) Integration
- 2) Personalisation

3) Realisation – that is the appreciation of time, space and other facets of reality.

He notes that development that is taken for granted must necessarily have origins and a condition from which they grew and to illustrate this point he remarks upon the psychotic subject's relation to his body. The localization of the self as he terms it, in one's body is often assumed but this is not the case for the psychotic person.

Winnicott demonstrates this via various clinical cases where the psychotic's problematic relation to his own body in terms of feeling connected to it, are apparent. Winnicott classes these psychotic phenomena as indications of failures in primitive development and so demonstrates the importance of these early processes.

At the beginning the personality is unintegrated. In regressive disintegration there is a primary state to which regression tends, which Winnicott calls Primary Unintegration. The fact of disintegration, a phenomenon inherent in psychosis, demonstrates to Winnicott that it is this primary unintegrated state that is the basis for disintegration itself. Integration commences straight away, at the start of life. Winnicott gives a clinical example of how Unintegration phenomena manifest in the analytic session. It manifests in the patient who recounts in minute detail everything that occurred in his life between sessions. Whilst the analyst may feel that no analytic work took place, the client, Winnicott states, needs to be known in all of his bits and pieces and to be known in that way by the analyst means to feel integrated – if only in the person of the analyst. I was quite struck by this example which seems quite reminiscent of contemporary psychoanalytic thinking in terms of the presentation and treatment of the ordinary psychosis – in the Lacanian field.

This is the stuff of infantile life says Winnicott. When an infant is without someone to gather his bits together he is at a disadvantage in terms of his own self-integration and he may not succeed at or maintain integration.

Integration is assisted in two ways; firstly via the ministrations of the mother to the infant's physical needs such as warmth food, washing being handled etc. This instinctual experience gathers the infant's personality together from within. Integration per Winnicott can be well underway within the first 24 hours.

The infant is capable of experiencing long stretches of time of unintegration provided that there are moments where he feels he comes together and feels something. The experience of unintegration is different to disintegration which is experienced as distressing and frightening. Later this theory would develop into the *Capacity to Be Alone* (1958), initially in the presence of the mOther via ego relatedness.

The flashes of faces, disjointed sounds and smells are pieced together in one being called the mother. Winnicott comments that analysis with psychotic clients demonstrates that states of unintegration had once a natural place in this primitive stage of development – echoes here of Lacan's fragmented body perhaps. Importantly Winnicott also remarks that the capacity for unintegration does not reside in psychosis alone – health is not always integrated and there is an innate capacity to become unintegrated, de-personalised or feel the world is unreal - a forerunner here of Winnicott's later theory of illusion versus reality and the transitional space.

Equally important to integration is the second process of personalization which Winnicott determines as the development of being in and possessing of, a body, and developing a connectedness to that body which occurs via the repeated instinctual experience of bodily care provided by the mother. Interestingly Lacan too was of the

mind that the body for psychoanalysis, indeed, in human experience is not a given – the body is symbolically constructed via the grafting of or imposition of language by the Mother/Other onto the heretofore fragmentary and inchoate psychical and physical experiences of the child. It is from the field of language and the Other that the body emerges and for Lacan too, the psychotic subject has a particularly fragmented and problematic relation/experience of the body as it is not languaged.

Winnicott then identifies another problem of unintegration in terms of disassociation – a concept of Grovers to whom Winnicott of course does not refer. A series of disassociations grow out of unintegration which is caused by incomplete or partial integration. An example of this disassociation is found in different infantile states for example between quiet and excited states. The child in his quiet state is unaware that he remains “ himself” when he is screaming for immediate satisfaction. Implicit in this disassociation is also an unawareness that the mother he is creating via his quiet experience is the same as “the power behind the breasts” that he destroys in his mind.

The third process Winnicott names is that of adaptation to reality – when integration is assumed to be underway the next step is a primary relation to external reality – it is a highly complex step and advance in development that is never finally made or settled for Winnicott. This is a very intriguing point as it implies that for Winnicott there is an apparent impossibility in play in the “self’s” relation to the world, and that the final attainment of an objective reality is not a given and can be undone (via disintegration).

Winnicott describes adaption in terms of the mother baby feeding relation, where the baby has instinctual and predatory urges whilst the mother must be have the idea that she wishes to be devoured.

The mother child relation is not established until they “live an experience together”. The mother must adapt to the child and produce a situation whereby the child can make first contact or a first tie with an external object – that is external to the self. So mother organises and facilitates the child’s contact with reality.

Winnicott illustrates this “lived experience” in terms of two lines emerging from opposite directions – where they overlap there occurs a moment of illusion, which the child, says Winnicott, can either take as hallucination or a thing belonging to external reality. The experience of illusion is one where the infant hallucinates the object and it is presented precisely at that moment. The experience is elaborated via smells, sight and touch which are then utilised at the next moment of hallucination. The infant in this way builds the capacity to conjure up what is available in the environment. The mother, who will soon become the *good enough mother*, must continue to provide the infant with this illusory experience. She must protect the child from what Winnicott would later term *impingement*, that is anything which threatens to interrupt the infants going on being – his experience of the illusory experience. Winnicott states that it is only in this way that objectivity can be built. “All failure in objectivity at whatever date relates to failure in this stage of primitive emotional development. Only on a basis of monotony can a mother profitably add richness” (Primitive Emotional Development, p.153).

What is interesting about illusion is that at the point where hallucination and reality meet, both phenomena are taken to be the same by the infant. It is a meeting of inner and outer in a space where the object is located – a forerunner of Winnicott’s later elaboration of the transitional space. In this stage where there is no object either

inside or outside there is a condition of absolute dependence. Out of this state the infant is disturbed by hunger which develops in the child a readiness to hallucinate an object or an expectancy of an object rather than a particular object in itself. At this precise moment the mother presents the breast which is a subjective object. If the other fails to do this the infant's relation to reality is compromised. Here Winnicott makes an interesting point in relation to concept of the child being able to create in fantasy via illusion, all of the objects required for satisfaction, he stresses the primacy of fantasy in this illusory world – it being more primary than reality, "...the object behaves according to magical laws, i.e. it appears when desired, it approaches when approached, it hurts when hurt. Lastly it vanishes when not wanted..... The only true annihilation" (ibid, p.153).

This state however is not one of blissful existence and in fact Winnicott emphasises the importance of the introduction of reality into this solipsistic state, "One thing that follows from the acceptance of external reality is the advantage to be gained from it.

We often hear of the very real frustrations imposed by external reality but less often hear of the relief and satisfaction it affords. Real milk is satisfying as compared with imaginary milk but this is not the point. The point is that in fantasy things work by magic; there are no brakes on fantasy, and love and hate cause alarming affects. External reality has brakes on it [.....] in fact fantasy is only tolerable [...] when objective reality is appreciated as well. The subjective has tremendous value but is so alarming and magical that it cannot be enjoyed except as a parallel to the objective" (Primitive Emotional Development, 1945, p.153). This powerful statement bears all the hallmarks of Lacan's perspective in terms of the limiting effects of phallic enjoyment and signification as opposed the unmediated suffering wrought by a boundless jouissance, localizable in the mother-child relation.

Before the point of illusion occurs there is an earlier incarnation of mother child relation that Winnicott names as Primitive Ruthlessness or a stage of Pre-Concern. Even if integration, personalisation and realisation are underway there remains a long journey ahead before the child is related as a whole person to a whole mother or indeed concerned about the effect of his own thoughts and actions upon her. There is therefore, an early ruthlessness in object relation. Even prior to this stage of ruthlessness, Winnicott presumes a stage where the object acts in a retaliatory manner. This occurs prior to a true relation to external reality being established. Here there is no distinction between object and the self or the instinct that conjures it up. The child lives in an environment which is himself.

So initially the child inhabits an illusory world predicated upon the actions of a devoted mother who knows precisely how and when to provide moments of illusion in addition to introducing to the child an external objectified reality in manageable doses which the infant can experience without anxiety.

Eventually the mother makes herself less available to the infant via the process of disillusionment whereby she responds less often to the child's demand – it is a form of weaning and the infant in turn develops concern about the consequences of his ruthlessness towards the mother. It should be noted that this Winnicottian view of adaptation harks back to the Darwinian perspective of adaptation and individuation which was of a major influence to Winnicott and the Middle Group of the British Psychoanalytic Society. So in this view of the mother-child relation one might say the mother is the first environment for the child (after the initial primitive one) whose adaptation enables to the child to develop what Winnicott, termed his *personal pattern* or *self*. If the mother is unable to adapt to the child's needs she fosters what

Winnicott terms, a precocious compliance in the child – an idea which Winnicott would later elaborate into the *false self*. So by what means does the infant move from a situation of considering the mother as a subjective-object to one where she is an objective object?

It is this very question that Winnicott addresses in his seminal paper *Transitional Objects and Transitional Phenomena* some years later in 1951. Winnicott terms this object as the first *Not me Possession*. The use of the term "Not Me" implies that at this stage the child has firstly distinguished that which is "me" or the *self* and therefore can differentiate from that which is not – this subjective term of possession is interesting as it denotes ownership, rights of use, almost one might say something akin to "usufruct", the legal term Lacan utilised to describe the right to enjoy or profit from the possession of another once its capital or value is not diminished – that is a relation to *jouissance*.

Winnicott describes how the infant moves from autoerotic satisfaction to the use of objects. Interestingly he notes the mother *allows* the child use of a special object which she expects the child to become addicted to. There is Winnicott contends a relation between the phenomena of autoeroticism and the use of or addiction to, this later object – a relation that is separated by an interval of time. This phenomenon Winnicott argues is of particular importance in the phase of early infancy.

Something other than oral excitation and satisfaction is at play for the infant in the use of this "not me" possession. Important aspects of this relate to the nature of the object, is it external, internal, on the border, has the child the capacity to create etc.?

V

The terms transitional object and phenomena are used to designate an intermediate area of experience which Winnicott locates as "between thumb sucking and teddy bear" between oral eroticism and "true object relation, between primary unawareness of indebtedness and the acknowledgement of indebtedness". For Winnicott there is a third part of the life of the human being which he says is an intermediate area of experiencing to which both inner reality and outer life both contribute. This intermediate area exists as a resting place for the individual who must keep inner and outer reality separate but interrelated.

This transitional area is effectively the interposition of a further stage of development poised between the infant's initial inability and later growing ability, to recognise and accept reality.

This area encompasses for Winnicott the area of illusion, conceived of as being the meeting point or overlap between the hallucinatory object of the child and the mother's presentation of that object. Winnicott specifies the illusion here as that which is allowed the infant and which in adult life is inherent in art and religion – i.e. it is domain of creativity and play. Illusionary experience says Winnicott can be shared and individuals can come together and form a group based on the similarity of illusionary experience.

The transitional object is not the first object of object relation but rather the *first possession* which appears in the area between the subjective and objectively perceived. The child moves from autoeroticism to the handling of not me possessions and weaves these possessions into what Winnicott terms the personal pattern – these objects may or may not be substitutes for the breast.

Winnicott uses Freud's example of thumb sucking here. When the child sucks his thumb most of the activity appears to centre on the thumb and the mouth but, another activity is occurring with the other hand – the child finds a piece of material, the end of a blanket, some external object and puts that into the mouth also or the child may babble or use its voice in various ways. These are transitional phenomena and out of this emerges something that is utilised by the child as a defence against anxiety – anxiety of a depressive type. The object found by the infant and used in this manner is called the transitional object. This valuable possession is recognised as such by the mother who allows it to get dirty or smelly as washing it would cause a break in the continuity of the infant's experience which may destroy the meaning and value of the object for the infant. This activity occurs age 4 -12 months.

The possession may become one of *absolute necessity* and Winnicott notes that there is no difference between the sexes in terms of the use of the object. The object is utilised in conjunction with activities derived from infancy that are not just auto erotic activities.

Another important aspect here is, that as the child utilises sounds or begins to articulate language, a word or name for the object may appear. These names are significant says Winnicott and he notes that the name usually incorporates a partial or full word or signifier, that is used by the adults. No transitional object may appear at all says Winnicott, other than the mother herself.

Winnicott also describes the qualities that the child ascribes to the object – the child assumes rights over it to which the adults agree.

It is used lovingly, affectionately and sadistically.

It cannot be changed unless by the child.

It must survive being loved and hated.

It must have a certain quality of aliveness to it or vitality – texture.

The object is not viewed by child as coming from within, that is as hallucinated, nor does it come from without – *it is on the border*.

It is the object's fate to be gradually de-cathexed so it is not suddenly forgotten but rather relegated to "limbo". It is not forgotten or mourned – it becomes rather a common object in field of objects.

The object loses its meaning because the transitional phenomena have become diffused over a whole intermediate territory between inner reality and the external world "*as perceived by two persons in common*" – it is spread over the whole cultural world.

In this way the child moves from the subjective-object view of the mother to an objective relation – that is they both share this common perception, but it still for me anyway, retains the notion of the illusory in that a common reality is formed via the mother's ratification of the child's use and enjoyment of particular object(s), and in fact it is this illusory character of the mother child relation that interests Lacan as we shall see.

Winnicott concurs that the transitional object may be considered a symbolic part object such as the breast but he contends, it is the actuality of the object not its symbolic value that is the point. *That it is not* the breast, is just as important as the fact that it may substitute for the mother or the breast – it allows for the process of acceptance of difference and similarity. It can be put to many uses as an object of

satisfaction and defence.

At the close of the paper Winnicott pointedly draws attention to the object of the fetish and the transitional object. The transitional object forms a healthy part of development and can be said to be universal. Winnicott asserts that the term fetish should be retained to account for the *object that is used* due to a delusion of the maternal phallus whilst the *illusion of the maternal phallus* is universal and not pathological. And he says and I quote "if we shift the emphasis from the object onto the word illusion we are near the transitional object and he admits that the transitional object may potentially be the maternal phallus. Winnicott also notes certain psychopathologies in terms of the transitional object – addiction is said to be regression to an early stage where transitional phenomena are unchallenged.

Fetishism – is linked to a particular object from infancy in the transitional field and the delusion of the maternal phallus.

The conception of the transitional space was to have enormous implications for Winnicott in terms treatment, as the analytic setting itself was comparable to the transitional space of collaboration or illusion. As a space to play for the child – Winnicott would also specify that the analyst and client must be able to play together in this space.

VI

Lacan has a particular response to this paper firstly in Seminar IV, then later in the Seminar (X) on Anxiety and the *Écrits*.

In his paper *Subversion of the Subject and Dialectic of Desire* he states that the *objet a* – his construction and only invention as he termed it – is not without owing something to the notion of the transitional object. Lacan recognises in it something of particular importance to psychoanalysis and it is with the idea of the *objet a* and *its* transition from object of desire to *object cause*, that his reading of Winnicott's transitional object is of particular relevance.

For Lacan the notion of the object relation is impossible to understand without introducing the phallus as a third term – thereby he constructs an imaginary triad of the mother-child relation. There is no direct relation between mother and child here but rather the relation via the imaginary phallus, the imaginary object subject to a mode of lack that Lacan specifies as Castration.

In taking the dual relation as Real which we can say Winnicott does, "practice cannot escape imaginary laws" and this Lacan designated in schema L along the axis of ego to o' – where is located the illusory domain of communication, meaning and of course the barrier to the discourse of the unconscious.

The whole of psychoanalysis he says turns around this object that is the phallus. For Lacan, to speak of psychoanalysis is to speak of structure and for structure a minimum of three terms is required.

The imaginary phallus plays a vital role in the mother child relation. It represents the structural lack necessary in the constitution of the desiring subject. The imaginary phallus here represents that which the mother desires beyond the child, it represents the mother's desire for the phallus and how the mother identifies in the child the image of the phallus. The child seeks to saturate or soak up this lack in the mother, to

complete her, but inevitably the child comes to recognise that he is desired for that which he is not. Whereas Winnicott moved from a directly symbiotic relation between mother and child by the interposition of the transitional space between the two – nonetheless, there is still the question as to the movement of the child from subjective-objective relation to objective object relations and moreover how the child relates to others.

As we know, the child gradually moves from the mother through the creation of transitional objects – and via the disillusionment of the mother she introduces the child to reality in manageable doses. But whose or what reality is being presented here? There is the infant's reality, primarily one of creating the object when it is required predicted on the mother's wherewithal to recognise and support this, together with her capacity to evoke yet another reality from outside at appropriate moments. These are very complex notions. Lacan is very critical of the idea of an objective reality in psychoanalysis. To insist on an ultimate reality is for Lacan, nothing other than superstitious.

Lacan comments on this particular relation, in Seminar IV he states; "She has to be there precisely in the moment when she needs to be there, in other words she has to place the real object in the moment of the child's delirious hallucination to make up/fill up for what is not there. From the beginning there is no room in the ideal mother-child relationship for a distinction between the hallucinated maternal breast [...] and the encounter with the real object about which we are talking here." (Krishner, p.120).

Winnicott says Lacan, came to the transitional object via what he terms a primitive intuition and Lacan compares him to the child in fable the emperor's new clothes, the one who states that the king is nude!, someone who realizes that everything that was said up to that point was meaningless. Interestingly Lacan also changes the title of the article slightly so that it becomes "transition of object" rather than transitional objects....

In Winnicott's view the mother function is vital in adapting the child to an understanding of reality. In this Lacan equates the couple to two actors standing in for the reality principle and the pleasure principle. The pleasure principle here is located in the child's relation to a particular object – the maternal breast, while the reality principle is identified with the fact that the child must do without it. Lacan also points out that in this ideal relation there is no distinction as already mentioned, between the hallucinated object and an encounter with the real object. So on this basis the child has no way of distinguishing that which belongs to satisfaction via hallucination and a concept or awareness of the real which fills and satisfies him. As we know the child is then introduced to the difference between reality and illusion via progressive disillusionment enacted via the mother. This view of Winnicott's says Lacan lends itself to a paucity of objects as all that can be conceived of in this dialectic is an object that corresponds directly to primordial desire.

This view for Lacan excludes the diversity of fantasmatic and instrumental objects that appear in the field of human desire when it is reduced to two real actors – that is mother and child. And furthermore says Lacan, it is a fact of common experience that objects appear in the realm of the very young child but in this view, that is Winnicott's, one is unable to distinguish on which side they appear that is as either hallucinated or real objects. But is it this very criticism of Lacan's that would later prove pivotal to him in the creation of the concept of the *objet à* that is as an object that appears on the border of the three orders (RSI) just as the transitional object

appears on the border between reality and illusion.

For Lacan in Seminar IV all objects the child plays with are transitional objects (they do not have to be specific) and furthermore they appear in the realm of the imaginary – they are imaginary objects. For Lacan the appearance of these imaginary objects does not pertain to an intermediary period in child development but rather a permanent one. When he changed the title to “transition of object” what occurred to me was the transition from the incestuous object of the mother child triad, to the object cause of desire wrought via the process of alienation and separation.

For Lacan what is forgotten in the mother child dialectic as asserted by Winnicott, is that an essential facet of analytic experience is the notion of the lack of object. It is this very lack of object that founds the subject’s relation to the world – not adaptation via the mother. In Lacan’s view it is the lack of object as structural necessity that founds the subject and object – object cause of desire, whereas for Winnicott no such structural imperatives are required. For Lacan the lack of object is to be conceived of in terms of different stages in the subject. The mode of lack that Lacan and of course Freud situates at the centre of the mother child relation is that of frustration which involves a real object. This real object is not initially perceived by the child as an object and it has a direct relation to the subject. It is the manner in which this object appears as deficient or lacking that a mode of relation to it will be established by the subject and for Lacan it does not require any distinction between “a me” and “a not me” as devised by Winnicott. There is the agent then that corresponds to the object of frustration which Lacan identifies as the mother and the object begins to function in relation to lack. And the object lacks via the absence or presence of the mother. The mother is other than a primitive object and appears only via the first games of repetition, games involving the seizure of an object, whose form is a matter of indifference.

And here Lacan is of course referring to the game of fort-da where presence and absence are coupled and which symbolises the agent of frustration namely the mother (mother is symbolic agent). The presence absence dichotomy is not presented to the child ala the mode of disillusionment enacted by Winnicott’s mother but rather is worked out by him. And a vital component in this repetitive re-enactment is the articulation of the word – which Lacan specifies as the register of the call. The maternal object is called precisely when it is absent, and when it is present it is rejected in precisely the same register of the voice. This articulation says Lacan invokes the beginnings of the symbolic order.

VII

By the time Lacan presented Seminar x – Anxiety in 1962/63 he is on his way to elaborate the *objet a*, which will be transformed or *transitioned* from the object of desire to the object cause of desire. In this seminar Lacan returns once more to the transitional object.

Here Lacan identifies the object that the child encounters in the area of disillusionment is not an object at all but rather is conceived of by the child as a part of himself. So in weaning what the little child must surrender or *cede* is a part of himself – a pound of flesh if you like – that will be lost to the child forever. This part of the child Lacan terms as a *transferable object* (what makes analysis possible – transference) which he relates to the transitional object. It is only by ceding this primary object that is part of himself that the field of objects and the Other is opened up to the child – i.e. it is via this loss of the object comes to function.

Implicit in this is the function of the fantasy – the fundamental phantasy $S \diamond a$ is employed by the child in relation to this first loss – this constituting loss and which will function with regard to all other objects and the Other. The *objet à* is *not* the transitional object precisely because no object can fill this primary loss that resists signification. It is at the moment of anxiety that it appears or perhaps in terms of the transitional object itself, it is when the object is missing or is lost to the child (i.e. child loses his blankie!) engendering overwhelming anxiety, that the transitional object can be termed as a semblance of the *objet a*.

In terms of Winnicott's transitional object therefore we can see a similarity with the object of presence and absence which can represent the mother, but it is Winnicott himself who denotes that the articulation of a word or name for this object originates in the Other. It is this use of the word that will eventually supersede the need for the object itself but Winnicott does not afford a particular place to language in this theory of the subject. It seems quite incredible that in a space where the analyst meets the patient that no particular place is afforded to language.

A theory of language or linguistics did form a complementary discipline within the British society but one which he did not take up. For Winnicott the paradigm of analytic theory was the mother child relation – one in which other forms of communication occurred. For Winnicott the acquisition of language amounted to nothing other than another developmental process in the life of the child. The child's sociability which predates language is what Winnicott based his work on. In terms of communication Winnicott specifies three modes of communication in his paper *Communicating and Not Communicating* (1963).

The first is communication that is forever silent, second is communication that is explicit, and thirdly is an intermediate form that "slides out of playing and into cultural experience of every kind" (ibid).

The second kind of communication refers to language itself, whilst the first for me, is obscure and baffling. Winnicott characterises this communication as "not non verbal" which is completely personal and connected to being alive. How one is to access this personal language or indeed where it is derived from is not clear. The third form of language then is a compromise between language and silence. Winnicott does not make it clear how language operates in the movement of the child from the recognition of the mother as subjective-object to one that is objectively perceived. But he does equate the over-interpretative analyst to a terrifying maternal object.

The analyst and patient work in the transitional space the area of illusion (just as in mother and child relation) and the analyst like the mother facilitates the illusion of an object created by the patient and in this way the analyst must only interpret when the patient is ready to receive the illusion that he has created it – otherwise it will evoke the patient's defences.

Another aspect that Winnicott proscribes is that the object has been ratified and approved by the mother who knows its value, thereby marking it as an object originating in the field of the Other and so it not the truly original creation that he specifies. For Lacan what determines the turning point in the mother child relation and transforms it into a more complex dialectic occurs where for Lacan, the mother falls from grace, that is where she fails to answer the call of the child. When this happens says Lacan, the mother is no longer the symbolic agent but rather becomes real and becomes what Lacan terms, a power. This moment marks the beginning of

structuration of reality. A change in the object occurs by virtue of the mother's change in position, and she becomes an agent that can frustrate meaning that the objects that were once objects of satisfaction are transformed into objects of gift. And these gift objects now become capable of entering into the dialectic of presence and absence and are marked with a power that cannot respond, and that is within the mother's power. Here the object becomes symbolic.

This transformation in the object's status paves the way for the advent of the symbolic relation which via the intervention of the father function founds the subject and the object as cause. The symbolic function here is a structural necessity in the formation of the subject.

The necessities for subject formation or the development of the whole person in Winnicott's view, is the presence of the mother who implicitly recognises how to act to realise the potential inherent in the child. This potential which Winnicott later termed the *True Self*, is present at the beginning and may be thought of as that which is fundamental, or particular to, the individual but which is "incommunicado, inarticulate and unknowable. It is bound up with the body. At the centre of each person says Winnicott is "an incommunicado element" (Communicating and Not Communicating, 1963, p.187). Furthermore he states, "each individual is an isolate, permanently unknown, in fact unfound". This true self is in danger of being compromised where the mother impinges upon the child's continuity of being, for example where she fails to respond to the child's gesture or where for example in the case of a depressed mother, the child is forced into a relation of compliance in which the child becomes concerned with the mother's mood and so is forced to produce a *False Self* which protects the *True self*. This coming into being of the individual for Winnicott is therefore predicated on the presence and agency of the mother. Whether she is good enough or not has ramifications for the child and the genesis of the subject. So in that way could the Winnicottian mother be considered as cause?

VIII

Lacan had a particular response to Winnicott's notion of the true and false self – The false self he equated to the imaginary constructions of the ego, identifications that are dissolved during an analysis whilst the false self was a concept of Winnicott's which for Lacan proved problematic in that it attempted to define the subject in terms of a final truth. Lacan says;

Behind the false self there is waiting what? The true to start up again? Who does not see when we already have in analytic theory this *Real Ich*, this *Lust Ich*, this ego, this id, all the references already articulated enough to define our field that the definition of this self represents nothing other than as it is avowed in the text with *false* and *true*, the truth? But who does not also see that there is no other *true-self* behind this situation than Mr. Winnicott himself, who places himself there as the presence of the truth. (*L'acte psychanalytique*, 1967-1968).

For Winnicott the father or the father function is rarely mentioned. In the book *The Child, the Family and the Outside World* there is a chapter entitled *What about Father?* The father is characterised here as a source of either annoyance or facilitator in enabling the nursing couple the space required to, *carry on being*. The father is also charged with the task of staying alive and of demonstrating his aliveness to his children but in no way is the father viewed to have a decisive role or function in terms of separation or prohibitor of incestuous desire as is the Freudian father nor indeed does he serve as a model for sexual difference. Winnicott leaves it pretty much to the

discretion of the mother in terms of how she will facilitate the father in his relation to his children.

Winnicott's contribution to psychoanalysis and the clinic is beyond question. That he found his own position of independence outside Klein and Freud is unquestionable. The richness of the clinical material he left behind continues to occupy a central place in analytic history and may I say a fascination with his apparently effortless technique and style in the clinic which is inimitable. But perhaps more so by putting the mother child relation centre stage and addressing the varied and disparate audiences he did, whether they be doctors, midwives, mothers or the nation via his BBC broadcasts, his authority gave children a voice and a status that before then, was not available to them in the culture of the day. Winnicott's approach to the mother child relation empowered women and engendered a confidence their own abilities to care for their children outside medical policy and interference. In addition his efforts and establishing war schemes in residential homes for child evacuees' during the war had a profound effect on numerous children and ergo generation thereafter.

It is interesting, to me at least, that when I think of the title of his paper *Primary Maternal Preoccupation* (1956), indeed his body of work that I tend to think of *Winnicott's* preoccupation with the mother. He wrote very little about his own mother and described himself as an only child with numerous mothers – when he had in fact two sisters and a nanny, as well as his mother of course.

Winnicott's mother suffered from depression and it cannot be coincidental that he turned his attention away from Klein's view of the depressive state in the child and looked instead to the consequences of *maternal depression on the child*. Winnicott viewed this as an impingement upon the child and leads the child to develop a position of compliance – this *false self* in terms of the mother, where he becomes preoccupied or concerned with the mother's mood and she is unable to provide a holding environment for the child.

This I think Winnicott captures in a poem he wrote when he was 67 years old which he sent to his brother in law with the message "Do you mind seeing this hurt coming out of me. It's not happened to me before and I hope it doesn't again" (Philips)

Entitled *The Tree*, the tree in question being the one in which Winnicott as a boy did his homework:

Mother below is weeping, weeping, weeping
Thus I knew her
Once stretched out on her lap as now on a dead tree
To stem her tears, to undo her guilt, to cure her inward death
To enliven her was my living

Joanne Conway
Dublin, June 2011

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