



Thinking in the space between Winnicott and Lacan

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The author, following André Green, maintains that the two most original psychoanalytic thinkers since Freud were Donald Winnicott and Jacques Lacan. Winnicott, it has been said, introduced the comic tradition into psychoanalysis, while Lacan sustained Freud's tragic/ironic vision. Years of mutual avoidance by their followers (especially of Lacan by Anglophone clinicians) has arguably diminished understanding of the full spectrum of psychoanalytic thought. The author outlines some basic constructs of Winnicott and of Lacan, including: their organizing tropes of selfhood versus subjectivity, their views of the "mirror stage", and their definitions of the aims of treatment. While the ideas of Winnicott and Lacan appear at some points complementary, the goal is not to integrate them into one master discourse, but rather to bring their radically different paradigms into provocative contact. A clinical vignette is offered to demonstrate concepts from Lacan and Winnicott, illustrating what it might mean to think and teach in the potential space between them.

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In the same river, we both step and do not step, we are and we are not.

(Heraclitus, *Fragment 49a*)

... What we saw and grasped, that we leave behind; but what we did not see and did not grasp, that we bring.

(Heraclitus, *Fragment 56*)

Following an interview in 1990, British Middle Group analyst Marion Milner showed me her paintings from the 1930s and 1940s. Pointing to a canvas with two hens tearing each other apart – blood and feathers flying – Mrs. Milner said: "I like to say it's Anna Freud and Melanie Klein fighting over psychoanalysis."¹

She was referring, of course, to the 1940s battle that derailed careers, ended friendships and nearly destroyed the British Psychoanalytic Society. It culminated with the group's bifurcation into the A and B groups, each

¹Unpublished interview with Marion Milner by the author, November, 1990, London.

member bound to choose allegiance. The person whom both Klein and Anna Freud trusted, and who refused to choose sides, was Donald Woods Winnicott. While he did not set out to create a third, nonaligned faction, Winnicott became identified with the Independents or Middle Group which was to have a lasting impact on psychoanalytic thinking the world over. Few contemporary analysts, whether their primary identification be Freudian, Kleinian, Jungian, Kohutian or relational have not been influenced by constructs such as: the good-enough mother, the transitional object, potential space, borderline states, the squiggle game – and perhaps most importantly – the clinical use of countertransference as a source of information about the analytic process.²

Another schism in the psychoanalytic world occurred some 20 years later – this one ending with no comparable *entente*. I am referring to the events that began with the IPA's investigation of Lacan's experimentation with analytic time, and ended with what he called his "excommunication" from that body (Lacan, 1981, p. 3). Lacan established his own school, the *École Française de Psychanalyse* which was renamed the *École Freudienne de Paris*.³

Despite this schism, Jacques Lacan maintained a cordial relationship with Donald Winnicott. Lacan arranged for the French translation of Winnicott's paper on the transitional object – certainly a sign of respect – but he also gently mocked his British colleague for years as a "nurse analyst" susceptible to reducing Freud's radical project to a practice of "Samaritan aid" (Lacan, 1977, p. 36).

Winnicott (1971) wrote: "Jacques Lacan's paper *Le Stade du Miroir* (1949) [The mirror stage] has certainly influenced me ..." (p. 111). However, he neither described that influence nor appeared to comprehend Lacan's widely cited piece. Winnicott, who acknowledged in a letter to Ernest Jones "a neurotic inhibition to reading Freud" (Rodman, 1987, p. 33), not surprisingly found Lacan's re-reading of Freud incomprehensible. Many followers of Lacan and of Winnicott perpetuated the non-reading or aggressive misreading of the other man. For example, Middle Group analyst Charles Rycroft wrote: "... I found his [Lacan's] writings a real load of rubbish" (Rycroft, 1985, p. 5).

Many Anglophone clinicians persist in dismissing Lacanian psychoanalysis as a fringe movement. By some estimates, however, half the world's practicing analysts identify as Lacanian (Fink, 2007, p. xii; Hill, 1997, p. 3). Consider also the perspective offered by Joyce McDougall – although never a member of his circle – "In France we are all Lacanians just as we are all Freudians" (in Forester, 1990, p. 112). Jacques-Alain Miller (1981), while noting that Lacan was generally "pro-Winnicott", made it clear that he himself was not. Miller argued that the preoccupation of Winnicott and the

²Winnicott reportedly said to Guntrip: "We differ from Freud. He was for curing symptoms. We are concerned with living persons, whole living and loving" (Guntrip, 1975, p. 462). Whether or not this statement is fair to Freud, it does seem to anticipate the work of the American relational school, e.g. Aron, 1996; Greenberg and Mitchell, 1983; Mitchell, 1988, 1993.

³For an exhaustive history of those events, see Roudinesco (1990).

Middle Group with the role of the mother – all but ignoring a paternal element – constituted as normative a kind of phallic woman. Miller went so far as to claim that this fixation on an all-powerful mother would lead to a perverse system of thinking [*“une propédeutique perverse”*] (Miller, 1981, p. 43). The same position was taken by Laurent (1981).

Following the 1977 translation of the *Écrits* into English, Jacques Lacan developed a following among Anglophone academics, and the relationship between Lacan and Winnicott attracted critical interest. A number of authors contrasted the two psychoanalysts’ theoretical positions, in most cases, tendentiously. Some inveighed against the familiar humanism of Winnicott and the Middle Group in favor of the iconoclastic Frenchman, whom one author described as “the most important thinker in France since René Descartes” (Ragland-Sullivan, 1986, p. ix). (See also Elliot, 1991; Finlay, 1989; Lonie, 1990; Mitchell, 1974; Moi, 1985.)

Others campaigned for the delightfully imaginative, guileless, environment-sensitive Winnicott over Lacan, the “narcissist” who rejected the mothering role of the analyst, overvalued the paternal/phallic function, and whose “opaque” style seemed designed to frustrate the reader (Flax, 1990; Rudnytsky, 1991; Rustin, 1991).⁴

Have no clinicians set themselves to studying both Middle Group and Lacanian psychoanalysis? Even in the 1960s, there were a few. For example, Maud Mannoni, a member of Lacan’s circle, traveled regularly to London for supervision with Winnicott (Boukobza, 1999). And in 1984, Anne Clancier and Jeanne Kalmonovitch published a book of interviews with eight French analysts about Winnicott, revealing keen interest both in his theoretical and clinical contributions (Clancier and Kalmanovitch, 1987).

Conversely, interest in Lacan by Anglophone analysts has continued to grow as Lacanian training and study groups have arisen in the UK, Australia, and the US. Further evidence is found in volumes such as *Lacan in America* (Rabaté, 2000) and *Lacan and the New Wave in American Psychoanalysis* (Gurewich *et al.*, 1999). (See also Fink, 1997, 2007.) A number of relational analysts have at least cited Lacan for many years, and his impact on their thinking, while indirect, may be more profound than those passing citations would suggest (Benjamin, 1988; Mitchell, 1993).⁵

Until very recently, the only psychoanalyst on either side of the Winnicott/Lacan divide consistently to build into his own theory elements of both traditions was André Green (1986, 2000). Green, a onetime colleague of Lacan’s, chose at a crucial point to break ranks:

⁴Rudnytsky (1991), unlike Flax, finds Lacan’s tragic worldview “compelling and coherent” and suggests that: “... it may be possible to synthesize Lacan’s view with object relations psychoanalysis” (pp. 83–4).

⁵Jessica Benjamin correctly observed that: “Psychoanalytic theory here [in the US] (apart from the academically based Lacanians ...) only very recently has taken up the postmodern challenge to identity” (1997, p. 787). I would amplify her implication to argue that American analysts were introduced to ‘the postmodern’ to some degree *through* their encounter with those academically based Lacanians (e.g. Brennan, 1989; Felman, 1982; Gallop, 1982; Mitchell, 1974, 1982; Rose, 1982). In the US, Lacan is often linked with the word ‘post-modern’, a term used somewhat idiosyncratically. For example, Rudnytsky prefers ‘post-modern’ Lacan to ‘humanist’ Winnicott, while Flax (1990), who reviles Lacan, sees Winnicott as post-modern.

I had followed Lacan in the name of freedom of thought, and now he was upbraiding me for thinking for myself. It was the end of our collaboration ... The more familiar I became with their [Middle Group] frame of mind, the more I had the feeling that this was where I could find what was missing in Lacan's approach, which seemed to me unsatisfactory, even misguided, in its abstraction.

(Green, 1986, p. 9)

In contrast to the view of Winnicott as a “nurse analyst” without intellectual rigor, Green asserted: “I consider *Playing and Reality* to be one of the fundamental works of contemporary psychoanalysis” (1986, p. 10). Although Green greatly admired Bion, Klein, and many others, his esteem for Donald Winnicott and Jacques Lacan is overarching:

After Freud, I see two authors who have pushed their research and coherence very far on the basis of two quite different points of view, and which up to a certain point converge. These two authors are Lacan and Winnicott.⁶

For Green, constructs such as the pre-oedipal period, the borderline diagnosis, and the use of countertransference – all anathema in Lacan's school – became *sine qua non*. Green qualified his enthusiasm by adding: “I am not an unconditional Winnicottian ... [A]n analyst who really wants to think about practice cannot dispense with a reflection on language, a reflection that is absent in Winnicott.”⁷

Whether or not consciously following Green's lead, a number of analysts in the past decade working independently of one another have continued to build a conceptual bridge between Middle Group and Lacanian theory (Bernstein, 1999, 2006; Eigen, 1981; Gorney, 2003; Ireland, 2003; Kirshner, 2004; Lonie, 1990; Luepnitz, 2002; Mathelin, 1999; Rogers, 2006; Satorsky, 1993). These practitioners have placed themselves in a position which is in one sense analogous to that of London's original Middle Group. Engaged by both Lacan and Winnicott, and disinclined to discipleship, they work in the area between two schools of allegedly incompatible thought. It might be useful to describe this area with Winnicott's term “potential space” which, by definition, both separates and joins two people or entities. The goal of these bridge-building authors, I believe, is not a synthesis amounting to one master discourse. The goal is to bring two radically different psychoanalytic paradigms into provocative contact.

But why these two? Why not Lacan and Fairbairn or Winnicott and Bion? While pairing any two psychoanalytic authors can be heuristically useful, I argue for Winnicott and Lacan because, in addition to their exceptional impact on audiences both popular and professional – an impact few analysts since Freud could claim – they represent equally important ends of the analytic spectrum. Winnicott, it has been said, introduced the “comic tradition” into psychoanalysis, in contrast to Freud's tragic vision (Phillips, 1988; Rudnytsky, 1991; Schafer, 1976).

⁶Interview with André Green by Anne Clancier (Clancier and Kalmanovitch, 1987, p. 121).

⁷*ibid.*, p. 124. The present author is not an unconditional Greenian. See, for example, Corbett (2001) for a discussion of Green's normative views of the family romance.

Winnicott achieved this through both an emphasis on spontaneity and play, and through his meliorism. He sounded an occasional melancholic note (e.g. "... social health is mildly depressive – except for holidays", Winnicott, 1989, p. 175) but his theoretical work, like his immensely popular BBC broadcasts about child development, was persistently upbeat. He believed that happy families are possible and that mankind is changing for the better. His position is 180 degrees out of phase with that of Lacan, who resonated with Freud's pessimism, adding a gravitas that was all his own. One of Lacan's most famous teachings is: "*Il n'y a pas de rapport sexuel*" [There is no such thing as a sexual relationship]. More sweeping still was his assertion that: "There is something originally, inaugurally, profoundly wounded in the human relation to the world" (Lacan, 1988, p. 167) and "Life does not want to be healed" (ibid., p. 233). If his rhetoric was hyperbolic, it was precisely to distinguish his position from that of the Middle Group which did not shrink from terms like "health", "wholeness", "maturity", and "mature intimacy".

Just as Winnicott became a household name in England of the 1940s, so did Lacan become widely known in France in the 1960s and 1970s. Neither in his engagement with the student demonstrators of 1968, nor in his later television interviews would he spare his audience either his somber view of the world and the prospects for social change, or his famously recondite style of speaking.

Lacan and Winnicott addressed themselves to many of the same theoretical problems from obverse points of view, which is most evident in their writings on the mirror stage. Winnicott's (1971) mirror stage is straightforward and full of promise. The True Self of every individual is called into being in the mirroring gaze of the good-enough mother. Absent such a mother, the individual has a second chance with a good-enough analyst who can foster the self's coherence and experience of wholeness. Winnicott (1971) uses the phrase: "... when the family is intact and a going concern ..." (p. 118) revealing his view of human households as potentially benign, humming along like successful businesses.

Lacan's mirror stage, in contrast, is the site of a necessary alienation. The infant who recognizes its image in the mirror – often while hearing the words: "Look – that's YOU!" begins a lifelong course of searching outward instead of inward for identity. We spend our lives captivated by images of ourselves, struggling for reassurance that we are more intact than we feel. For Lacan, what emerges in the mirror stage is *le moi* [the ego], which he saw as the source of all neurotic suffering. The ego, far from being the hero of the story, is instead our shared symptom. Rather than helping patients to shore up their identity, Lacan aimed to point out the degree to which all identities are mistaken. We cannot learn who we 'truly' are in the gaze of anyone else; even the mirror on the wall deceives by reversing right and left. The word "family" does not occur in Lacan's mirror stage paper, and the mother makes but a brief appearance. This does not mean he felt mothers and fathers were unimportant. Simply, it was his goal to resist what he saw as an increasing familialism in psychoanalytic theory, and to emphasize the structural over the developmental. Confronting our desire for the illusion of

wholeness was something Lacan saw also as subversive to capitalism, since the wish to appear whole leads to greater and greater consumption (Declercq, 2006; Lacan, 1990; Stavrakakis, 1999; Žižek, 1989).

The two mirror stages constitute distinct creation myths about the origins of the individual which inevitably shape clinical practice. What would it mean, then, for a practitioner to think in terms of both Lacan and Winnicott? André Green sees Winnicott and Lacan as complementary or mutually limiting. The quotation above shows him turning to Winnicott and the Middle Group as a corrective to Lacanian abstraction, and turning back to Lacan as a corrective to the absence of reflection on language in Winnicott. [The latter was interested in the “Symbolic”, but his notions of it overlap with what Lacan would place in the register of the “Imaginary” (Winnicott, 1971)].

Bernstein (1999) in *Countertransference: Our new royal road to the unconscious?* uses Lacanian constructs to titrate what she views as the excessive concentration on countertransference by some analysts. Bernstein believes that Winnicott and the Middle Group made a vital contribution in turning our attention to the analyst’s interiority, but cautions that its overuse can simply cover for the “analyst’s narcissism”. She trains her sights on the relational school:

Although the American relational school has contributed much to humanize the analytic encounter ... an overly democratic use of “working in the countertransference” risks trapping the analyst in the glass cabinets of what Lacan calls the imaginary order.

(Bernstein, 1999, p. 291)

With a biting wit, she offers the example of a leading contemporary analyst who had recently devoted three-fourths of a professional paper to his personal musings, and only one-fourth to a portrait of his patient. Bernstein asks if the castration fears of the patient in question:

... could not have been attained without learning about [the analyst’s] own competitive conflicts with his father and brothers, his recollection of a suit in disconcordance, his grandparents’ mezuzah ... his memory of a bleeding nose at age eight, and his attendance at a recent bris.

(1999, p. 281)

Bernstein devotes the rest of her article to an explication of Lacan’s early teaching on the role of the signifier as a way of limiting what he perceived to be an overemphasis by Winnicott and other British analysts on the role of phantasy and the Imaginary. (See also Greenberg, 2001; Mills, 2005.)

This brings us to the point of examining the most elemental difference between Lacan and Winnicott, which might be described as the question of who shows up for analysis – the *self* or the *subject*? The second essential difference concerns the goals or aims of treatment.

Self versus subject

Whether or not a prototype of the self can be found in Freud, we know that his preferred trope was “*die Seele*”, which translates “soul” or “mind”.

Both Rank and Ferenczi had invoked the “self”, but Winnicott, apparently confident in the transparency of the term, cites no previous usages.

According to the *Oxford English Dictionary*, the word “self” probably derives from the stem *se* used to connote sameness or identity. (Latin *ipse* translates ‘itself’, used for emphasis.) But *self* used as a noun to refer to what is really and intrinsically a person does not appear until the Renaissance. By 1595, Spenser is referring to “myself, my inward selfe ...”. And one year later, Shakespeare’s Polonius urges “to thine own self be true”. This semi-autonomous, perfectible entity, born of secular humanism, was not welcomed by everyone. In 1680, Carnock wrote: “Self is the great Anti-Christ and Anti-God of the world.”

The British Romantic poets attempted an apotheosis of self as it struggled against tyrants and industrialization. The exaltation of self remains a motif of Anglo-American poetry of the modern period, best illustrated by Whitman’s *Song of Myself*. Hopes for the self’s wholeness or coherence are dashed in the work of T.S. Eliot (1963). Winnicott, who occasionally quoted Eliot, did not believe in a self necessarily split or alienated. For Winnicott, only in illness is the self divided.

While the Winnicottian self with its “incommunicado element” is neither as positivist nor as pastoral a concept as critics allege, Winnicott’s metaphors are consistently organic, and his trust in nature everywhere apparent. The self that emerges through contact with a good-enough mother can *grow, develop* and *mature to wholeness*. Eigen (1981) wrote of helping patients “to grow a self”. That trope is interesting in light of the use of “self” as a transitive verb that occurred around 1900, meaning: “To fertilize by means of pollen from the same plant.” One could thus “self” a flower. And Middle Group analysts hope to foster the flowering of the self.

It is precisely this collection of gardening metaphors that Lacan rejected. In a harsh critique of developmental models in Anglo-American analysis, Lacan demanded:

Can you really, you analysts, in all honesty, bring me testimonies of these splendid typical developments of the ego of subjects? These are tall stories. We are told how this great tree, man, has such a sumptuous development ... A human life is something entirely different.

(Lacan, 1988, p. 155)

Lacan’s subject is by definition not a natural but a political entity. The first *OED* definition of the word is “One who is under the dominion of a monarch.” In the 18th century it became central to philosophical discourse, e.g. Kant’s “thinking subject”, and remained a key word for Hegel. Althusser (1971), who believed that Lacan’s work had laid the groundwork for a meeting of psychoanalysis and Marxism, is well known for his aphorism: “*Être un sujet, c’est être un sujet.*” (That is: to be a subject in the sense of having agency is to be a subject in the sense of being limited by the laws of a culture.)

If one wished to map the Winnicottian self, one might look no farther than his paper on the transitional object, where he draws a mother’s breast

pointed in the direction of an infant. In the space between them he places arrows indicating their creation together, first of “illusion” and later of the “transitional object” (Winnicott, 1953). His aphorism – *There is no such thing as a baby* – means that where there is self, there is always already mother.

In contrast to this three-point structure, the Lacanian subject is mapped as a quadrature. The Lacanian diagram known as “Schema L” (Lacan, 1977) includes the following four points: S, o, o’ and O. The S at the top left of the rectangular schema does not stand for ‘subject’ as is often assumed. S is a pun on the Freudian “*das Es*” – the It, which Lacan glosses as our “stupid ineffable existence” (1977, pp. 193–4). The small o (at top right) stands for one’s objects. The o’ (bottom left) stands for the ego and the O (bottom right) for the big Other. Note that the ego is just one of the subject’s objects, albeit a privileged one. The subject is stretched across these four points; it has no core or center. Subjectivity does include the feeling of immediacy and intimacy (‘This is *me*’) designated by o’. But it is marked equally by the opposite – a radical alterity labeled O in the diagram. This big Other refers not to a person but to a place; it is a locus of extreme alterity some associate with God, fate or death itself. A key term for Lacan is *desire* – a word that scarcely appears in Winnicott’s oeuvre. Lacan’s insisting famously that: “Man’s desire is the desire of the Other” means that there is no desire that is unmediated (by language, culture, the unconscious), a fact that speaks to the trouble we normal/neurotics face in struggling to know what we want. Lacan (1977) asks poignantly: “Who then is this Other to whom I am more attached than to myself ...?” (p. 172). It is this *second* degree of otherness that most clearly marks the difference between Lacanian and non-Lacanian theory. Consider, for example, the oft-quoted maxim of interpersonalist Harry Stack Sullivan: “We are all more human than otherwise.” Lacan, pointing to our ineluctable relation to the Other, might say: ‘We are all more Otherwise ...’

Ragland-Sullivan (1987) makes the point that the contemporary Western subject is: “... a mixture of the medieval ‘I’ believe; the Cartesian ‘I’ think; the Romantic ‘I’ feel; as well as the existential ‘I’ choose; the Freudian ‘I’ dream and so forth” (p. 10). To these we might add the Winnicottian ‘I’ relate and the Lacanian ‘I’/it speak(s).

The distinction between *self* and *subject* generates many other differences between the two traditions. For Lacan, the analyst starts out in the position of O not o – the place of the Winnicottian analyst. For Lacan, an interpretation should be “halfway between a quotation and an enigma” – not a “good feed”. For Winnicott, the central drama will turn around the infant’s loss or feared loss of maternal connection. For Lacan, while loss is obviously important, something even more profound is at stake – the *lack* built into subjectivity by the mere existence of the unconscious.

More difficult than describing the theoretical difference between *self* and *subject* is conveying how this difference affects practice. The most helpful heuristic I’ve found thus far is a remark made by novelist Salman Rushdie during a lecture in 2000. Rushdie mentioned in passing that the first line of his novel *Midnight’s Children* originally ran as follows: “What

matters most in your life happens in your absence.”⁸ If that seems to be terribly obvious, consider that it runs counter to everything Winnicott taught. For Winnicott, and for the countless analysts influenced by him, what matters – what forms us psychically – is how we were held, fed, loved and, above all, recognized as infants. Those early gestures involving touch, listening, seeing call the inchoate self into being. It is a psychoanalysis of *presence*.

In contrast, Lacan insists that before we are touched and fed by mothers and others – before we speak – we have been spoken about. We are given a name already stuffed with hope, fear, expectation. Our birth was anxiously awaited or dreaded. We come into a world not of our making – into war or peacetime – into a caste or class that will inform everything we do and say. It is a psychoanalysis organized around the knowledge of limits and death, and always in the key of the signifier.

The aims of psychoanalysis: Lacan versus Winnicott

To contextualize the question of the aims of psychoanalytic treatment, it is wise to begin with Freud’s memorable: *lieben und arbeiten* – to love and to work. Those simple words were to take a strange turn in the hands of some English-speaking analysts of the 1930s and 1940s. For example, in an interview about Freud’s work, Karl Menninger replied: “There are two fundamentals in life. One is the business of making love, the other is the business of making a living.”⁹

Less business-like, but nonetheless problematic was Melanie Klein’s view of the goals of analysis. In *On the criteria for the termination of a psychoanalysis* she included: “an established potency and heterosexuality” (1975, p. 45). These are sentiments that Freud would not have endorsed, and that Lacan spent a career renouncing.

Winnicott wrote: “Psychotherapy has to do with two people playing together” (1971, p. 38). His notion of the goals of analytic treatment is often understood as: Love, work, and play. In his posthumously published volume *Home Is Where We Start From*, Winnicott wrote: “Health here includes the idea of tingling life and the magic of intimacy” (1986, p. 31). Harry Guntrip, analyzed by Winnicott, said he was helped by “... Winnicott entering into the emptiness left by my non-relating mother so that I could experience the security of being myself” (Guntrip, 1975, p. 465). Guntrip here is referring to the True Self, defined by Winnicott as “... the source of what is authentic in a person”.

In contrast to what Buccino (1993) condemns as the “commodification of the object in object relations theory”, Winnicottian mothering – whether in the home from which we start or in the analytic home to which we repair – is as much serendipity as commodity. That is: Winnicott insisted that the breast the mother offers is not the one the baby finds. And the breast the infant demands is not the one the mother presents. This paradox presents

⁸Lecture by Salman Rushdie at the University of Pennsylvania, Philadelphia, PA, April, 2000.

⁹Karl Menninger, quoted in *The Baltimore Sun*, 30 March 1930, p. 8.

itself clinically all the time. It accounts for Guntrip's (1975) claim that he had his Fairbairnian analysis with Winnicott and his Winnicottian analysis with Fairbairn. The illusion of harmony arises in the "potential space" – the area where meaning is created – between baby and mother, or patient and analyst. The matrix of the Winnicottian self, as pointed out above, is not a simple dyad but a three-point structure: mother, baby, area of illusion. Furthermore, as is well known, Winnicott taught that a mother remains "good enough" only through failing her infant.

This is one area where one might speak of a correspondence between Winnicott and Lacan, given Lacan's notion, variously stated, that to love is to give what one does *not* have (Lacan, 1977). Such convergences, however, should not blind us to the differences in their views of practice. Winnicott felt that the analytic atmosphere should be a "holding environment" – a place of safety and trust. Just as Winnicott closes many of his articles with a "summary of major points", so did he, when asked, generously summarize for a patient the themes of the previous session (e.g. Winnicott, 1972, p. 25). Winnicott, like Lacan, experimented with analytic time, but he did so by extending the hour in order to maximize the patient's experience of safety. His idea was that a person deprived of maternal provision could use the "good breast" of the analyst; offering more access thus could be more reparative. In some cases, only a "regression to dependence" would be sufficient to break through the False Self system so that the patient could begin to exist as a person. Such was the case with Margaret Little (1990) who describes regressing to an infantile state – a terrifying experience made bearable by Winnicott's holding her face and head in his hands in sessions that might go on for hours. Little mentions that these sessions always ended "with tea and biscuits", and that she was charged each time only for the first hour. She credits her life to his devotion and willingness to work with people others would find too mad for analysis.

Lacan, like Freud, believed that the analytic atmosphere should be mildly frustrating. Lacan wrote: "Everybody agrees that I frustrate the speaker, him first, but me, too. Why? If I frustrate him it is because he asks me for something. To answer him, in fact" (1977, p. 254).

Unlike Freud, Lacan applied to the analytic session a technique currently known as "scansion". That is: In order to underscore the fact that the ego cannot control the analytic process, and to keep the unconscious open, the analyst cuts the session off at a propitious moment. That moment might come just after the patient has made a connection the analyst deems worthy of further reflection. Stopping the session unpredictably tends to keep the analysand working actively in between sessions. Clearly the point here is neither to soothe the individual, nor to compensate for early losses, and anyone who has experienced the cut can testify that it reinforces the non-mutuality of the analytic relationship. The cut is by design non-negotiable, non-democratic. Many contemporary analysts would feel uncomfortable with the amount of authority implied in this notion of the analyst's role.

For Jacques Lacan, home is not 'where we start from'. Because we are spoken about long before we speak, the subject's origins can be said to lie at a time anterior to the birth of the individual – and not just months but

decades before birth. Furthermore, whereas Winnicott emphasized the patient's capacity to relate more fully to others, to experience the 'magic of intimacy' and to communicate better with the living, Lacan placed equal emphasis on the subject's improved relationships with the dead. Lacan's goal of supporting the truth of the subject, as we will see, is not the same as Winnicott's goal of fostering the emergence of the True Self.

In discussing the aims of Lacanian analysis, it is customary to speak of several phases of his work. In the first, Lacan was intent on returning language and the Symbolic to their rightful place in psychoanalysis. Thus he spoke of the goals of treatment in terms of *pleine parole* – full speech. The purpose of treatment was to turn the subject of suffering into the subject of speech, to lift the requirement – most evident in hysteria – that the body speak for us. This idea is also referred to in terms of *le bien dire* – the capacity “to say it well” (Lacan, 1990). There may be no Middle Group equivalent of this idea.

In the second period, Lacan emphasized the mortifying effect of the Symbolic on the subject. That is: as much as we experience the empowering effects of language, it is nonetheless the case that we are born into a network of signifiers in which we, in many ways, will remain entangled. Lacan (1958) gives the example of the Rat Man and points out that his predicament, like that of Oedipus, was in effect present before his birth.

As a result of the signifier's power over us, we are marked not simply by the loss of objects and by trauma, but also by an irremediable *lack* that not even ideal mothering and fathering could prevent. There is no hope for the subject without recognition of this constraint. The alternatives lie either in the foreclosure of lack, known as psychosis, or in its disavowal, known as perversion.

In the third phase, Lacan became most concerned with the register of the “Real”. (It is crucial to keep in mind that this has nothing to do with the English word ‘reality’, but describes an area excluded by the Imaginary and the Symbolic.) At this time, Lacan was most likely to describe the goals of analysis in terms of “crossing the fantasy” or “crossing the plane of identification” (Lacan, 1981, p. 273). Lacan passionately opposed the idea of the patient identifying with the ego of the analyst. Throughout, he maintained that the analysand must experience the destitution of the analyst as “subject supposed to know” and see him or her finally as no more nor less than the *objet a* – the cause of desire.

In the spirit of the later Lacan, Jacques-Alain Miller goes so far as to say: “The age of interpretation is behind us” (2007, p. 3). The analytic act in a “post-interpretative world”, according to Miller, “takes its bearings on the cut” (p. 8). Interpretation risks creating coherence instead of letting ‘it’ (the unconscious) speak.

I disagree with any conclusion that the only valid reading of Lacan is a developmental one in which what comes later is understood to render obsolete what came before. And in practice, many or most analysts move among these three in describing the goals of treatment.

The focus here will be on the patient's coming to grips with her desire as evidenced in *le bien dire* – the capacity to say it well.

Le bien dire refers not so much to a performance as to an ethic that becomes clearer when refracted through Lacan's retranslation of Freud's "*Wo Es war soll Ich werden.*" The Strachey translation of this line is: "*Where id was, there ego shall be.*" Most analysts today, thanks to Bettelheim (1983), understand the violence done to the work by the introduction of the Latinate id, ego, superego. French, like German, uses the equivalent of 'it', 'I', 'over-I'. Lacan argued that Freud did not mean: "*Le moi doit déloger le ça*" [The ego should displace the id]. He pointed out that Freud did not say: "*Wo das Es war, soll das Ich werden*" (Lacan, 1977, p. 128).

Lacan retranslates the line several ways, e.g. as "*Là où fut ça, il me faut advenir*" [I must go to the place where it was] (1966, p. 284). And stronger still: "*Là où c'était... c'est mon devoir que je vienne à être*" [There where it was... it is my duty to come into being] (Lacan, 1966, p. 227).

Thus does a statement that the ego psychologists took on as their motto become, in Lacanian teaching, an ethical imperative. The '*ça*' here refers not only to the drives but also to the 'roll of the dice' at the time of the subject's origins, including everything we place in the register of the Symbolic: e.g. culture, social class or caste, race.

Instead of an ego determined to master the drives, the retranslations connote a search – a return to a place [*Là*]. To this starting point, the analysand must commit – in the first person singular – to return.

The retranslations are cited often precisely because they evoke so much – from the journey of Oedipus from Corinth to Thebes, to our own impulses to learn or turn away from the truths of our history and pre-history. Lacan (1992) employs the Greek "*ἄτη*" [*até*], used slightly idiosyncratically to refer to the subject's family or lineal "curse". Those who remain ignorant of it are bound to relive it, unto generations. Seneca, the first-century Stoic, observed that there are two choices in life: one can be led by fate, or one can be dragged by fate. What Lacan's work does is to insist on a place for the aspect of our lives that preceded us, the aspect that was always already beyond our control. Winnicott and the Middle Group seem to make no place for it.¹⁰ Six years into an analysis with one patient, Winnicott asks: "Do you know of mother's early history? Had she childhood difficulties?" (1972, p. 146). It's as though he was so focused on mother and child that a psychology infinitely more complex than dyadic/triadic became inarticulable. Another way to say this is that Winnicott assumed that whatever had occurred to a mother historically could only be passed on to a child through their relationship – through holding, handling, seeing, impinging. Family history might be nothing more than backdrop until enacted through the physicality of the nursing couple.

Lacan took the opposite view. That is: long before the adult Oedipus made his ruinous choices, he had carried the name that means "swollen foot", a name that he – clever enough to solve the Sphinx's riddle – had never thought to question. Furthermore, as Lacan saw it, simply being born into the House of Labdacus was as determinative for Oedipus as any subsequent act of holding, nursing, abandoning or rescuing might be.

¹⁰Bollas's (1989) use of "fate" and "destiny" does not insist on the multigenerational *até*.

Lacan takes up this matter in his seminar on the transference, in which he uses a trilogy of plays by Paul Claudel to show a connection between the bringing to light of the multi-generational story or curse, and any question of realizing desire (Lacan, 1991). In her commentary on Lacan's use of Claudel, Marie-Magdeleine Chatel remarked: "In order to decipher a symptom, one must explore not one but two generations preceding the subject."¹¹ The preliminary sessions can be used to begin this process.

No mere description of technique will allow the reader to imagine what an analysis with Lacan himself was like. Memoirs written by his analysands (Godin, 1990; Haddad, 2002; Rey, 1989; Schoonejans, 2008), none of which has been translated into English, reveal a clinical practice that was *sui generis* and certainly as different from Winnicott's as chalk and cheese.¹² Gérard Haddad (2002), a Tunisian-born engineer who spent 11 years on Lacan's couch, describes beautifully his personal metamorphosis, as he discovers his desire in the last place he might have expected. Haddad describes Lacan's famous waiting room – there were three, in fact – where patients might wait hours before being called for a session that might last an hour, five minutes, or mere seconds. Lacan's provocations and enigmatic interventions have led detractors, but also supporters like Haddad, to evoke the comparison of the Zen student and master. For countless analysands whom Lacan saw during 40 years of full-time practice, the results justified the frustration. According to Haddad, when a patient was in crisis, Lacan saw him or her every day. It was Lacan's "radical engagement" at key moments that allowed Haddad to survive what he himself called the "bitter pill" of the short sessions (Haddad, 2002, p. 148). The usual transferences developed. Haddad mourns Lacan, who was "both father and mother to me in the transference" (*ibid.*, p. 318).

The present author is probably not the first to wonder if Lacan's devoted assistant, Gloria Gonzalez, who presided actively over that crowded waiting room, didn't provide his patients with a Winnicottian holding environment that allowed them to tolerate his severity (Godin, 1990; Haddad, 2002; Rey, 1989).

Clinical fragment

During the initial phase of treatment with a patient in acute distress (described below) my goal was to provide a holding space, all the while listening carefully for her key signifiers. When she moved to the couch and appeared ready to make use of an analytic atmosphere less supportive of the *self*, my position more closely approximated the Lacanian Other. The first phase of treatment evokes: Winnicott, not without Lacan, while the later phase evokes: Lacan, not without Winnicott. Another patient might call forth a different kind of borrowing from the two traditions. Note that this clinical fragment turns on the patient's name which has been changed

¹¹Lecture by Marie-Magdeleine Chatel related to Lacan's seminar VIII, *Après-Coup*, New York, 1 February 1992.

¹²For a memoir in English of a Lacanian analysis conducted by someone other than Lacan, see Gunn (2002).

to protect confidentiality. Every effort has been made to replicate the multiple resonances in her name, relying – much as dream disguises do – on metonymy and metaphor.

Alvareth Stein was a 35-year-old artist, referred for depression. Despite her brilliance, she had lost two jobs due to erratic performance and stopped paying her rent. The referring doctor, sensing that she was on the brink of homelessness, asked if I would see her for a very low fee.

Alvareth arrived late for her first appointment. She was expressionless, short and obese with waist-length matted hair. My visceral response was not difficult to locate; I experienced a mix of sympathy, helplessness and disgust – but this led to no particular idea of how to begin. Her first name was one I had never heard before and I found myself posing a question that, based on my Lacanian training, I eventually ask every patient during one of the preliminary sessions, i.e. “What can you tell me about your names?”

Alvareth paused, looking a bit flummoxed. (Many patients, even those with long prior analyses, mention that they have never been asked this question.) Her answer happened to be particularly poignant, since she had been named for a great-grandmother who died of starvation in a concentration camp, and about whom she claimed to know “nothing”. Talking about her name thus meant speaking about the Holocaust – a topic on which her late parents had been exceptionally reticent. Alvareth mentioned that her first treatment was “lifesaving”. The focus had been on her relationship with her critical mother and favored brothers, and not on other family history. The Holocaust had not been mentioned. My goal is not primarily to contrast her first and second treatments: different material is almost certain to emerge with different analysts (and even in two experiences with the same analyst). Alvareth conveyed the impression that her first treatment had provided a good-enough facilitating environment which allowed her fragmented self to cohere enough to “go on being”. In my work with her, moreover, Winnicott’s ideas remained crucial. For example, during bouts of depression, her hygiene suffered, and her clothes reeked of urine. My disgust, my fear that other patients would encounter a bad smell in my office, would have been less tolerable and more distracting if not for Winnicott’s (1949) permission “objectively to hate” the patient. That particular oxymoron absorbed my aggression towards her and freed me to speculate on the meanings of feeling ‘peed on’. My goal was to continue to provide a holding environment, surviving her dirt and destructiveness – but also to move the treatment further along the lines of the (Lacanian) Symbolic in order to help her grapple with the question of desire.

One month into treatment she said: “My last name, Stein, means ‘stone’. I like having a simple, pronounceable name. But as a fat girl, it was trouble because kids called me ‘beer stein’ and ‘Steinway piano’.”

This was the first time her size had come up, and I asked if she wanted to say more. She replied: “I have a big problem with food: I don’t eat.”

For years she would subsist on coffee by day, and at night she would “shovel” carbohydrates, especially sweets left over at her workplace. She had

never considered a connection between her own “not eating” and the starvation of her great-grandmother.

Two weeks later she said in mid-session: “By the way, my parents never called me ‘Alvareth’.” They had used her middle name which begins with the letter ‘D’. She liked this name because her father’s name also began with ‘D’, giving them the same initials. Later she would connect this with the first letter of my name.

In college, her professors had assumed her name was ‘Alvareth’, and she began introducing herself as such. I asked what it was like to change names, and she said she felt she was hearing it then for the first time. The first two syllables reminded her of *aleph*, the first letter of the Hebrew alphabet, and she liked the idea of being first – first born, first in her class, the first to earn an advanced degree. But at 35, those high hopes had turned to bitter irony.

“Now I’m a number one failure. No job, no relationship, no nothing. Just a bag of anxiety, phobias, and fears.”

A fear of flying preoccupied her. Ever since mentioning the Holocaust, she reported a sense of duty to visit the site where her great-grandmother had been interned.

“A part of me needs to go there, but how can I? I would never be able to be on a plane for that long.”

After much exploration of this overwhelming fear, my (Winnicott influenced) intervention was: “You may feel differently one day, of course. Maybe you need me to hold the hope!”

In the silence that followed, she seemed to take in what I had offered – a statement of belief in her still fragile self’s ability to grow. She followed with a joke about taking tranquilizers on the plane. After a pause I shifted from the voice of good-enough mother to that of the more cryptic Other, saying: “Not every journey calls for flight.” My words might have pointed to the analytic journey (at that point, three times per week) and could be taken also as cautionary. That is, coming to know one’s desire takes time: Beware of the ‘flight into health’. In Lacanian terms, the value of the intervention lies in its very ambiguity. Working against closure, it keeps the analysand analyzing.

Alvareth brought in the following dream: *I am in high school. My mother is alive, and reading my report card, all upset. “This is covered with Bs!” she says.*

The day residue had to do with awaiting an evaluation which she hoped would save her new job. She laughed about the dream because she was always an ‘A’ student; she never got Bs. When I repeated the line verbatim: “This is covered with Bs”, she said it sounded like something one would say at a picnic: “The cake is covered with ants or bees.” Her very next association – prompted perhaps by the sound of “ant” – was the only story she remembered hearing about her great-grandmother’s wartime experience. It was, in fact, her *great-aunt* who had told my patient: “Your great-grandmother was walking hungry in the street when a woman dropped a jar of honey and kicked it to the curb. There were bees all over it. She bent over, and shoveled honey into her mouth with her fingers.”

Alvareth was intrigued to hear this word “shoveled” – so closely linked to her own symptom – emerge from what she felt was a clear memory of her great-aunt’s account.

Metabolizing these findings took time. My sense was that the family’s partial repression of the memory of the elder Alvareth had resulted in what Lacan would call ‘a return in the Real’ of another starving Alvareth. To vindicate the family’s loss, the younger woman had vowed to make a name for herself at college, to be number one – *aleph*. In the unconscious, a number one loser is not so different from a number one winner. As another patient of mine once said: “The unconscious seems to put an absolute value sign on things. Winning big and losing big are the same distance from zero.” Being number one drove Alvareth; it became her *jouissance*, written as it was directly into her name. The great-grandmother’s pushing away bees in order to shovel in some honey was replicated in the great-granddaughter’s furtive eating and pleasureless existence. She allowed herself to dig deeper with the help of an analyst willing to hold the hope and with whom she could associate her non-impinging father.

Alvareth came to a session months later announcing she had made the decision to “do it” – to travel to a Holocaust museum that is a two-hour drive from my office. Although I never mentioned the museum, Alvareth believed that this was what I had meant to convey with: “Not every journey calls for flight.”

This pilgrimage profoundly affected my patient. On return, she appeared less depressed and much sadder, crying openly for the first time. Only after that visit could she bring herself to contact relatives who told her, for example, that her great-grandmother was the only family member who had refused to leave Germany, insisting that, because she had sent three sons to the Front in World War I, the Reich would protect her.

As we approached the end of one year of treatment she said: “I was named for a woman who couldn’t face reality. I’ve built my own prison out of Alvareth Stein/stone. I can’t really imagine life outside. But I think we’ve loosened the bars a bit!”

This might be considered an example of *le bien dire* – something she would elaborate throughout the course of our work. Her journey to the memorial – a journey that was not on my mind, although it was present in my words – argues for the significance of Lacan’s re-rendering of “*Wo Es war, soll Ich werden.*” Where it was, it is my duty to come into being.

While it could be argued that something as simple as vigorous history-taking could have led to these discoveries, my experience is that insights gained through exploration of one’s name and what has always been hidden there in plain view are, like the recovery of Poe’s “purloined letter”, particularly valuable for the subject.

It was not until the second year of treatment that Alvareth chose to use the couch. Shortly afterwards, she confessed to “snooping” into my first name and learned that, in addition to being the name of a biblical judge, ‘Deborah’ in Hebrew means ‘bee’. She recalled the dream phrase “bees all over it” and shielded her eyes, adding: “You know I can’t talk about the birds and the bees.” The most important intervention during that session probably was

simply repeating the word “snooping” at several junctures. This had the effect of keeping her associations going. “A ‘snoop’”, she said, “is someone who means no harm, but who likes – you know – to *look*.” She recalled snooping in her parents’ closet as a child. She compared her mother’s “dark beauty” to her analyst’s “sweet face”, which she missed seeing while lying on the couch. She had stared at a pretty woman on the bus that morning and imagined the woman’s long fingernails scratching her back. “Snooping” allowed her to reveal the first stirrings of erotic transference as she both desired and feared closeness with another woman. (It would be years before I discovered that ‘snoop’ has its origin in the Dutch ‘*snoepen*’ meaning ‘to eat on the sly’, uncannily linking her problems with seeing/being seen and eating/being consumed.)

It is widely understood that patients tend to bring the kind of material they sense is valued by the analyst. Even a simple intervention like repeating a signifier can ‘lead the witness’, of course, but probably less than interventions which are more narratively complete. What emerged in this session involved what Lacan called the “scopic” drive, plus a curiosity about the analyst’s name in a way that leaned on negative oedipal remnants and pointed in the direction of a particular kind of desire that took the patient by surprise. Alvarth was to find the couch at turns liberating and deeply frustrating. She was surprised at first that I would not answer some questions or, more precisely, that I would answer them with silence. In these gaps, not only her grief but also her sexual longings found a voice for the first time in her life, feelings she had somehow assumed were never meant to be hers. No longer a victim, no longer not eating/shoveling for two, she was to lose the sense of being mocked by fate. Having grasped something of the family *até*, she was able to forge a different relationship to it.

Commentary on the case

Despite the genius of Winnicott, and despite the obvious influence of his work on my treatment of this patient, there are two features which never could have been learned from his example. The first has to do with the multigenerational account that supports the symptom. Simply, there is no mention of this in any of his clinical writings (Winnicott, 1971, 1972, 1975, 1977), nor in the memoirs written by his analysands (Guntrip, 1975; Little, 1990).¹³

Over the past two decades, intense interest in what is now called ‘the intergenerational transmission of trauma’ has emerged in the work of various analysts – some, but not all of whom – were influenced by Lacan (e.g. Davoine, 2007; Faimberg, 2005; Harris, 2007; Volkan, 2002). (Some family therapists, in fact, have made this exploration central to their work [c.f. Bowen, 1978; Stierlin, 1977].) My point here is thus mainly historical, i.e. that Lacan, through insisting on the role of the family *até* in his seminar of 1959–60 on the ethics of psychoanalysis, showed this matter to be part of the pursuit of desire for every suffering subject.

¹³In the 1990s, the author interviewed Marion Milner, Enid Balint, Charles Rycroft, and others about their personal experiences of analysis with Winnicott. The author asked specifically if Winnicott had explored family history beyond parents and siblings. Each analysand said “No”. Only one (Balint) said that exploring three generations was important to her own work as an analyst.

The second feature is the attention to a split subjectivity, divided by language, which seems rarely to be given its due outside of Lacan's "return to Freud".¹⁴ Of course, one occasionally sees a reference to the meaning of a patient's name in Anglo-American case reports. For Lacanians, however, attention to signifiers is not optional or occasional, it is as elemental as attention to countertransference is to the Middle Group. Thinking back to Schema L – Lacan's map of subjectivity – recalls that there is no subject without its arising in the speech of the Other.

The word 'analysis' comes from the Greek verb *αναλγειν* [*analysein*], meaning to loosen or untie. Lacan writes: "Psychoanalysis alone recognizes this knot of Imaginary servitude that love must always undo again or sever" (1949, p. 7). For Winnicott, analysis may untie or free the True Self from its moorings in compliance. For Alvarez Stein, psychoanalysis began to "loosen the bars" in a way that speaks both to the development of the self and to the transformation of subjectivity.

To juxtapose more clearly the potential contributions of both Lacan and Winnicott in this vignette, we might ask if my impulse to begin the analysis with the question of names was driven by my countertransference. That is, could it be that my feelings of "sympathy, helplessness, and disgust" were actually the responses her family had *to her name* – stored in me through projective identification? As she was to mention only later, her parents, for reasons of their own, had chosen to call her by another name – one that did not belong to a Holocaust victim. They had dutifully given her the name of 'Alvarez' but couldn't say it.

A passage from T.S. Eliot's *Four Quartets* glosses this clinical fragment:

We are born with the dead.
See, they return and bring us with them.
... A people without history
Is not redeemed from time...

(Eliot, 1963, p. 208)

Teaching in the space between Winnicott and Lacan

When I am supervising a student trained only in the Middle Group tradition, while listening to reports of object relations and countertransference, I find myself asking: Who is speaking? Who is the subject of this suffering? And when sitting with a student trained exclusively by Lacanians, while listening to a great deal about the production of signifiers, I find myself asking: Who are you to this patient? What's it like in the room?

In one of Winnicott's rare etymological observations, he noted correctly that: "... cure at its roots means care" (1986, p. 112). Middle Group students, whose formation often includes many hours of infant observation, tend to be alert to attachment issues and not embarrassed by their caring

¹⁴Some relational analysts today refer to 'multiple selves' or 'multiple subjectivities', Fairfield (2001), however, points out how different such constructions – which emphasize the manifold possibilities of the individual – are from subjectivity as explored in contemporary European discourses, such as Lacan's.

for the patient. Lacanian students, whose training encourages reading widely from Freud and post-Freudians to Plato, Sade, Claudel and Joyce, are less intimidated by the language of dreams.

The question of how to train analysts, with its corollary of breadth versus depth is old and not resolvable here. This author has found that teaching students even a single course on Winnicott and Lacan offers clarifying endpoints on the comic/humanist versus tragic/post-humanist continuum. Teaching Lacan to Anglophone students has become more feasible than it was 20 years ago when so many key texts were untranslated. Many then turned to secondary sources by academics, which did not address clinical practice. Recent texts by Lacanian analysts such as Paul Verhaeghe (2004) can be used in conjunction with primary sources.

A fine pedagogical example is offered by Mardy Ireland, who describes her project as “a squiggle game between the analytic figures of Winnicott and Lacan” (2003, p. 211). Ireland suggests teaching that every patient can be understood both as self and as subject by use of the analogy of the wave/particle theory of light. That is, it is now a commonplace of Western science that light is both a particle with substance, and also nothing more than a pattern, like the pattern of dots on a dress. The observer’s position alone determines whether light is a thing or the representation of a thing. If we are able to hold in our minds so astounding a paradox when it comes to the electromagnetic spectrum, we might be able also to imagine human beings in terms of both a substantive *self* and a structural *subject*.

In Ireland’s elaboration, Winnicott’s thinking:

... can be depicted more by the metaphor of psyche as ... dispersed particles, and treatment as what enables their organization ... The Lacanian field is better presented by the metaphor of psyche as embedded within preexisting wave patterns (setting degrees of freedom concerning love, desire, thought, etc.) within which each individual must find/create a place.

(Ireland, 2003, p. 6)

In Ireland’s clinical practice – in which she uses artwork to “cut into the real” – one sees an oscillation between the two points of view. Both Ireland and Green resonate with Kristeva, who, in a different context, urged:

A constant alternation between time and its “truth”, identity and its loss, history and that which produces it: ... An impossible dialectic of two terms, a permanent alternation: never one without the other.

(1986, p. 156)¹⁵

The risk of teaching psychoanalysis from two radically different perspectives is the dilution of both streams of thought. Lacan worked throughout his life to undo the damage done by the popularization of Freud. Any

¹⁵Jay Greenberg (2001) makes a point not unlike Kristeva’s: “To my mind, the best prepared analyst is one who is strongly committed to a particular psychoanalytic point of view, but who is (more or less) constantly nagged by voices from outside ...” (p. 421). To think with both Winnicott and Lacan is one way – but by no means the only way – of building in the nagging voice.

attempt to make psychoanalysis easier to understand was for him extremely dangerous. In purely practical terms, it does no good for an analyst with little linguistic aptitude to begin asking patients about their names. One always ends up simplifying concepts when translating them from one tradition into another. For this reason, there will always be analysts from both camps who encourage students to commit to one school of thought and work creatively within it.

On the other hand, one risks something also in choosing not to titrate Lacan with Winnicott, Winnicott with Lacan. For example, critics have decried the dangers of Lacanian practice for years, insisting that it lacks the necessary environmental provision. Correctly or not, many suicides were attributed to Lacan (Roudinesco, 1990).¹⁶ Just as Anglophone supervisees need help attending to language, so Lacanian students need help attending to what arises in them while sitting with a patient. Lacanians speak of examining what they call “the desire of the analyst”, but students trained in Middle Group and relational theories seem to be more adept in this area.

Analysts inspired in large measure by Winnicott and the Middle Group risk a *reductio ad matrem* – reduction of everything to the mother. While Winnicott made a great contribution reminding us of our dependency on mothers, he paid too little attention to fathers, grandparents, and, it could be said – to our dependency on words.

Teaching in the space between Winnicott and Lacan could result in a fuller reading of Freud. Many contemporary clinicians read only Freud the humanist – the Freud whose thoughts about alleviating suffering grew out of Enlightenment ideals. This is the Freud who advocated public clinics where the poor were analyzed free of charge (Danto, 2005). This humanist Freud (1933), eager to communicate with a large audience, delivered and published his highly accessible *Introductory Lectures*.

Lacan, in contrast, wrote: “As for us, we consider ourselves to be at the end of the vein of humanist thought” (Lacan, 1992, pp. 273–4). Lacanians read Freud the anti-humanist, or post-humanist. This is the Freud who, from his earliest writings, described a linguistic unconscious (Freud, 1895), insisted on the importance of the drives, and believed psychoanalysis could but turn neurotic suffering into “everyday unhappiness”.

Finally, working in the potential space between Winnicott and Lacan not only fosters appreciation of both traditions, but also points out where both fail, clearing a place for new ideas. Leanh Nguyen, who runs psychoanalytic therapy groups for victims of torture, while relying heavily on Middle Group and relational theory, has criticized what she sees as its “sunny optimism”, a quality she associates with American culture. As a corrective, Nguyen (2004) welcomes Lacan’s insistence on language, the Symbolic, and death, but is put off, as many have been, by the cultish allegiance of his followers. She has argued also that both Anglophone and French traditions have more

¹⁶There have been several accounts of Lacan’s outrageous, even physically violent behavior with patients. The most recent is Schoonejans’s 2008 memoir in which she describes fistfighting with Lacan in her session. Winnicott’s life, in contrast, is often viewed as scandal-free. But see Hopkins’s (2006) biography of Masud Khan, which seems to show another side of Winnicott. As Brecht says: “Unhappy the land that needs heroes.”

work to do in theorizing race. (But see the excellent contributions on race by Altman, 2000; Gherovici, 2003.)

Similarly, critics have pointed out that both Winnicott and Lacan occupy “patriarchal positions” (e.g. Sprengnether, 1990) and that the project of writing a non-normative psychoanalysis must be ongoing (Dimen and Goldner, 2002; Irigaray, 1977; Luepnitz, 2007; Magee and Miller, 1997; Mitchell, 1974; Verhaeghe, 2004). While Lacan never wrote anything as explicitly anti-feminist as Winnicott’s (1964) article *This feminism*, his refusal to engage certain texts and interlocutors cost his theory of feminine sexuality complexity and resonance (Luepnitz, 2003).

Another area ripe for improvement in both traditions is discursive style. Better psychoanalytic writing would require some analysts to forgo the *jouissance* of mimicking the master, and others to forgo the reckless pleasure of using words as though they had no history.

In conclusion

Adam Limentani (1989) once remarked that psychoanalysis is not only an impossible profession, it is also very difficult. Practicing or teaching in the way described above does not make our work easier. Nor can it eliminate the rivalry depicted in Mrs. Milner’s painting of the two hens. Somewhere between the healing illusion of devotion and the disciplined listening for desire, the “cure through love” must be reinvented for each patient.

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Translations of summary

Das Denken in dem Raum zwischen Winnicott und Lacan. André Green folgend, vertritt die Autorin die These, dass Donald Winnicott und Jacques Lacan die beiden originärsten Denker nach Freud waren. Winnicott, so sagt man, führte die Tradition des Komischen in die Psychoanalyse ein, während Lacan Freuds tragische/ironische Sicht übernahm. Das Verständnis des gesamten Spektrums des psychoanalytischen Denkens wurde dadurch beeinträchtigt, dass sich ihre jeweiligen Schüler jahrelang aus dem Weg gegangen sind (insbesondere haben die anglophonen Kliniker die Lacan-Nachfolger gemieden). Die Autorin stellt basale theoretische Konstrukte Winnicotts wie auch Lacans dar, unter anderem die Begriffe Selbstheit vs. Subjektivität, ihr jeweiliges Verständnis des „Spiegelstadiums“ und ihre Definitionen der Behandlungsziele. Auch wenn sich Winnicotts und Lacans Überlegungen in manchen Punkten zu ergänzen scheinen, hat die Autorin nicht die Absicht, sie in einem Masterdiskurs zu integrieren; vielmehr möchte sie einen provokativen Kontakt zwischen den radikal unterschiedlichen Paradigmen Lacans und Winnicotts stiften. Eine klinische Vignette illustriert deren Konzepte und lässt deutlich werden, was das Denken und das Unterrichten in dem potenziellen Raum zwischen den beiden bedeuten könnte.

Pensar en el espacio entre Winnicott y Lacan. La autora, siguiendo a André Green, sostiene que los dos pensadores psicoanalíticos más originales desde Freud han sido Donald Winnicott y Jacques Lacan. Se ha dicho que Winnicott introdujo la tradición de la comicidad al psicoanálisis, mientras Lacan sostuvo la visión trágico/irónica de Freud. Podría decirse que los años de evitamiento mutuo de sus seguidores (sobre todo de Lacan por parte de los clínicos anglófonos) han disminuido la comprensión del espectro completo del pensamiento psicoanalítico. La autora delinea algunos constructos básicos de Winnicott y Lacan, entre ellos: sus tropos organizadores de *selfhood* frente a subjetividad, sus visiones del ‘estadio del espejo’, y sus definiciones de los objetivos del tratamiento. Si bien las ideas de Winnicott y Lacan parecen en ciertos momentos complementarias, aquí la meta no es integrarlas en un discurso totalizador, sino más bien hacer que sus paradigmas radicalmente diferentes entren en un contacto

provocador. Se ofrece una viñeta clínica para demostrar conceptos de Lacan y Winnicott, e ilustrar lo que podría significar el pensar y el enseñar en el espacio potencial entre ellos.

Penser dans l'espace entre Winnicott et Lacan. À la suite d'André Green, l'auteur soutient l'idée que, depuis Freud, les deux penseurs psychanalytiques les plus originaux sont Donald Winnicott et Jacques Lacan. On a pu dire que Winnicott a introduit dans la psychanalyse la dimension comique, tandis que Lacan a maintenu la vision tragique/ironique de Freud. Des années d'évitement réciproque de la part de leurs élèves (et surtout l'évitement de Lacan par des cliniciens anglophones) ont sans doute réduit notre compréhension de l'éventail global de la pensée psychanalytique. L'auteur passe en revue certaines constructions de base chez Winnicott et chez Lacan, parmi lesquelles leurs tropes structurants respectifs du 'selfhood' par opposition à la subjectivité, leurs points de vue sur 'le stade du miroir' et leur manière de définir les objectifs de la cure. Si les idées de Winnicott et de Lacan peuvent paraître complémentaires par moments, l'intention de l'auteur n'est pas de les intégrer dans un seul discours mais plutôt de mettre en contact leurs paradigmes radicalement différents à travers un rapprochement provocateur. Une vignette clinique met en lumière certains concepts de Lacan et de Winnicott afin d'illustrer la portée éventuelle d'une tentative de réflexion et d'enseignement dans l'espace potentielle entre eux.

Il pensare nello spazio tra Winnicott e Lacan. L'autrice, sulla scia di André Green, sostiene che i due pensatori psicanalitici più originali dai tempi di Freud sono stati Donald Winnicott e Jacques Lacan. Winnicott, si disse, introdusse in psicanalisi la tradizione comica, mentre Lacan sosteneva la visione tragica/ironica di Freud. Anni di reciproca disattenzione da parte dei loro seguaci (specialmente dei clinici anglofoni nei confronti di Lacan) hanno molto probabilmente diminuito la comprensione della vastità totale del pensiero psicanalitico. L'autrice tratteggia alcuni costrutti di Winnicott e Lacan, inclusi: i loro tropi organizzativi del sé rispetto alla soggettività, i loro concetti di 'stadio dello specchio', e le loro definizioni degli scopi di un trattamento. Se, per un verso, le idee di Winnicott e Lacan sembrano in alcuni punti complementari, l'obiettivo non è quello di integrarle in un trattato fondamentale bensì di far entrare in un contatto provocatorio dei paradigmi radicalmente diversi. Viene proposta una vignetta clinica per dimostrare i concetti che vanno da Winnicott a Lacan, spiegando che cosa potrebbe significare pensare e insegnare nello spazio potenziale tra loro.

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Note

Corrections added on 19 October 2012 after initial publication on 12 June 2009. Some minor typographical errors have been corrected on pages 961, 967, and 968.