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Returning to Freud: Clinical Psychoanalysis in the School of Lacan

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Contents

The Other Lacan

This book is a collection of clinical studies by psychoanalysts who base their practice on the teachings of Jacques Lacan. My intention in editing and translating these articles was to bring to the attention of the English speaking world the most important aspect of Lacan's work.

I have made every effort to choose articles that can be read by people who are not thoroughly steeped in Lacanian theory. Thus the reader will find that when theoretical points are introduced, they are related to clinical material. I would go so far as to say that any approach to Lacan that does not see his theory in its relationship to analytic practice is doomed to an irreducible obscurity and confusion.

Lacan has often said that his teaching has only one purpose: to train psychoanalysts. The procedures for training analysts have always been subject to intense debate. Instead of arguing the questions raised by Lacan's training methods, I have chosen to present evidence of the results. The informed reader will judge the effectiveness of Lacan's teaching by evaluating the work of his students. We can pose the relevant question as follows: has Lacan developed a theory that is transmissible to others, or are the positive effects of his own therapeutic work merely the result of the force of his personality?

It goes almost without saying that an American reader picking up a copy of the English translation of Lacan's *Ecrits* will not see the practical application of what appear to be rather abstract theoretical considerations. This reader may well be willing to see Lacan as a thinker, a master of hermeneutics, or even a self-indulgent metaphysician.

In Paris, of course, Lacan's presence as a practicing analyst has made it difficult for readers to think of him merely as a philosopher, a moment in intellectual history. Since most Americans have not had the advantage of seeing Lacan in practice, I requested that he contribute to this volume the transcript of a patient interview. Since Lacan responded favorably to this request, the reader is provided with a unique opportunity to study in depth the technique that has developed from Lacan's clinical and theoretical experience. I say "unique" because no transcript of an interview by Lacan has ever been published before anywhere.

This book, then, is devoted to Lacan as a practicing analyst and a teacher of analytic candidates. Since this is not the Lacan whom most Americans have encountered in articles previously published in English, I take the liberty of saying that this is the Other Lacan.

To begin with a question, let us ask what makes a therapeutic procedure specifically psychoanalytic. The question of the specificity of psychoanalysis implies a distinction between analysis, on the one hand, and medicine and psychology, on the other. The problem is to define psychoanalysis without falling back on analogies with medicine and behavioral science. A second and related question is the following: how can we declare that Lacan's teaching is eminently clinical, given that he never writes case studies?

There is a fairly widely held assumption that the most effective way of talking about analytic work is to write up entire cases. This idea seems to be based on an analogy with medicine, and not merely in following the form of diagnosis, prognosis, treatment, cure. It is also analogous in prescribing what I will call a standard analytic procedure for similar symptoms. In medical cases the anonymity of the patient is no obstacle to the transmission of correct procedure. No one, I think, would make this assertion for psychoanalysis.

A second aspect of the medical case study is that it is the illness that counts and not the words that the patient uses to describe the illness. The medical patient talks about his symptoms, and the words are in a sense transparent; their function is to attract the physician's look to the affected part of the body. To the extent that testing is necessary to diagnose physical illness, the patient's words become of even less significance.

In contrast to medicine, psychoanalysis is concerned most directly with words. Whatever general interpretation we may have for a psychic symptom, whatever developmental phase we connect it with, psychoanalysis will not resolve the symptom without taking into account the words the patient uses to describe it. Not only is the interest in words specific to psychoanalytic treatment, but a particular choice of words is specific to a particular patient. An analyst who concerns himself with discovering a universal meaning for psychic symptoms will miss the specificity of the patient's language.

Psychoanalysts are thus especially attuned to nuances in verbal expression, and when they formulate an interpretation, they must address it to the specific analysand who will hear it. Effective interpretations are received by analytic patients as referring specifically to them, not as universal truths or as applications of general knowledge. If this is true, then a psychoanalytic interpretation cannot

be preprogrammed, it cannot come straight from a handbook as the one definitive answer to a patient's problems. To a certain extent the effect of analytic interpretation is unpredictable; the analyst cannot be assured of the correctness of his interpretation until he receives confirming material from the patient.

We may also note that medical treatment (to the extent that medical knowledge has advanced) provides an answer to the patient's suffering. When the physician knows the cause of an illness, he aims at that cause with his treatment. Here we can appreciate Freud's discovery that the hysterical patient knows the cause of her suffering and that it is sufficient to let her talk for that cause to be discovered. According to Lacan, the analyst does not retain the answer to his patient's question. What the analyst offers when he interprets is a decoy answer, one that will arouse the patient's opposition and will lead him to offer a new response to his own question. This is properly a dialectical procedure and is at the heart of any analytic activity. (A supplementary question is whether the analyst knows, when he offers his answer, that it is in fact a decoy.) We see here some of the reasons that led Lacan to place so much emphasis on speaking and language in psychoanalysis.

Another aspect of speech has a direct bearing on the question of writing psychoanalytic case studies. Whereas a medical practitioner who wishes to demonstrate a treatment procedure will describe that procedure, when Lacan wants to describe analytic practice, he is very likely to write about something other than analytic practice. In passing we should mention one reason for this, namely the problem of confidentiality. An analyst who is as well known as Lacan can fully expect that any cases he writes up will be the object of intense study by analytic candidates and even by people completely outside the psychoanalytic milieu. As we know from Freud's cases, this kind of intense interest will eventually lead to the revelation of the identity of the person being written about. In this context we should say that Lacan's decision not to write up cases is simply a mark of professional responsibility toward his clients. The subject of a psychoanalytic case study can never enjoy the total anonymity that the subject of a medical case study has. Thus Lacan has spoken about analytic cases by referring to poems, plays, and even philosophical texts as paradigms. Such a shifting of reference is obviously inadmissible in medical cases or in behavioral science.

The following example will bring into relief the problem of shifting reference. It happens from time to time that people come to see analysts to talk about sexuality. It also happens that there are several ways of talking about sexual experience. Some analysands feel the need to offer a graphic description of their experiences, as though the only way the analyst could understand them would be

to visualize, so that the analyst becomes an observer, a mute witness. Another patient may avoid descriptions to speak allegorically about sex, at times not knowing that his allegory makes sense only in that context.

If we may say that this latter patient thinks that he is talking about one thing and is really talking about another, why may we not say the same thing for the first patient? When he is talking about sexuality, perhaps the first patient is talking of something that is not fundamentally a sexual relationship—the transference, for instance. Such considerations suggest that the analyst does not take the discourse of his analysand at face value. He must always hold open the possibility of a reference to something else, something that is only alluded to or suggested in the discourse he hears.

Just as the "what" being talked about is indefinite in analysis, so is the "who" talking. Everyone knows that the analysand's unconscious reveals itself more clearly in a slip of the tongue, a word that slips out while he is not paying attention, than in a correctly thought-out, well-formulated utterance. If we think we know who is speaking a well-formulated utterance, if we think that the ego maintains control over such a statement, then who is responsible for the slip? Lacan has answered that this other speaker, this other subject, is the subject of the unconscious, precisely the subject whose being we are never conscious of.

Many analysts believe that the slip of the tongue, this pure manifestation of the unconscious, ought to be integrated into conscious discourse. The question is, what happens to our normal discourse, our well-formulated utterances, when we let the unconscious speak in their midst? We assume that they are not going to remain untouched; rather, they will in some way become poeticized (I use this word to preclude the assumption that people who have completed psychoanalysis speak pure poetry), this because for Lacan, metaphor and metonymy are essential aspects of the structure of the unconscious, not defense mechanisms.

These concerns form an essential aspect of Lacan's approach and one that should be borne in mind, for many of the case studies in this volume have a poetic quality not often found in analytic writing and never found in medical textbooks. I will leave it for the reader to decide whether Lacan is successful when he proposes to talk about the analytic cure by referring to Edgar Allan Poe's "The Purloined Letter" or when he offers Plato's *Symposium* as an exemplary text on transference. I do want to establish that in analysis one may talk about one thing while in fact referring to something else and that the metaphoric quality of the discourse is not gratuitous.

For Lacan the index of an analytic cure is the way things are said. This index is eminently social and excludes the indices of thinking, insight, consciousness, and so forth. The same index holds true for the analyst, and not only

because he has been psychoanalyzed himself. The analyst is not an objective observer. He is rather a subjective participant in the experience of the transference. We might say that he is necessarily touched by what he hears. An essential element in the dialogue, the analyst through his activity or lack of activity often determines what is spoken and what is not. As Lacan has said, speech is dialogue. The analyst's role is to let his analysand speak what had heretofore been unspeakable.

I distinguish, then, the analyst's bearing witness to his practice from his witnessing of the analysis. If the analyst were merely a witness, then psychoanalysis could be conceived according to an experimental model such as we find in laboratory science. The notion that analysis takes place in a setting like a laboratory leads to the assertion that some standard or correct procedure will give a specific predetermined result. This assumes that there is an ideal procedure to follow and that there are analysts who know what this procedure is. Without going into the theory behind the question of the ideal analyst, we can certainly recognize that such assumptions constitute a prejudice endemic to candidates and that the practice of supervision is designed precisely to counteract it.

Candidates in analytic institutes are often more concerned about whether their supervisor will approve or disapprove of their work than they are about being responsive to their analysand's discourse. When the candidate is in session, he is often wondering what his supervisor will say about his actions, and he will thus address his interpretations to his supervisor rather than to his analysand. His remarks will not be specific to his analysand and will be taken by him as addressed to someone outside the session.

One of the difficulties inherent in such an idealization is that it may precipitate an acting out on the part of the analysand. We know that in an acting out, the analysand enacts an unconscious fantasy outside the analytic session. The acting out, which has the quality of being staged so that it can be told to the analyst, is an element of the transference whose articulation within the session has been blocked precisely by the analyst's not wanting to hear about it. It is not the acting out that sidetracks analysis, but rather the analyst's failure to bring it into the enactment of the transference. The acting out should be considered an element of the analytic dialectic, an occasion for the analyst, as Lacan says, to offer a better response. A responsive intervention is not one that provides the answer or the interpretation of the acting out.

Analysis is a dialectical process in which the analysand analyzes. He analyzes not the Self but rather the Other, insofar as the analyst in the transference is supposed to occupy its place. Because of the nature of the transference,

the analysand will form an idea of what the analyst wants to hear and will speak accordingly. If the analyst decides that he wants to hear a specific answer or that he wants to hear an affirmation of the correctness of his interpretations, he will enter into a complicity with the patient's ego that will have the effect of blocking the patient's verbalizations.

Not only does the analyst not have the answer to the analysand's question, he knows that there is only a series of tentative answers that the analysand has used to formulate his neurosis. The analyst's desire is indefinite; he does not want to hear the one answer proving that he is right; rather, he awaits another articulation of the question. His role is to bring the analysand to recognize that this Other that had been supposed to have the answer is defined as lacking something, as defective at precisely the place where the answer should have been forthcoming.

At this point the reader may wonder how one conducts a Lacanian analysis. Although there is no simple formula, some markers can be used by the analyst to situate himself better in relation to the analysand's discourse. The first marker has to do with the importance of verbalization. The analyst should direct his interventions to what has been said or to the way in which it has been said. The analyst should not interpret nonverbal expressions; nothing is to be gained by telling the patient why he hesitates before lying down on the couch. Does this mean that we overlook the well-known preverbal element in human behavior? Not at all. Instead we say that if anything is to be analyzed from nonverbal expressions, they must be assumed to have a sense. Unfortunately, this sense is totally opaque if we do not know what words the patient chooses to describe it. And if the preverbal child, for example, is performing acts that make sense, then this is because the world in which he lives has been organized by beings who are thoroughly verbal. The fact that a child cannot speak does not mean that he exists outside the net of language; on the contrary, to the extent that he cannot speak, I would assert that he is more thoroughly captured in that net.

If an analyst decides to interpret a gesture without knowing the exact verbal expression that the analysand chooses to describe it, his interpretation can only be received as addressed to a generalized individual. It is thus alienating, or more precisely, it reinforces an already existing alienation. Finally, the analyst may also find that an analysand will feel persecuted by such interpretations, and in my judgment, rightly so. Obviously enough, if the patient perceives that he can communicate nonverbally, through symptomatic behavior, then he will have little incentive to translate that behavior into speech.

A psychic symptom is not cured by the analysand's understanding of the

universal symbolic meaning of the symptom. Often enough, analysands know these meanings as well as analysts do. The resolution of a symptom is based on the analysand's recognition of the signifying function of the terms he uses to describe his symptom. That an analysand chooses some terms and not others to talk about his symptoms is of the greatest importance, and these terms will eventually be seen to resonate with signifiers that are attached to key events in his history or prehistory. By prehistory I mean the history of his family before his birth, history that is inscribed in certain key signifiers and should not be confused with the supposed preverbal period.

The discussion above suggests a second marker: the analyst ought to be especially attentive to elements of the patient's history that are not part of his lived experience. Events in the history of his family, the events that brought his parents together, are often of great significance, even though the analysand knows about them only because he has heard of them.

This reasoning leads to a crucial question for analysis: precisely what is enacted in the transference? Clearly an experience that can be remembered does not need to be enacted in the transference. We will declare, then, that an event enacted in the transference was not simply forgotten but is outside the remembered, this because it does not count among the analysand's subjective experiences. Experience enacted in the transference may have been lived by a parent with his parents, before the analysand was born. It is thus irreducibly Other for him. The cases in this volume demonstrate clearly how elements of prehistory are determinant for a subject's neurosis.

A third marker is that the analyst should direct the treatment but not the patient. This suggests that the analyst ought to intervene in relation to the transference as it has been articulated and not in terms of some ideal pattern of behavior that he may wish to engender. Nor should the analyst respond to transitory improvements in his patient's condition, even if they concern the disappearance of symptoms. Every analyst knows that symptoms may vanish overnight if a patient feels that this disappearance will satisfy the analyst and will help the analysand to escape encountering a difficult question.

These considerations lead to a fourth marker, which I define as the analyst's obligation to recognize his analysand's desire. Obviously this recognition complicates matters, for to recognize excludes granting approval or permission.

The neurotic patient presents himself for an analysis because he does not know what he wants. During the course of his analysis, the analysand will continue his everyday existence and will discover some things that he desires. Not all of the analysand's actions outside the analysis constitute an acting out, a manifestation of transference. Differentiation can be a problem. By what index

may we determine whether the analysand involves himself in a relationship because he desires to do so or whether the relationship simply manifests a resistance?

Unfortunately there is no very clear-cut guideline that we can follow here. There is no way to relieve each analyst of the responsibility for formulating a judgment in relation to each of his patients. If we accept with Lacan the view that the analysand's desire is not determined by his ability to adapt to a standard of normality, we do not contend that his desire is simply for the abnormal. In the absence of a firm guideline, we may look to Lacan for a direction that will help us determine where the analysand has accepted his desire or where he has evaded it.

An analyst should base his decision to recognize his analysand's desire on the way in which that desire is articulated. Certainly, a wish that is stated as a demand for approval or permission is not a desire but rather an aspect of transference love. Nor is desire presented to the analyst as a fait accompli, a fact that he is supposed to be obliged to recognize. But when the patient's desire does become known to him, when the analysand has discovered some part of it, he ought to act on that desire—and I would hasten to add that in psychoanalysis thinking about an act is not identical with performing it.

These are merely some of the issues that should be raised when we question desire. And the only correct response here is to leave the question open. Such is, after all, the way Lacan has taught.

PART ONE. THE PSYCHOANALYTIC INTERVIEW